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Therapeutic Collaboration: Conversation Analysis of Couple Therapy

by

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Abstract

The research of this dissertation is grounded on the assumption that change in counselling is afforded by the conversational interactions of therapists and clients. I approach interaction micro-dynamically, highlighting conversational devices and practices used by the co-participants to collaborate or to develop mutually acceptable interaction in therapy. Drawing on the tradition of discursive research, notably discursive psychology and conversation analysis, I examine how collaborative construction of interaction was accomplished in one session of couple therapy. I conclude the dissertation by discussing the results of this study in light of existent literature and by specifying the study’s limitations and implications for future research and theory development.
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Chapter I: Introduction

In the mid 1980s family therapy¹ ‘went’ postmodern. A postmodern or constructionist critique of conventional family therapy revolved primarily around the issue of therapist power and influence vis-à-vis families. The proponents of postmodernism in family therapy challenged an instrumental, hierarchical approach to working with clients and advocated replacing it with a more collaborative, participatory engagement. What this collaborative engagement entailed has largely remained a matter of controversy; nonetheless, the collaborative dimension of the client-therapist relationship has become a distinguishing feature of postmodern therapies, and some therapists have even used the term “collaborative” to depict postmodern approaches to working with families (Anderson, 2001; Hoffman, 1995; Madsen, 1999).

The research of this dissertation is about the use of language in postmodern, collaborative family therapy. The purpose of the research was to investigate the talk between a therapist and a family to explore what the therapist did with his talk and that of the family, and to identify the resulting outcomes. Specifically, this work describes how a constructionist therapist shared his expertise in interaction with a family in ways that acknowledged and incorporated the family’s preferences and understandings.

¹ Hereafter, the term “family therapy” will be used to include both couple and family therapy, since couple or marital therapy is often considered a subclass of family therapy (Pinsof, 1988). Also, the terms “therapy”, “psychotherapy”, and “counselling” will be used interchangeably to refer to psychological and relational counselling and to exclude other forms of counselling (e.g., educational, legal, or employment).
My Interest: Collaborative Counselling Relationships

The idea of a collaborative working alliance can pose an acute dilemma for therapists who seek to intervene without imposing their professional expertise on clients. Allow me to illustrate with an example from my experience as a therapist. Once a 50-year-old woman whom I will call Linda came to see me for counselling. Linda said she wanted to deal with the psychological ramifications of having been sexually assaulted when she was a young adult. I introduced Eye Movement Desensitization and Reprocessing (EMDR) alongside more traditional, behavioural approaches for dealing with trauma and asked which approach she preferred. Linda responded that her preference was to “just talk”. In retrospect, I was able to see that Linda literally talked herself through the incident. She discussed how it was unfair that she was subjected to the degrading experience she had gone through, and how she felt she did not deserve that kind of treatment. I attempted to normalize Linda’s experience, believing this might help her to feel validated and supported. In response Linda remarked, “I am not yet finished telling my story”. She continued to talk and eventually began to cry uncontrollably. When her emotional intensity subsided, Linda stood up and said she was finished and that she had found the therapy to be very helpful. She thanked me and left the room.

I was stunned. This was the most unusual session I had ever had. Other than describing EMDR and nodding empathically I had not uttered a word. At some level I was concerned for Linda who, by engaging in therapy on her own terms and disregarding my professional judgment as to what she needed, might have prevented herself from experiencing long sought-after changes. By violating the standard entitlements and obligations of therapy participants, Linda had reorganized the therapy system into an
unrecognizable species of interaction. I felt I had no opportunity to restore the therapy’s identity, in which I should be the one to apply psychological knowledge and she should receive and make use of it. Linda instead approached therapy as a place where she could feel at ease to self-engage in any method that would minimize her pain. The client bluntly asserted, if not imposed, her story and preferences.

A number of thoughts crossed my mind after she left. Have there been times in my work with clients when they felt they were unable to contribute to what was happening in therapy? Do clients find that they have to assert their preferences with such force before I allow them to influence my professional agenda? This experience made me question how much space clients feel they have to share their story in their own language. It further posed a dilemma for me: how can therapists’ professional knowledge be reconciled with clients’ own theories of their predicaments and with their ideas of what they need for therapy to be a genuinely mutual endeavour (Duncan, Miller, & Sparks, 2004)? I initiated this study in order to better understand how therapists can be interventive in their responses to clients without becoming impositional. I wanted to understand “the means by which the therapist negotiates a non-expert position while enacting persuasions within the therapy” (Roy-Chowdhury, 2006, p. 169) and to offer insights into the specifics involved in maintaining this delicate relational balance.

Around the time of this incident I was introduced to postmodern or constructionist approaches to family therapy (e.g., narrative therapy, solution-focused therapy, and collaborative language systems approach). I learned that constructionist therapists claim they are doing exactly what I was hoping to understand – intervening, yet doing so while actively orienting to and incorporating clients’ meanings and preferences (Andersen,
Influenced primarily by social constructionism\textsuperscript{2} and poststructuralism\textsuperscript{3}, postmodern practitioners propose a professional rigour of a distinct, conversational kind. They recommend that therapists be rigorous not so much in terms of what professional knowledge or interventions they contribute but more in terms of how they contribute such knowledge and how (or whether) clients embrace professionals’ ideas (Anderson, 2001). Ultimately, clients are the final judges of what is helpful or meaningful to them. Whether to apply professionals’ ideas outside of therapy must be a choice they make. In order to enhance the likelihood that therapy is of genuine benefit to clients, why not elicit and incorporate clients’ within-session feedback to the value of therapists’ formulations and interventions?

I could not help, however, but wonder to what extent collaboration can be developed in a relationship which some characterize as inherently unequal (Guilfoyle, 2005). It may be argued that psychotherapy is not an ideologically neutral endeavour; it promotes certain cultural ideals and prescriptions regarding people’s identity, action, and relationship, and as such, advances the values and ideas of selected cultural groups (Hare-Mustin, 1994; Sampson, 1993). Therapists have more opportunities to contribute to the

\footnotesize{\textsuperscript{2} Social constructionism is a traditional philosophy which proposes that discourse (everyday use of language by people) is the vehicle through which self and world are created and sustained (Berger & Luckmann, 1966; Gergen, 1999).

\textsuperscript{3} Post-structuralism, and postmodernism more broadly, is a range of critiques that challenge structuralism’s claims to objectivity and stress plurality and shifting nature of meaning (e.g., Derrida, 1977; Foucault, 1980; Lyotard, 1984).}
formation of therapy as a cultural practice – as they see it. Even if therapists attempt to locally democratize therapy (as in some collaborative therapies), at a macro-level they remain psychotherapists, or experts to clients (Guilfoyle, 2003).

While researching the topics of collaboration and power in therapy, I had the good fortune to undertake my doctoral practicum at the Calgary Family Therapy Centre, which was founded by a renowned therapist, Karl Tomm. Dr. Tomm has been at the forefront of developments in constructionist practice (e.g., Tomm, 1987a, 1987b, 1988; 1992, 1993, 2003). His major theoretical contributions to the field of family therapy relate to how therapists can use language to foster collaborative interactions with families. That was precisely the focus of my research (T. Strong, Sutherland, Couture, Godard, & Hope, in press). In studying Tomm’s engagement with a family (a couple), I was trying to detect the aspects of his conduct that might account for this collaborative dimension of his work. I thought that perhaps by examining the interaction between Tomm and his clients, I could better understand what makes his therapy collaborative (or more collaborative). I could also adopt some of Tomm’s responses in my own practice, when I encounter similar interactions, in ways that provide new alternatives for collaborating with clients. This is how my dual academic and practical interest in researching collaborative interactions emerged.

My next challenge was to locate a research method that would allow me to examine Tomm’s collaborative uses of language. In my search for a suitable method, I discovered a number of studies in which researchers utilized so-called discursive⁴ or

⁴ “Discursive” concerns people’s use of language (both process- and content-related aspects of such use).
constructionist forms of inquiry (Potter, 1996b). As I later discovered, discursive approaches to research (e.g., discourse analysis, conversation analysis, and critical discourse analysis) were brought into psychology and family therapy from neighbouring disciplines. A series of discursive studies have been conducted since the 1970s to examine couple and family therapy. Although some studies examined power practices of therapists (e.g., Buttny & Jensen, 1995; Davis, 1986; Gale, 1991), collaborative aspects of communication in therapy have remained largely unexamined. This relative lack of empirical attention to the topic of collaboration is surprising, since the notion of collaborative practice has now permeated not only family therapy but also the overall field of counselling. In addition to the novel empirical focus, I approached the topic using a discursive research method of *conversation analysis* (CA), which is rather unconventional within psychology because of its sociological roots. My research approach was also inspired by writings of dialogical thinkers (Bakhtin, 1981; Linell, 1998; Volosinov, 1973); proponents of collaborative and social theories of communication (Clark, 1996; Jorgenson, 1995; Sigman, 1995); and discursive psychologists (Edwards, 1997; Edwards & Potter, 1992). I used CA to examine in detail one session of couple therapy facilitated by Dr. Tomm, specifically focusing on the collaborative aspects of his communication with a couple.

*Examining Processes and Outcomes of Therapeutic Collaboration*

Discursive researchers argue that as therapy progresses, clients begin to talk about their problems and experiences differently (Buttny, 2004; Gale, 1991). In therapy, clients’ concerns are first formulated and then reformulated (Muntigle, 2004). Some therapy researchers presume that this formulation-reformulation process is responsible
for the therapeutic change (e.g., Burck, Frosh, Stickland-Clark, & Morgan, 1998; Frosh, Burck, Strickland-Clark, & Morgan, 1996; Russell, 1998). Therapists and clients co-create new meaning that has real, practical implications for how clients’ concerns are defined and remedied. Meaning in therapy is not only co-created but also negotiated (Miller, 1987; Stancombe & White, 1997). Therapists have agendas based on their professional theories about why clients have problems and how to solve those problems. Clients may also have their own problem-solving theories, which may contradict therapists’ ideas and proposals for therapeutic work. While therapy can be characterized by a reciprocity of communicative efforts, that reciprocity can certainly be unequal – with negotiations tilted in favour of the therapists’ understandings and preferences (Jones & Beach, 1995; Peyrot, 1995; Viaro & Leonardi, 1983).

The aspect of the formulation-reformulation sequence that was of primary interest to me related to what participants in therapy did with each other’s articulated meanings and preferences. Specifically, I wanted to understand how descriptions or accounts of clients’ concerns, identities, and situations were jointly (or less jointly) worked out between the therapist and the couple. My hope was to also demonstrate that this process of meaning production and negotiation in therapy is empirically analyzable.

In studying collaboration in family therapy, I wanted to examine not only sequences of talk, meaning the back-and-forth of therapists talking with clients, but also the conversational outcomes developed within those sequences. I hoped to trace how the meaningful descriptions offered by the clients shifted in the course of a conversation with the therapist. Typically, when the therapeutic collaboration, and the working alliance more broadly, is examined, reports are gathered from clients, therapists, or observers who
are asked to rate the frequency, intensity, or significance of alliance-related behaviours (e.g., Creed & Kendall, 2005; Horvath & Symonds, 1991; Mallincrodt, 1993; Watson & McMullen, 2005). This study also makes use of the participants’ reports; however, it examines how such reports are developed, made evident, and responded to in the immediacies of therapeutic dialogue. I focused on how participants showed each other that they were advancing (or not) in the direction of shared goals in mutually acceptable ways. Such conversational evidence (T. Strong, Busch, & Couture, in press) reflects speakers’ evaluations of the relationship and of shared understanding in particular moments of interaction. This discursive approach to the analysis of collaboration is not meant as a substitute for more traditional ways of assessing therapy process and outcome but can complement these various approaches to understanding therapy.

Overview – Chapter Breakdown

Through discussing the literature on the therapeutic alliance in Chapter Two, I provide the theoretical framework underpinning my investigation of therapeutic collaboration and the rationale for the study of collaboration. Chapter Three deals with the project methodology, while Chapter Four moves into outlining the specifics of the study, such as participant recruitment, data collection, and data analysis. In Chapter Five, I present the results of the study – an account of how the therapist collaborated with the couple. An overview of devices and practices accounting for collaboration can be found in Chapter Six. Chapter Seven concludes this dissertation by discussing the results of this study in light of existent literature and by specifying the study’s limitations and implications for counselling practice, future research, and theory development.
Chapter II: The Therapeutic Alliance in Family Therapy

The research of this dissertation is about the use of language in family therapy. What has made family therapy a distinct type of treatment is its emphasis on relationships, including the relationship between the therapist and the client. Paradoxically, family therapists have made little comment on the notion of the therapeutic relationship and have viewed that relationship as a backdrop for the more significant business of therapy, namely the assessment and treatment of family distress (Flaskas & Perlesz, 1996; Friedlander, Escudero, & Heatherington, 2006). Since the mid-1970s, an increased interest in the notion of the therapeutic relationship or alliance has arisen among family therapists. In this chapter, I address conceptions of the therapeutic alliance in both individual and family therapy, review pertinent literature on this topic including the relevant research, and further explicate the rationale for the study of therapeutic collaboration.

Definition of the Therapeutic Alliance

Psychotherapy has been broadly defined as “the interaction between the therapist system and the client system” (Pinsof, 1995, p. 60). Over the years researchers have attempted to identify the aspects of this interaction that are responsible for client change. Precipitated by research evidence suggesting that different therapies produce similar beneficial effects for clients (Pinsof, Wynne, & Hambright, 1996; Shadish et al., 1993), the field of counselling has redirected its attention from refining specific therapeutic models and techniques to identifying curative factors that are common to all therapies (Lambert & Ogles, 2004; Wampold et al., 1997).
Research has demonstrated that across a variety of treatment modalities, clients identify their relationship with therapists as paramount for making a difference in their lives (Horvath & Symonds, 1991). The therapeutic or working alliance has been identified as the core aspect of that relationship. Occasionally, the terms “alliance” and “relationship” are treated interchangeably; more commonly, however, the relationship is viewed as a more encompassing concept involving both alliance and non-alliance aspects. Lambert and Barley (2002) distinguish three kinds of relationship factors: therapist variables (experience, training, interpersonal style, attributes); facilitative conditions (empathy, warmth, genuineness); and the working alliance (collaboration on goals and tasks of therapy and affective bond). They argue that these factors are perhaps best treated as interrelated rather than distinct because they are difficult to separate conceptually. Overall, while acknowledging the interrelatedness of alliance and non-alliance factors, researchers and theorists have chosen to retain the distinction between these factors and argue that the alliance development does not necessarily depend on non-alliance factors (Pinsof & Catherall, 1986). Also, by distinguishing therapist contributions from the alliance, it may be possible to empirically examine the relation between the former and the latter (Allen, Coyne, Colson, & Horwitz, 1996). Overall, it appears that there is no single, universally acceptable definition of the alliance (Horvath & Bedi, 2002); nonetheless, it may still be possible to extract from the literature some shared ingredients of this construct.

The alliance has been most commonly defined as the quality and strength of the collaborative relationship between the therapist and the client (Bordin, 1994; Pinsof & Catherall, 1986). It is for this reason that I will be using the terms “alliance” and
“collaboration” interchangeably. For Pinsof (1995), both the therapist and the client must be willing and able to contribute to therapy and to collaborate with each other’s contributions in order to facilitate change in the client. Researchers similarly argue that collaboration and the ongoing negotiation regarding tasks and goals of treatment constitute the central aspect of the alliance (Horvath & Symonds, 1991). Both clients and therapists indicate that treatment success greatly depends on the perceived clarity of goals and the adequacy of tasks (Howe, 1996; Sells, Smith, & Moon, 1996). Moreover, clients who experience a strong alliance with therapists find the process of healing to be smoother and less emotionally draining (Heatherington & Friedlander, 1990).

Although the alliance constitutes a necessary condition of successful therapy, it is insufficient in and of itself (Pinsof, 1995). Therapists and clients must display certain qualities and engage particular skills for therapy to work. Specifically, research indicates that some practitioners are more skilled at promoting positive therapy outcomes (Luborsky, McClellan, Woody, O’Brian, & Auerbach, 1985; Shapiro, Firth, & Stiles, 1989). Certain therapist variables, such as credibility, the ability to engage with the client, and the ability to focus the client’s attention to the client’s affect, have consistently accounted for successful outcomes (Orlinsky, Grawe, & Parks, 1994). There is also moderate evidence linking facilitative conditions (empathic understanding, genuineness, and warmth) and client outcomes (Lambert & Barley, 2002). Low levels of impairment and the presence of social support have been identified as the client variables most commonly associated with positive outcomes (Beutler, Harwood, Alimohamed, & Malik, 2002). Hence, the persons of the therapist and the client, and what each contributes to the process of therapy, seem significant as exclusive entities. Yet, it can be argued that
without the alliance or collaboration, no array or amount of the therapist’s skills or the client’s qualities or capacities can lead to change. As Pinsof (1995) helpfully sums up this point: “The alliance is the vessel within which therapy occurs and creates the necessary context for change” (p. 62). To understand how the alliance creates conditions for client change, researchers developed a number of measurement scales to assess the quality and strength of the alliance and to better gauge its ingredients and outcomes (e.g., Luborsky, 1994; Pinsof & Catherall, 1986).

The contemporary conception of the alliance has been largely inspired by the Bordin’s tripartite theory (1994), according to which the therapy participants must successfully negotiate three aspects of their relationship for the alliance to develop. These three aspects are bonds, goals, and tasks. The Bonds dimension of the alliance refers to the quality of the relationship between therapists and clients and includes the clients’ perception that therapists accept and care about them. The Goals aspect addresses the extent to which therapists and clients agree on and are working toward the same objective. The general goal of therapy is the resolution of the client’s distress. The therapist and client also work together to develop and pursue incremental goals. The Tasks aspect reflects the degree of the agreement between clients’ views of their difficulties and how to resolve those difficulties, and the methods or techniques proposed by therapists. Tasks may include the topics for discussion, the agendas for sessions, the interventions, and the clients’ overall sense that therapists understand (Pinsof & Catherall, 1986). The more clients and therapists collaborate on goals and tasks, the more they experience a sense of shared purpose, trust, and connection (bond). At the same time, the strength of the affective bond makes the process of collaboration around goals
and tasks smoother and more efficient. According to Henry and Strupp (1994), while collaboration is a transitory property in the initial sessions of therapy as it ranges from one moment of interaction to another, over time it tends to stabilize. Similarly, Weingarten (1991) argues that intimate (collaborative) interactions tend to accumulate to create an overall experience of intimacy (partnership) in the relationship.  

Although the alliance is conceptualized similarly within individual and family therapy, and viewed as equally significant in producing beneficial therapy outcomes, the alliance in family therapy appears to have some distinct characteristics. In particular, as compared to individual therapy, the alliance in family therapy is multidimensional (Pinsof, 1988; Pinsof & Catherall, 1986). Family therapists are multiply-engaged (Anderson, 1997; Cecchin, 1987). Ideally, the therapist develops alliances with each family member, each family subsystem (e.g., parental, sibling), and the system as a whole (Pinsof). Those alliances are difficult to achieve and to maintain, since that perspectives and agendas of family members may be distinct, if not conflicting. The challenge of the family therapist is to join in and validate each member’s understandings and goals, while nurturing the family’s shared sense of purpose for therapy, and while also transforming individual goals into group goals (Friedlander, Escudero et al., 2006). This point is

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5 Although collaboration and the affective bond influence each other, I have intentionally chosen to delimit my study to the analysis of collaborating on goals and tasks and to exclude the emotional bonding dimension of the alliance. This is because I did not analyze therapist-client collaborating over time, after the initial session of consultation. Therefore, I could not track how collaborative interactions accumulated to result in the overall experience of a strong relational bond. Future research may focus on this aspect of the alliance. Moreover, my research approach (detailed analysis of discourse) did not seem suitable for assessing this more global quality of the relationship.
consistent with the results of research showing that in family therapy, clients’ ‘individualist’ descriptions of their predicaments (he is too distant; she is too critical) are gradually reformulated in relational or systemic terms (Buttny, 1996; Edwards, 1994; Miller, 1987). Ryan and Carr (2001) similarly show how questions that assess relationships among family members promote a greater sense of collaboration in the beginning phases of therapy than do questions exploring the experiences of individuals within the family.

Pinsof (1994, 1995) combines Bordin’s content aspects of the alliance (bonds, goals, and tasks) and its interpersonal aspects (individual, subsystems, whole system, and within system).6 Figure 1 (Pinsof, 1995) demonstrates the interrelationships of these various levels and loci of the alliance in family therapy.

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6 Friedlander, Horvath et al. (2006) offer a somewhat different perspective on the alliance in couple and family therapy. They identify four dimensions of the alliance: Engagement, Safety, Emotional Connection, and Shared Purpose. The engagement dimension corresponds to the therapeutic collaboration. Safety refers to the clients’ experience of being in therapy with other family members. Emotional connection denotes the presence of an affective bond and covers all client behaviour in relation to the therapist. Finally, shared purpose is equivalent to collaboration among family members or Pinsof’s notion of “within-system” alliance.
The top three rows constitute between-system alliances, whereas the bottom row represents within-system alliances (e.g., between co-therapists, among family members or subsystems of the family). These levels and loci together form the total alliance. Although each dimension, whether interpersonal or content, influences every other dimension, some levels or loci may be more significant than others in the determination of the overall strength of the alliance. For example, the wife’s reports of a strong alliance with the therapist were more associated with positive therapy outcomes than the husband’s reports (Quinn, Dotson, & Jordan, 1997). This finding implies that therapists may need to focus on forming alliances with women in the family, particularly in early phases of therapy. Overall, Pinsof encourages therapists to conceive of the alliance as a fluid process shifting in strength, direction, and significance rather than as a static entity, established once and for all. Recently, there has been a trend to conceive of the alliance as interactive rather than as composed of discrete behaviours and attitudes of therapists and clients (Horvath, 1994; Pinsof, 1994).
**My Conceptualization of the Therapeutic Alliance**

While traditional therapy literature has focused almost exclusively on clients’ collaboration (read compliance) with therapists’ interventions, therapists inspired by feminist, constructivist, and social constructionist traditions have often prioritized their collaborative positioning in relation to clients (Anderson, 1997; Hoffman, 1992; Real, 1991). Such a reflexive focus is not surprising, since constructionist therapies emerged partly in response to the conception of the therapist as an unbiased and value-free expert capable of defining reality of clients’ situation and experience ‘over the heads’ of those clients (McNamee & Gergen, 1992). Similarly to the traditional literature, what is absent from this constructionist perspective is a “language to describe the client’s ‘collaborative stance’ as a more active participant in the collaborative process” (Perlesz & Brown, 2005, p. 177). From a more encompassing perspective, collaboration is neither the sole responsibility of the therapist nor the client’s willingness to cooperate with the therapist’s agenda, but rather a dynamic, joint performance (Rober, 2005). In collaborative interactions, speakers articulate and coordinate their perspectives and jointly develop new understandings and ways of relating preferred by clients.

I was struck by this perspective on the alliance or collaboration as a joint and dynamic phenomenon emergent through the participants’ responsive (rather than disconnected) actions in interaction. It seemed ‘genuinely’ relational. Intrigued by this interactive viewpoint, I continued examining the literature in hopes of understanding what such collaboration may entail. In my readings I discovered a social constructionist definition of collaboration (presented below). It was specific enough to keep me focused
on examining only collaboration-related aspects of the client-therapist communication, yet broad enough to allow for a discovery-oriented examination (Mahrer, 1992).

For the purposes of this study, I shall define collaboration as a process of coordinating, sharing, and co-creating meaning in mutually preferred ways (Anderson & Goolishian, 1988; Weingarten, 1991). This fluid and interactive view of collaboration seems to contrast starkly with more traditional perspectives on collaboration as one’s capacity to work together with others, or as an inherent quality of the therapeutic relationship (Weingarten). My definition of collaboration is based on Kaethe Weingarten’s distinction between intimate and non-intimate interactions. In describing both kinds of interaction, Weingarten remarks:

- Intimate interaction occurs when people share meaning or co-create meaning and are able to coordinate their actions to reflect their mutual meaning-making.
- Refraining from meaning-making and providing, imposing, rejecting, and misunderstanding meaning are associated with non-intimate interaction. Repeated intimate interactions may produce an experience of intimacy, while repeated non-intimate interactions usually interfere with or inhibit relational patterns that lead to the sharing or co-creation of meaning. (p. 287)

Obviously, to misunderstand or to be silent in a conversation does not automatically imply being non-collaborative. Some speakers may only minimally contribute to a conversation, yet when they do, their contributions may be of great significance. Further, Weingarten’s definition appears to overlook the context of the relationship shaping the meaning of actions. For example, if the therapist offers an intervention, the client may experience it as either coercive or useful, and that reaction is
based on the client's assessment of the nature of the therapeutic relationship so far. Finally, recent communication research shows that even activities such as interruptions traditionally viewed as non-collaborative are highly coordinated (Del Vento, McGee, & Bavelas, 2004; Ferrara, 1992). The addressee must closely collaborate with the speaker in order to discern how the speaker might have intended to complete the speaking turn. Despite these concerns, I found Weingarten’s definition suitable for the purposes of my investigation.

The definition I adopted implies that the working alliance is ‘worked up’ and sustained in and through repeated collaborative (inter)actions emergent from the participants’ ongoing responsive efforts (Sutherland & Couture, 2007). The therapeutic collaboration is something that therapists and clients create together in the moment. The specifics of the conversation are less important than whether each person feels included when producing meaning. Collaboration is, therefore, about the extent to which all people in a conversation feel liberated to contribute ideas and to contest the ideas of others (Weingarten, 1991). This definition places the emphasis on the working side of the working alliance, a side that I feel has been overlooked in most therapy literature.

My conception of collaboration is inspired not only by a social constructionist perspective, but also by collaborative and social theory of human communication (e.g., Clark, 1996; Ferrara, 1992; Isaacs & Clark, 1987; Jorgenson, 1995; Sigman, 1995; Wilkes-Gibbs & Clark, 1992); perspective of dialogism (Bakhtin, 1981; Linell, 1998); discursive psychology (Edwards, 1994, 1995; Edwards & Potter, 1992, 2001); and the sociological research tradition of conversation analysis (Sacks, 1995; Sacks, Schegloff, & Jefferson, 1974). Both constructionists and discursive researchers view the client-
therapist relationship and the therapeutic contract pertaining to roles, tasks, and goals as a continuous, mutually involving process of meaning making and negotiating (Anderson, 1997; Kozart, 2002; Roy-Chowdhury, 2006). Instead of approaching the therapeutic contract as something pre-established before the therapist and client enter therapy, or as something created exclusively by one party, discursive scholars propose a dynamic and interactive conception.

From this discursive perspective, language (its use by people) not only arises from relationships; it also forms or ‘performs’ those relationships (Bateson, 1972; Roy-Chowdhury, 2006; Russell, 1998; Sigman, 1995; Shotter, 1993). As Russell remarks, “language in the form of discourse …constitutes a public, intersubjective space, a shared context of symbolic meaning. In and through this shared context of symbolic meaning, we negotiate social hierarchies, build reciprocal dyadic alliances, and forge and maintain coalitions…” (p. 17). This constructive or performative view differs from the traditional representational conception of language as a mirror image of some stable intrapersonal or interpersonal reality (Edwards & Potter, 2001; Gergen, 1999). According to a constructionist, discursive perspective, people perform their relationships using available, and at times differing, cultural resources and practices for understanding and influencing (Potter & Wetherell, 1995; Wetherell & Potter, 1988). Articulating, coordinating, and reconciling these differences at the level of each turn in talk play dual roles; they both constitute and account for the quality of the therapeutic relationship.

Kozart (2002) provides an appealing dialogical conception of the therapeutic collaboration. He suggests that the normative interactive work of psychotherapy is centred on goals and tasks associated with eliminating the client's distress. The desire to
improve the client's psychological or relational problems is what initially brought this client and therapist together. When the therapist and client deviate from this original purpose of their encounter, the smoothness of the interaction and the sense of bonding are hindered. When, however, the accomplishment of therapeutic tasks flows smoothly, and the speakers are able to avoid focusing on the interpersonal or emotional dynamics of the therapeutic relationship itself (frequent clarification, checking, correcting, and reinterpreting of each other's actions and meanings), the mutual sense of bonding is strengthened. Kozart highlights the paradoxical nature of the therapeutic alliance, stating that, when a strong relational bond exists, the participants do not make an issue of their relationship. Kozart thus defines alliance as "the methods by which the patient and therapist sustain attention to sensible goals" (p. 222). He further suggests that it is not goals and tasks themselves that clients find therapeutic, but the process of generating and working together on mutually agreed-upon goals for change.

How does the conception of collaboration as coordinating, co-sharing, and co-creating talk in mutually preferred ways translate into the practice of family therapy? Collaboration in family therapy is not only interpersonal which is the way constructionists see it; collaboration is also interpersonally multilayered (Pinsof, 1995; Pinsof & Catherall, 1986). As aforementioned, ideally, the therapist collaborates on goals and tasks with each family member, each family subsystem (e.g., parental, sibling), and the family system as a whole. The challenge of the family therapist is to join in and validate each member’s understandings and goals while nurturing the family’s shared sense of purpose for therapy and transforming individual goals into group goals (Friedlander, Escudero et al., 2006). Therapists’ end goal should not be validating
members’ familiar, often polarizing, meanings and ways of relating; familiar meanings need to be renegotiated into new, mutually acceptable lines of talk.

Family therapy researchers have recently begun examining the therapeutic alliance as multidimensional (e.g., Knobloch-Fedders et al., 2004; Symonds & Horvath, 2004). Symonds and Horvath found that the partners’ agreement about the strength of the therapeutic alliance to be a stronger predictor of therapy outcome than each partner’s individual assessment of the alliance. These researchers recommend attending to two kinds of relationship in family therapy: the allegiance, or ongoing relationship between the partners, and the alliance with the therapist. Couture (2005) and Diamond, Hogue, Liddle, and Dakof (1999) reveal that therapists’ attempts to strengthen alliances with adolescents eventually led to stronger parent-adolescent allegiances. Drawing on these ideas and research results, I wanted to incorporate into my constructionist, discursive framework the conception of the systemic therapist\(^7\) as multiply-engaged (Real, 1991).\(^8\)

Following T. Strong and Tomm (2007), I broadly conceptualize concerns clients bring to therapy as being related to objectionable uses of language within the family system. By “objectionable talk” I signify meanings, and ways of articulating those meanings, which recipients experience as pathologizing them as individuals or as

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\(^7\) Family therapy is based on general systems theory (von Bertalanfy, 1968). “Systemic” refers to an approach, adopted by most family therapists, which treats the entire family as a single unit of treatment and which focuses on relationships and communication patterns rather than on traits or symptoms of individual members.

\(^8\) For other attempts to integrate systemic and constructionists ideas refer to Atkinson (1992), Atkinson and Heath (1990a, 1990b), and Simon (1992).
distorting or invalidating their experiences and perspectives. For Tomm (1991), some patterns of human interaction have “pathologizing” effects on the persons involved, while other patterns have “healing” or “wellness” effects. Others in interaction may object to imposing, rejecting, and misunderstanding meaning (Weingarten, 1991). Objectionable talk may contain blame, invalidation, and closing off possibilities (O’Hanlon, 1993) and may create impasses preventing people from coordinating meaning to find a shared language and mutual methods of talking deemed acceptable by all parties.

Not all coordination of meaning is helpful; on the contrary, mutually objectionable meanings can be highly coordinated. The coordination of objectionable meaning may result in non-mutual and ineffective meanings and the inability of family members to move forward together in their relationships. Some family members remain committed to their preferred (or familiar) modes of responding; others deem those ways objectionable and refuse to participate. Re-coordination of this “constraining talk” (Jones & Beach, 1995) may be required to facilitate interactions that all participants would deem acceptable. Some studies examined therapists’ interventions that are aimed at modifying recurrent transactions that are found problematic by families (e.g., Buttny, 1996; Couture,

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9 Tomm’s view is based in part on the Cronen’s Coordinated Management of Meaning (CMM) theory (e.g., Cronen, Johnson, & Lannamann, 1982). According to CMM, communication among family members may be characterized by the presence of problematic (strange) or unproblematic (charmed) reflexive loops. In the context of a strange loop, one member may construe the situation in two (or more) mutually exclusive ways, thus being unable to discern an intended meaning of another’s action and therefore barricaded from devising an appropriate response. Producing a response incompatible with the intended meaning further invites confusion and difficulty in coordinating intentions and meanings. The result is that both speakers are stranded in a strange reflexive loop.
2005; Edwards, 1994; Gale, 1991). These researchers identified discursive strategies employed by family therapists who introduce middle-ground positions, thus helping to build a bridge between the polarized solutions proposed by individual family members.

When it comes to the practice of family therapy, the focus on transactions within family systems has been more characteristic of first-order cybernetics\(^\text{10}\). Second-order cybernetic therapists have focused more on their own communication with clients. For Karl Tomm (1987a), to collaborate means to adopt a posture of *caring circularity*. Drawing on the Milan team’s approach to family therapy, Tomm defines “circularity” as therapists’ observing their behaviours in relation to clients and examining the ongoing effects of those behaviours on clients. The more therapists adjust their actions to fit clients’ specific responses and preferences, the closer the structural coupling between the therapist and the family becomes. By adopting a posture of caring circularity, the therapist engages with the family in ways that provide room for the family’s autonomous growth and development. The likely effect of such engagement on the family is a sense that therapists are sensitive, caring, and understanding. The corollary is *obligatory circularity*, a posture the therapist adopts to selectively utilize the clients’ responses in order to carry out his or her professional agenda efficiently. A probable effect of such engagement is that the client feels rushed or coerced into change. Tomm recognizes that the two postures are not mutually exclusive, since the therapist will fluidly shift in and out of postures in response to the client’s responses. However, he points out that giving

\(^{10}\) First-order cybernetics deals with circular causal processes (e.g., feedback, control). It pertains to systems that are observed from the outside, as opposed to (second-order) cybernetics of systems involving their observers (von Foerster, 1981).
priority to one of these postures is likely to shape the course and tone of the therapeutic conversation.

Conceiving of collaboration as a process of coordinating, sharing, and co-constructioning meaning presupposes the possibility of power or inequality – moments of interaction when one or both parties are unwilling or unable to participate mutually in the common effort. In the next section of this chapter I will address the notion of power, since collaboration is commonly viewed in family therapy as the opposite of power (Anderson & Goolishian, 1992; Hoffman, 1992).

Collaboration Versus/And Power

Some family therapists suggest that the distinction between collaboration and power is arbitrary and is only one way of punctuating relationships (Watzlawick, Bavelas, & Jackson, 1967). For me, this distinction is too simplistic to be adequate for reflecting what happens when people talk. I propose to consider collaboration and power as being in a dialectical rather than dichotomous relationship (Larner, 1995; Linell, 1998). Power, viewed as the advancement of one’s own perspective in a conversation, can be accomplished in the context of collaboration with other perspectives, rather than purely at their expense.

Working along these lines, Bakhtin (1981) conceptualizes perspectives or “voices” in dialogue not as excluding each other but as intersecting with each other in many different ways. When some voices are formulated ‘authoritatively’, their intersection with other voices is hindered. Even in these situations, other perspectives are not excluded from dialogue; they are organized around the authoritative discourse, interpreting, resisting, and praising it. Hence, for Bakhtin, communication is inevitably
“heteroglossic” or polyphonic, even if some voices end up being on the margins of a conversation. Overall, Bakhtin characterizes language by the simultaneous presence of forces that are *centripetal* (toward discursive unity) and *centrifugal* (toward discursive diversity). Not only do these forces coexist in dialogue, they also rely on each other for their continuous existence. The performance of power by one party requires collaborative efforts of the other party, such as conformity or resistance (Burman, 1995; van Dijk, 1993). Furthermore, asymmetries – communicatively relevant and temporal inequalities in knowledge or participation – are inevitable features of dialogue and without them collaboration and communication in general would be unnecessary. Learning and development depend upon a person’s ability to collaborate with or temporarily depend upon someone with more extensive knowledge or power (Linell & Luckman, 1991).

While power can be characterized by the reciprocity of efforts, such reciprocity can certainly be unequal. Starhawk (1987) distinguishes between *power-over* and *power-with*. While connecting power-over with coercion and domination, Starhawk links power-with to the influence of a strong individual in a group of equals. She suggests that power-with is realized not through force, but through the other’s willingness to follow and to be led temporarily by a member of a social group. Power-with is necessary for creating alternative understandings and is a common attribute of social relations. Proctor (2002) similarly defines power as one’s capacity to produce change. Drawing on Foucault (1980), Tomm (1993) suggests that clients may eventually internalize therapists’ power/knowledge and such knowledge may become a part of these clients’ own stories of identity and wellness. Arguing along the same lines, S. Strong (1968) proposes a two-phase model of therapists’ social influence, according to which the first phase of therapy
is dedicated to therapists utilizing various techniques and procedures (e.g., self-disclosure, empathy, education) to enhance their perceived credibility and attractiveness; clients are more open to influence from professionals whom they find credible and attractive. In the second phase of therapy, therapists make full use of their acquired power to influence clients.

Hence, power is not problematic in itself (Avdi & Georgaca, 2007; Proctor, 2002). Power is necessary for change and development; however, it may easily turn into power abuse or dominance (Atkinson, 1993; Guilfoyle, 2003; Starhawk, 1987; van Dijk, 1993). This may occur when people’s attempts to resist power are ignored or minimized. Guilfoyle concludes that “[when] domination precludes the possibility of resistance impacting on proceedings…the relationship becomes one of an authoritarian (monologic) imposition of meaning” (p. 334). White (1991) similarly alleges that knowledge can be formulated in ways that counteract resistance; clients must either subject themselves to expert knowledge or engage in an overt conflict with professionals.

The key issue, as I see it, is not whether professionals share their expertise (power) but how they do it (Anderson, 2001; Weingarten, 1998). All therapists at times objectify or try to fit the material presented by clients into familiar frameworks or categories (Larner, 2004). All therapists at times misunderstand, ignore, reject, or withdraw meaning. Arguably, there are moments when therapists find themselves unwilling to join clients in their ways of construing reality. While assuming that practices of power are inevitable, constructionist therapists prefer to talk11 with clients rather than

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11 By “talking” I do not only mean what people say to each other but also how they say it (nonverbal and paraverbal aspects of communication).
talk to them or not talk at all, that is, withdraw their voice (Anderson; Madsen, 1999).

Constructionists try to be conscious of the moments when their offerings may turn into impositions. This is likely to happen if therapists continue to present their ideas as superior, privileged, or objective. This may result in clients’ hesitation to contribute their potentially differing understandings. Power needs to be enacted in respectful and responsive ways if it is not to turn into dominance; it needs to be co-shared, with therapists and clients taking turns at offering their expertise (Anderson, 1997; Cecchin, Lane, & Ray, 1992; Hoffman, 1995; Madsen; T. Strong, 2002). Thus, collaboration may be viewed as a form of power-with (rather than as an absence of power) and non-collaboration can be characterized as power-over.

Overall, more recent developments within discursive therapies have led to the re-conceptualization of therapy as a dialogue of rhetorical forces (Anderson, 2007; Guilfoyle, 2003) rather than as a dialogue free of rhetoric. As Guilfoyle maintains, “power relations… infuse dialogue, without compromising the dialogical status of the interaction: power and resistance work together to produce a dialogical interplay of forces” (p. 335, intalics in the original). Gibney (1996) similarly argues that “power must be used in loving ways – that is, it must be used in a way that increases the family’s options” (p. 91). Larner (2004) also encourages therapists’ ethical uses of power.

Alongside these developments, a range of ideas emerged pertaining to how therapists can share their power/knowledge with clients without imposing it. Some suggest that therapists should adopt a non-expert, ‘not-knowing’ position, or downgrade, or completely relinquish their position of power (Anderson & Goolishian, 1992; Guilfoyle, 2003; Hoffman, 1992). Others question the extent to which this non-expert
position can be achieved in therapy (Golann, 1988) or is, in itself, an expression of therapist power (White, 1991). Still others wonder whether therapists should use their elevated position to advance certain political agendas, such as promotion of social equality and justice (Guilfoyle, 2005). Clearly, the debate about power in collaborative therapies is far from being resolved (Sutherland, 2007). Although constructionist therapists have been fruitful in generating a variety of ideas regarding how they can collaborate with clients, little research has been done to investigate how these ideas are realized (or not) in actual practice.

I concur with Weingarten (1991) that as therapists, we need to pay “thoughtful attention to non-intimate [power-over] interactions in their own right, and recognize their power to distort, diminish, and degrade people’s experiences of themselves and others” (p. 291). In my analysis, however, I attended primarily to the ‘intimate’ or collaborative aspects of Karl Tomm’s communication with the family. Non-intimate exchanges interested me only insofar as they could offer some insight into how participants managed to collaborate their way out of these moments. Further research may need to target non-collaborative interactions for a detailed analysis.

Throughout this and the previous chapter I have already alluded to various points justifying the need for interactive, fine-grained research on therapeutic collaboration. Although therapy literature offers general ideas about how therapists can intervene while respecting clients’ meanings and wishes, research is needed to understand the specifics of collaborative language use in therapy. Let me conclude this chapter by reiterating the rationale for my research.
Rationale for the Study of Collaboration

Scant attention has been given to the linguistic means responsible for the therapeutic change. While therapy is commonly described as a “talking cure” (Campbell, 1994; Wachtel, 1993), the talking aspect of therapy has remained largely unnoticed (Ferrara, 1994; Stancombe & White, 1997). Traditionally, the focus on the actual interaction between the client and therapist has been replaced with an emphasis on some underlying mental and experiential processes responsible for change in clients (Martin, 1994). Although it is sensible to assume that change is a process of interpersonal influence (S. Strong & Claiborn, 1982), we know surprisingly little about how therapists and clients actually influence each other in the course of interaction, how goals and tasks are negotiated and agreed upon, what specific actions support or subvert the development of a strong relational bond, and what therapists and clients do when a breakdown occurs in the relationship (Lepper & Mergenthaler, 2007; Roy-Chowdhury, 2006; Russell, 1998).

Existing research highlights that therapeutic relationships, not techniques, account for a larger portion of the treatment outcome variance (Bachelor & Horvath, 1999). Therapists identify collaboration as a significant component of what makes their work therapeutic (Sullivan, Skovholt, & Jennings, 2005). Despite these research findings, surprisingly little is known about the step-by-step process of developing the therapeutic collaboration and the mechanism through which it brings about therapeutic change

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12 By “influence” I mean any attempt by the therapist to change the client’s reported or displayed thoughts, feelings, or behaviours. I see therapy as a place where therapists and clients mutually exercise influence.
(Diamond, Diamond, & Liddle, 2000; Friedlander, Horvath et al., 2006; Norcross, 2002; Quinn et al., 1997). Quinn et al. propose that “given the weight of evidence suggesting that treatment outcome associated with alliance, research … should focus on the formation and changing nature of alliances in multiple client systems” (p. 436). Henry and Strupp (1994) similarly invite researchers to move away from stating that the alliance is important and instead examine how it may be important.

In the field of family therapy, considerable theoretical effort has been dedicated to describing and refining the notion of collaboration (e.g., Anderson, 1997; Hoffman, 1995; McNamee & Gergen, 1992). However, few researchers have examined specific processes and strategies used by constructionist therapists to see how these translate under close analysis of client-therapist interaction (Avdi & Georgaca, 2007). As Kogan and Gale (1997) remark, “how egalitarian roles, non-objectifying interventions, and/or social critiques are accomplished in postmodern therapy remains unclear” (p. 102). The objective of my study was to offer an empirical description of how collaboration was accomplished in the course of postmodern therapy.

Rather than investigating collaborative uses of language within any model of therapy, I decided to select a session of constructionist counselling. Constructionist therapists claim that their approach is more dialogical and collaborative than the more ‘traditional’ approaches to counselling (Anderson, 1997; Freedman & Combs, 1996; Hoffman, 1992). They do not suggest that their approach is better or more effective, but rather that they find client involvement in therapy (clients’ perspectives and preferences) to be of greater relevance and significance in shaping therapists’ interventions. By examining interactions between a constructionist therapist and clients, we may be able to
extract a more extensive representation of the practices and devices accounting for collaboration – as intended by the therapist.

Examining Therapeutic Collaboration as a Two-Way Process

With the realization that client change can be achieved through diverse treatment modalities and that no singular technique or a set of techniques specific to a model of counselling lead to transformation (Stiles, Shapiro, & Elliott, 1986; Wampold et al., 1997), researchers turned their focus to curative elements of therapy that are common to all models (Bordin, 1994; Horvath & Greenberg, 1994; Sprenkle & Blow, 2004). Most attention has been given to the relationship or alliance between the therapist and the clients (Horvath & Bedi, 2002). Alliance in individual therapy has been found to account for a third of treatment outcome (Horvath & Symonds, 1991). Research on family therapy has similarly pointed to the therapeutic significance of a strong relational bond (e.g., Knobloch-Fedders, Pinsof, & Mann, 2004; Sells et al., 1996)

As I have already discussed, at the core of the alliance is the notion of collaboration, defined as “the client and the therapist forming a partnership against the common foe of the client’s debilitating pain” (Horvath & Greenberg, 1994, p. 1). Collaboration, in turn, entails two elements: goal consensus and involvement (Tryon & Winograd, 2002). Orlinky et al. (1994) define goal consensus as the extent to which the therapist and the client agree on treatment goals. This element, on which I will elaborate below, is one of the three aspects (goals, bonds, and tasks) of the alliance as conceived by Bordin (1994). Bordin’s conception of the alliance has become prevalent in the field of counselling. Collaborative or mutual involvement is defined as the degree of the client’s cooperation or compliance. Although Bordin warns against reducing the therapeutic
collaboration to the pairing of a leader-therapist and a follower-client, most research focuses exclusively on the degree of client cooperation, homework completion, and involvement in the patient role (e.g., Colson et al., 1988; Schmidt & Woolaway-Bickel, 2000; Soldz, Budman, & Demby, 1992). Studies are needed that would take into account the mutual negotiation of goals and ways of being involved in therapy. At the heart of my research project is the conception of collaboration as a two-way endeavour. In examining how collaborative interaction was accomplished, I attended to all participants’ contributions to discourse.

Related to the issue of how to conceptualize collaboration is the issue of how to investigate it. Most existing studies approach collaboration retrospectively. One of the shortcomings of this approach is that it fails to describe the moment-by-moment unfolding of how therapeutic goals and tasks are continuously introduced, negotiated, and decided upon (Rogers et al., 1985). Henry and Strupp (1994) refer to collaboration as “momentary”, arguing that it varies from moment to moment and exerts its influence in moment-by-moment processes, especially in the initial stages of counselling. Most research, however, has approached collaboration as a static phenomenon (e.g., Epperson, Bushway, & Warman, 1983; Zamonstny, Corrigan, & Eggert, 1981). Kokotovic and Tracy’s (1987) suggestion that one examine “explicit, in-session verbal agreement on the presenting problem between participants and not agreement derived from independent post-session evaluations” (p. 82) has been overlooked, primarily due to a shortage of suitable methods of inquiry. I would add that collaboration around goals and tasks does not have to be explicit and verbal. As I will demonstrate, the participants also rely on
non-verbal and less explicit (implied) messages to move forward in interaction in mutually preferred ways.

Some research has been conducted on in-session processes and their association with client engagement. Tracy (1986) introduces the notion of “topic determination” or the proportion of topics initiated by one party (the therapist) followed by another party (the client). Tracy argues that clients who did not follow directions initiated by therapists quit therapy after the third session. Although examining the frequency of paired actions (topic initiation – topic endorsement) can enhance our understanding of in-session processes accounting for collaboration, this approach has its shortcomings. It does not appear to take into account that the meaning of what is said or done is shaped by the context in which an action is embedded. Also, this approach overlooks that the same expression can be used to accomplish diverse social outcomes. A discursive strategy, such as a topic shift or interruption, should not be taken as an automatic sign of non-engagement or disaffiliation (Tannen, 1990). Rather, a more comprehensive approach to the study of communication would attend to what a specific strategy (a topic shift) is used to accomplish in a given context (e.g., to undermine another’s perspective or to show comprehension by co-completing another’s sentence). My analysis of therapy interaction explicitly takes into account how people use words to do things (Austin, 1962), that is, the resourceful use of language (Edwards & Potter, 1992).

Furthermore, when collaborative involvement is studied, researchers primarily attend to characteristics or attributes of therapists and clients. For example, Longo, Lent, and Brown (1992) and Tryon (1990) suggest that clients in their study who were perceived by their therapists as more disturbed were more likely to become disengaged in
the course of therapy, as compared to clients whom their therapists viewed as more well-adjusted. My research is distinct, as compared to other studies examining collaborative engagement, in that rather than quantifying or measuring the degree of client or therapist engagement, I investigated how the process of collaborative engaging was done in the back-and-forth of actual talking.

Existing Discursive Research on Collaboration and Power

Some studies examined power practices of therapists (e.g., Buttny & Jensen, 1995; Davis, 1986; Gale, 1991). Research investigating communication between discursive therapists and clients demonstrate that therapists’ relationships with clients are more hierarchical and directive than these therapists’ own depiction of their relationships (Friedlander, Heatherington, & Marrs, 2000; Murphy, Cheng, & Weiner-Wilson, 2006). For example, Murphy et al. examined the power practices of collaborative (Harlene Anderson), narrative (Michael White), and other (e.g., structural, feminist) ‘master’ therapists. These researchers suggest that all therapists exercised power, conceptualized as the ability to guide clients’ responses, with most power and control flowing in the direction of clients. White was found by these researchers to use power minimally as compared to other therapists, including Anderson. At the same time, Anderson was found to engage in a so-called “empowerment pattern” (therapists’ submissive message followed by clients’ control’ message). This finding is compatible with the stance of uncertainty and not-knowing promoted within the collaborative language systems approach developed by Anderson and Goolishian (Anderson, 1997; Anderson & Goolishian, 1992). Antaki, Barnes, and Leudar (2005) examined therapy discourse and showed how simple summaries (what they termed “formulations”) of the clients’ talk
afforded therapists opportunities to advance their own accounts and agendas by presenting professional versions as neutral or unbiased summaries of the clients’ offerings (“So, what you are saying is…”).

Kogan (1998) and Kogan and Gale (1997) identify some collaborative practices of therapists. For example, they distinguish a strategy of “reciprocal editing”, which entails therapists designing their talk as tentative and uncertain. Clients were given space to interject and edit therapists’ wording (e.g., “No, that’s not what I said”). Couture’s (2005) micro-analysis of forward-moving interactions in therapy reveals some communicative practices of the therapist that were aimed at bridging conflicting perspectives in interaction. In describing a range of practices, Couture notes communicative practices and devices used by the therapist to collaborate with clients. One of them is “collaborative completions” (Lerner, 1993) or simultaneously completed phrases. In this practice, the therapist completes the client’s turn in speaking to demonstrate his or her interest in and understanding of the client’s discourse. Another strategy Couture identifies is the therapist’s attending to clients’ weakly displayed agreements (Kitzinger & Frith, 1999) and modifying his or her talk until clients demonstrate a stronger acceptance of his offerings. Moreover, Hak and de Boer (1996) argue that formulations of clients’ talk featured in collaborative interactions, displaying the relevance and significance of clients’ accounts and understandings. Ferrara (1994), in her micro-analysis of therapy talk, similarly notes that the therapist showed interest in the client’s description by uttering minimal encouragements (uh huh) and by reusing the client’s descriptive language (words, phrases, and metaphors).
Two research articles deserve particular attention due to their close association with my topic of study and approach to research. These articles are Roy-Chowdhury’s (2006) *How is the Therapeutic Relationship Talked Into Being?* and Lepper and Mergenthaler’s (2007) *Therapeutic Collaboration: How Does it Work?* Both articles summarize the results of conversation analysis of client-psychotherapist interaction. In both articles, researchers examine in original ways how communicative rapport is developed and negotiated. Roy-Chowdhury identifies the following collaborative strategies used by therapists: formulations or summaries of the client’s prior talk; the use of minimal encouragements, such as *uh hum* or *right*; and the therapist’s willingness to adopt a variety of conversational formats (e.g., advisory). The researcher further argues that in interactions where the therapeutic relationship was under strain, there were problems of speaking, hearting, and understanding. In another study, Lepper and Mergenthaler name “topic coherence” (i.e., situations where a topic proposed by one party is endorsed by another party) as a marker of collaborative discourse. These researchers argue that topic coherence was present during periods of high therapeutic productivity.

My analysis, although similar in aims and a method of inquiry, is distinct. As I will demonstrate, a problem in understanding or a shift in topic does not necessarily indicate a low degree of collaboration. What is more important is how the participants attend to and deal with this occurrence (more or less mutually). I examined mutuality or collaborating-in-talk as the participants’ concern, displayed in the very ways they design and coordinate their interaction. I also assumed that the same discursive strategy (e.g., advice, formulation, minimal encouragement, topic shift) can be used to achieve a variety
of objectives in interaction (Edwards & Potter, 1992). My analytic aim was to not rush into concluding what each strategy was used to accomplish at a particular juncture in interaction, but rather to attend to what this strategy was used to do, as observably interpreted by its user.

On the whole, the results of existing research point to some features of therapeutic collaboration. Yet, to date, no systematic analysis of collaborative discourse has been conducted showing the participants’ turn-by-turn orientations to create talk that is mutually preferred. Roy-Chawdhury’s (2006) analysis addresses the therapeutic relationship in general, not the participants’ collaborating on goals and tasks. Also, Lepper’s and Mergenthaler’s (2007) study touches on only one aspect of collaborative discourse – topic coherence. Exactly what happens at the interactional level that can count as the participants collaborating with one another remains understudied. I initiated this study to conduct the turn-by-turn analysis of therapy discourse to identify conversational practices and strategies accounting for the therapeutic collaboration. I was also interested in the immediate conversational outcomes resulting from such collaborations.

*Investigating Process-Outcome Dialectic*

A recent trend in research has been to study therapeutic outcomes in association with therapeutic relationships. The members of the *Task Force on Empirically Supported Therapy Relationships* (Norcross, 2002) have been among the first to suggest that it is the client-therapist dyad working collaboratively that determines the treatment of choice (and its outcomes) rather than a particular pre-set intervention package invariantly applied. John Norcross, the leading proponent of the Task Force, argues that skilled
psychotherapists do not simply implement interventions regardless of what they receive from clients, but “respond flexibly to patient qualities and alter their relational stance on a patient-by-patient or moment-to-moment basis” (p. 12). Norcross further notes that traditional outcome research overlooks this responsiveness problem (Bohart, Elliott, Greenberg, & Watson, 2002; Stiles, Honos-Webb, & Surco, 1998) by failing to recognize that the therapist’s behaviour is shaped by the emerging dialogical context and is sensitively adjusted in light of that context. As a detailed, context-sensitive description of the therapist’s alliance-facilitative practices and its conversational outcomes or accomplishments, this research “takes responsiveness into account and offers clinical specificity in the form of particular instances of interventions that appeared effective (or ineffective) in context” (Stiles, 2002, p. 362). Conceptualizing client change not only as an outcome of the therapeutic relationship, but also as an input into that relationship allowed me to highlight the evolving alliance-outcome dialectic.

Summary

In this study, I examined the discursive or interactive processes of therapy by orienting to how therapeutic change was “talked-into-being” (Heritage, 1984) or to how clients were effectively and collaboratively talked through their problems. Therapy is more likely to be successful if it is congruent with clients’ goals for treatment and their ideas about their problems and ways to resolve them (Bordin, 1994). To maximize clients’ engagement and benefit and to minimize premature dropout, practitioners may need to focus on how they can elicit and incorporate clients’ understandings and preferences as part of treatment (Barnard & Kuehl, 1995). One way to accomplish this goal is to expose to results of the studies that examine how avowed collaborative
therapists engage and work with clients. Research of this kind may help identify specific practices that facilitate conversations in which the understandings and preferences of all parties are honoured and welcomed.

In this chapter, I have reviewed the pertinent literature on the topic of the therapeutic alliance or collaboration and outlined my discursive, constructionist theoretical framework guiding my analysis. The next chapter deals with my methodological framework for approaching the topic of therapeutic collaboration.
Chapter III: Method

The purpose of this study was to offer a detailed description and interpretation of how a therapist collaborated with a family around the goals and tasks of therapy, conceptually viewed as mutual meaning coordinating, sharing, and co-creating. Adopting this constructionist perspective on collaboration as a joint endeavour calls for a research approach with compatible premises (Avdi & Georgaca, 2007; Couture & Sutherland, 2004). Such an approach would permit a description of how meaningful discourse emerges and is furthered, in mutually fitting ways, through the participants’ communicative contributions. In this chapter, I present my methodological framework for approaching the topic of collaboration in family therapy. In particular, I argue that conversation analysis (CA) constitutes a distinct and suitable research approach for answering questions stemming from the constructionist framework, including my research question addressing the process of collaborative meaning-making in counselling.

*Investigating Collaboration: My Discursive Approach*

It is generally acknowledged that language serves as a medium for both assessing and treating clients’ concerns. Interestingly, most research looks beyond conversation in order to understand what makes therapy therapeutic (Ferrara, 1994; Stancombe & White, 1997). As Russell (1998) argues,

The paramount tasks of psychotherapy, when viewed at the level of discourse, are the construction and re-construction of symbolic [meaningful to people] worlds… The linguistic bases of these worlds, the actual methods of linguistic construction and reconstruction, remain opaque to most psychotherapy researchers and practitioners. (p. 17)
Some research examined communication in therapy; it primarily involved some form of content analysis in which therapy discourse was coded with a subsequent statistical manipulation of the coded material (Essig & Russell, 1990). Alternatively, researchers elicited participants’ or observers’ responses to scales and inventories, measuring their perceptions, experiences, or cognitions related to therapy process and outcome (e.g., Luborsky, 1994; Pinsof & Catherall, 1986). Although valuable for offering insight into quantifiable changes taking place in the course of interaction, these approaches seemed unsuitable for answering my research question. The approach I required had to meet the criteria I outline below.

First, in light of my interest in co-creating and coordinating meaning, I needed an approach to analysis whereby meaning is viewed as an evolving process rather than a discrete occurrence. Building on a constructionist premise that meaning is intersubjectively constructed, emergent in and through the participants’ situated actions and inferences (Gergen, 1999), I could not simply resort to a dictionary in my attempts to understand the meaning of a particular utterance. In a dictionary, language is ‘dead’ (Bakhtin, 1981). In communicative interaction, however, the meaning of what is said and done is in constant flux, never fully complete or determined. Each speaking turn has potential for renewing the meaning of what is happening (Heritage, 1984). Therefore, I required a method that would ‘capture’ this evolution of the meaningful discourse in the context of interaction.

Second, if meaning is perceived as emergent rather than pre-given (e.g., residing in words or objects), the context of interaction becomes pivotal in offering participants cues as to the meaning of a particular action. People are meaning-making beings; in
communication, they not only respond to each other but also try to interpret each other’s responses (e.g., What does she mean by saying this? What is he trying to say?). Being an ‘outsider’ to therapeutic interaction, I decided to attend to how the ‘insiders’ (the therapist and his clients) interpreted each other’s communicative actions and treated the context of interaction.

Third, my interest in collaborative practice is not limited to my interaction with families; it extends to my engagement with research participants. While wishing to give primacy to the participants’ interpretations of what happened in therapy and hence to facilitate a collaborative research practice, I had to remain sensitive to my research topic, namely, the participants’ meaning-making in therapy, not about therapy. From a constructionist perspective, retrospective accounts about therapy are situated (context-bound) constructions that are best treated as the topic of analysis, rather than as the resource for trying to understand what happened in therapy (ten Have, 1999; Zimmerman & Pollner, 1970). The topic of how the participants constitute post-therapy accounts in the situation of research, or how they generate evaluations of the researcher’s analytical claims, falls outside of the scope of this study. Finally, in seeking to understand how the therapist introduced alternative meanings while remaining sensitive to what the family offered in return, my task was to take into account the interactive dimension of therapy.

Being mindful of these concerns, I turned to constructionist, discursive research approaches (Potter, 1996b). Discursive research falls within the realm of qualitative inquiry (Denzin & Lincoln, 2005; Silverman, 2004); it attends particularly to how language is used by people to accomplish social projects and construct social worlds. I found qualitative inquiry appealing due to its focus on meaning-making, its ability to
answer the *how* research questions (what is happening, how people do what they do, what something means to them) (Gubrium & Holstein, 1997), and its inductive analytic approach allowing to ‘preserve’ the complexity of social life (Mahrer, 1992). Most importantly, qualitative researchers conceive of their own neutrality and objectivity as unrealistic and undesirable, a view consistent with my constructionist perspective. Qualitative researchers acknowledge their analytical presence and its implications for the process and outcome of the inquiry. Consequently, they take great care to delineate their assumptions and working methods in order to provide an audience with a contextual vantage point from which to evaluate research (Gubrium & Holstein; Maione & Chenail, 1999). What follows describes the methodological vantage point from which I investigated collaboration in family therapy.

*Traditional Monological Model of Communication*

In reviewing research on therapeutic collaboration, I learned that the vast majority of existing therapy research is based on a model of communication as a simple transfer of information. Accordingly, the therapist is seen to send a message – a mirror representation of his or her internal mental processes – which the client then decodes (Carroll, 1953). The version of a received message is presumed to be identical in terms of its meaning to the one originally transmitted. Meaning and understanding, from this unilateral perspective, are presumed to be individually and internally complete. In administering questionnaires, coding communicative behaviours, or gathering and analyzing post-therapy reports, researchers commonly assign conceptual and analytical primacy to one member of the therapeutic dyad or polyad (Linell, 1998; Soyland, 1995). They treat therapists’ and clients’ communicative actions and expressions in isolation.
from each other and from the context of interaction. This same model has been applied to the study of family relations and interaction (Couture & Sutherland, 2004).

One potential concern with this from-to model of communication is that it tends to overlook the interactional business that people accomplish when they talk (Hutchby & Wooffitt, 1998; Schegloff, 1997). People use words and other communicative actions as objects to complain, justify, explain, apologize, inform, or excuse. As people tell stories or convey messages they construct their social worlds – versions of identities, experiences, and relationships (Potter, 1996a). An analysis of language use in therapy needs to take into account this functional or performative aspect of talk (Stancombe & White, 1997). In other words, communication researchers may benefit from examining not only what people in interaction say to each other but also what they try to accomplish by saying it.

Another concern is that while attending to the report aspect of interaction (the what, information-based side of talk), the traditional model of communication lacks the means for describing and explaining its command, or relational, dimension (Watzlawick et al., 1967). The command dimension constitutes a more subtle aspect of communication implied in what speakers say to each other and how they say it. Every statement carries with it the how dimension of interaction, that is, messages regarding participants’ interactive entitlements, obligations, roles, and so forth. People draw on ‘pre-established’ socio-cultural resources as they negotiate the nature of the unfolding interaction and relationship. Some participants assert certain entitlements (to terminate the exchange, to shift a topic, to continue posing questions); others, in turn, affirm those proposals or contest them, thus inviting their conversational partners into alternative relational
arrangements or dynamics. There is an ongoing relational coordination and negotiation transpiring at the level of each conversational turn, with each party putting forth his or her preferences while responding to preferences asserted by others.

The model of language underlying most research on therapeutic communication tends to overlook this relational aspect of interaction (Soyland, 1995). An extensive body of psychotherapy research suggests that the quality of this relational dimension accounts for the large portion of therapy outcomes (Horvath & Symonds, 1991; Luborsky, 1994; Martin, Carske, & Davis, 2000). By approaching language and meaning as a simple transmission of information between two or more autonomously functioning individuals who just happen to interact, researchers risk overlooking the key curative aspects of therapy. This is especially relevant when it comes to the study of family therapy rooted in the systemic assumption that the relationship is more than the sum of the individuals’ actions. Although the distinctiveness of family therapy resides in its emphasis on people’s communication and interactional patterns (Bateson, Jackson, Haley, & Weakland, 1956; Watzlawick et al., 1967), only a handful of studies have approached therapeutic phenomena from an interpersonal framework (Friedlander & Tuason, 2000). Recently, researchers began generating and using measurement instruments that allowed them to examine the interactive dynamics of family therapy and to treat clients’ and therapists’ actions in interaction as adjacent and interrelated rather than discrete and disconnected (e.g., Binschoff & Tracey, 1995; Friedlander, Escudero et al., 2006; Knobloch-Fedders et al., 2004; Murphy et al., 2006; Patterson & Forgath, 1985; Pinsof & Catherall, 1986; Symonds & Horvath, 2004).
While welcoming these developments, I nonetheless found that the scales and coding systems that evaluated relational dynamics in therapy were inadequate for answering my research question. First, the use of coding systems tends to answer questions about whether, and to what extent, certain phenomena (e.g., therapist control, noncompliance) occur in discourse. In contrast, I sought to answer the question of how interaction or a specific theorized aspect of thereof, is assembled and interpreted by its participants. Specifically, I was interested in how collaborating was ‘done’ by the therapist and clients in and through their use of language. Coding systems or scales could not assist me in understanding how meaning was co-created and coordinated in the course of a conversation and how actions performed within and across speaking turns were interwoven to produce meaningful interaction. It is unlikely that the strength of the alliance will remain constant throughout therapy (Pinsof, 1994). Rating scales are used to measure the strength of the alliance at different point of an interview (Friedlander et al., 2006). However, evaluating participants’ behaviours at discrete moments of a session is different from offering an uninterrupted account of interaction as it naturally unfolds (Rogers et al., 1985).

Second, being concerned with the interaction from the participants’ perspective, I could not use coding systems, since the meaning of communicative conduct is often predetermined by researchers employing these systems (Pinsof, 1989; Stancombe & White, 1997). In assigning a code to some action (e.g., advice, confrontation, support), the researcher overlooks the context shaping the meaning of that action and the participants’ own emergent interpretations of interaction. In summary, traditional research adopting an “interactive stance” (e.g., Bischoff & Tracey, 1995; Patterson & Forgatch, 1985, p. 850)
did not strike me as being sufficiently ‘interactive’. Therapists’ and clients’ behaviours were rated separately prior to being paired up and manipulated statistically.

In searching for a suitable research method to examine evolving relational dynamics in therapy, I considered it important not to artificially separate behaviours of therapists and clients. In order to stay loyal to my constructionist framework, I needed a research method or set of methods that would allow me to approach the interaction between research participants as the basic unit of analysis (Pinsof, 1988). Moreover, my task was to preserve the dynamic nature of therapeutic interaction, rather than to treat therapy as a series of static events. To accommodate my theoretical interests and preferences, I turned to sociology the field in which I located the research tradition of conversation analysis. In so doing, I also discovered that CA has already been applied to the concerns of family therapy (e.g., Buttny, 1996; Gale, 1991; Peyrot, 1995).

**Dialogical, Conversation Analytic Perspective**

To examine collaborative meaning-making in family therapy, I used conversation analysis (Sacks, 1995; ten Have, 1999) in combination with discursive psychology (DP; Edwards & Potter, 1992) and collaborative and dialogical perspectives on human relationships and communication (Bakhtin, 1981; Clark, 1996; Linell, 1998; Volosinov, 1973). I see dialogism (and social and collaborative theories of communication), and discursive research as complementary, with the former offering a comprehensive conception of human interaction and the latter providing the analytical means for examining such interaction. While most existing research looks beyond conversation to account for the effectiveness of therapy (Ferrara, 1994; Stancombe & White, 1997), all perspectives I chose endorse a discursive analysis of psychotherapy, proposing that
within real-life conversations lies the key to understanding how family problems are formed and resolved. As such, these perspectives offer a distinct outlook at what transpires in therapy.

Conversation analysis. Most researchers investigating family therapy are unfamiliar with CA, despite the fact that conversation analysts (e.g., Miller, 1987; Peyrot, 1987; Viaro & Leonardi, 1983) were among the earliest contributors to the interactive or communication-focused trend in family therapy (e.g., Watzlawick et al., 1967). Endorsing the concept of human communication as an interactive endeavour, CA practitioners assume that every conversational turn is a joint project. For them, dialogue is more than the exchange of monologues. Conversation analysts approach the constitution of meaning as a ‘between’ process that requires meticulous coordination and co-management of intentions, preferences, and understandings of all conversing parties. Speakers tend to mutually signal each other, using a shared stock of interactive devices and procedures (e.g., “uh huh,” “yeah,” head nodding), that the shared understanding has been established (or not) at the level of each speaking turn (Clark, 1996). Hence, while one party speaks, the other party is not inert but is actively involved in the constitution of the speaker’s turn (Sacks, 1995). The speaker adjusts the form and delivery of an utterance in light of continuous verbal, paraverbal, and nonverbal feedback from the addressee. From this perspective, meaning and understanding are built jointly, turn-by-turn; they emerge from within the conversation through the participants’ interweaving communicative efforts. Based on this perspective, we must consider not only the initiatory property of therapists’ interventions (stemming from these therapists’ individual intentions) but also the responsive property addressing therapists’ orientations
to the preferences and understandings articulated by clients. Within traditional approaches to (communication) research, only the initiatory aspect of action is recognized (Linell, 1998). Researchers have lacked the means for addressing the responsive dimension of discursive conduct, which CA claims to distinctly investigate.

Earlier, I mentioned the *responsiveness problem* (Bohart et al., 2002; Stiles et al., 1998) which has been ‘haunting’ researchers who seek to identify generic treatments that work for specific groups of clients. From a traditional monological viewpoint, therapist responsiveness is the problem that must be controlled scientifically.\(^\text{13}\) If therapists’ interventions are shaped by clients’ responses, which are difficult to predict and control, researchers trying to identify generic treatments are at a loss as to how to maintain the rigour of research and to arrive at consistent and valid results. By contrast, within CA, therapists’ responsiveness is not an obstacle. On the contrary, CA researchers assume that therapists’ behaviours in discourse are likely to be responsive to clients’ actions and understandings. (Conversation analysts still prefer to confirm this assumption empirically.) On the whole, instead of focusing on the contributions of individual speakers, CA investigates the sequential exchange of actions in interaction (Sacks, 1995; Sacks et al., 1974).

\(^\text{13}\) The closest to the therapist’s responsiveness is the well-known psychoanalytic notion of *countertransference* – the psychotherapist’s own reactions and responses to the client’s emotions, experiences, or problems. Traditionally, countertransference was presumed to hinder the effectiveness of treatment by obscuring the therapist’s sensitivity to client’s transference reactions, that is, the client’s displacement of unresolved past conflicts and dependencies onto the therapist.
A dialogical researcher would agree with the monological model concerned with simple vocalizations or behaviours by individual speakers. In interpreting communicative value (meaning) of those behaviours, however, the monologist perspective falls short. A monologically oriented researcher cannot account for social antecedents and consequences shaping meanings of actions and expressions (Linell, 1998). CA’s dialogism resides in its capacity to describe how one speaker’s contributions to discourse shapes and constrains the contributions of the next speaker in an ongoing hermeneutic circle of conversation. CA not only examines the design of individual speaking turns; most importantly, it interprets these turns in light of their adjacent positioning among other turns, both preceding and anticipated (ten Have, 1999).

Within CA, language is viewed as having a social organization that has properties independent of whatever information might be in transmission. Through studying various kinds of talk, conversation analysts have found that any interaction is loosely shaped by a system of normative rules and methods for producing one’s own actions and for recognizing and interpreting the actions of others (Heritage, 1984). People do not follow the rules but orient themselves to them; thus, rules exist only as resources for organizing situated social practices. One way to structure social interaction is to jointly rely on paired actions or adjacency pairs (APs; question-answer, invitation-rejection or acceptance; Sacks, 1995). What this suggests is that communicative actions invite particular next kinds of actions and so on. There is a sequential structure to interaction. People attend to deviations from interactive norms and treat them as problems to be resolved. Those who produce first parts of AP (e.g., questions) tend to keep their speaking partners accountable for producing ‘conditionally relevant’ appropriate second
parts (e.g., an answer or an explanation as to why the answer is not produced).

Consider the following exemplar (borrowed from Atkinson & Drew, 1979; the details of
the notation system can be found in Table 1).

<table>
<thead>
<tr>
<th></th>
<th>Child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have to cut these Mummy</td>
</tr>
<tr>
<td>2</td>
<td>(1.3)</td>
</tr>
<tr>
<td>3</td>
<td>Child:</td>
</tr>
<tr>
<td>4</td>
<td>Won’t we Mummy</td>
</tr>
<tr>
<td>5</td>
<td>(1.5)</td>
</tr>
<tr>
<td>6</td>
<td>Child:</td>
</tr>
<tr>
<td></td>
<td>Won’t we</td>
</tr>
<tr>
<td></td>
<td>Mother:</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 1

_Transcription Notation_

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Indicates</th>
</tr>
</thead>
<tbody>
<tr>
<td>(.)</td>
<td>A pause which is noticeable but too short to measure.</td>
</tr>
<tr>
<td>(.5)</td>
<td>A pause timed in tenths of a second.</td>
</tr>
<tr>
<td>=</td>
<td>There is no discernible pause between the end of a speaker’s utterance and the start of the next utterance.</td>
</tr>
<tr>
<td>::</td>
<td>One or more colons indicate an extension of the preceding vowel sound.</td>
</tr>
<tr>
<td>Underlining</td>
<td>Underlining indicates words uttered with added emphasis.</td>
</tr>
<tr>
<td>CAPITAL</td>
<td>Words in capitals are uttered louder than surrounding talk.</td>
</tr>
<tr>
<td>(.hhh)</td>
<td>Exhalation of breath; number of h’s indicate length.</td>
</tr>
<tr>
<td>(hhh)</td>
<td>Inhalation of breath; number of h’s indicates length.</td>
</tr>
<tr>
<td>( )</td>
<td>Indicates a back-channel comment or sound from previous speaker that does not interrupt the present turn.</td>
</tr>
</tbody>
</table>
Overlap of talk.

Double parenthesis indicates the nonverbal messages.

Indicates rising inflection.

Indicates animated tone.

Indicates a fall in tone.

Talk between * * is quieter than surrounding talk.

Talk between > < is spoken more quickly than surrounding talk.

Arrow indicates marked shifts into higher or lower pitch in the utterance-part immediately following the arrow.

A single dash indicates a halting, abrupt cutoff.

The researcher’s attempt to direct the reader’s attention.

Note: Borrowed from Sacks et al. (1974).

The child does seem to interpret the mother’s silence (lines 2 & 4) as a problem of hearing. If this were the case, the child would presumably have repeated the question, maybe restating it louder. Instead, the child offers increasingly truncated versions of the same question. The child seems to be demanding an answer from the mother in a determined communicative pursuit (lines 3 & 5) until she offers an answer (line 6). The child’s actions may be viewed as displaying this child’s tacit understanding that the absence of the second part of the pair is noticeable because it breaches a norm of paired action sequences. Conversation analysts examine turns in talk or, more precisely, pairs of turns: how they are designed, where in interaction they occur, how they are connected to
prior turns, and what implication they may pose for subsequent turns (Hutchby & Wooffitt, 1998; ten Have, 1999).

Since the same utterance may be used to accomplish different actions in interaction (refusal, invitation, accusation, apology, etc.), CA researchers attend to how an action and its function are ‘noticeably’ interpreted by its recipient (Sacks, 1995). This means that the design of the next turn in talk will display how the addressee made sense of the previous speaking turn (and what the speaker’s intentions were for that turn). The mother in the above exemplar interprets the child’s action as a case of a question because she produces an answer (line 6). Conversely, if she produced an alternative response (e.g., “Wow, good job!”), researchers would have used her reply as a basis for drawing conclusions about how she might have interpreted the child’s intention (e.g., the child seeking evaluation or assessment). The speaker cannot read the recipient’s mind in order to confirm that the recipient understands the way the speaker intends to be understood. The speaker has to proceed in interaction orienting to the recipient’s understandings as these are displayed conversationally. There is no other evidence on which participants can rely in order to ensure mutual understanding (Clark, 1996).

Participants in interaction attend to details of how speaking turns are designed, including pauses, overlapping of speech, and inhalations, to name a few, as they attempt to understand and interpret what is occurring. A fall in intonation in the speaker’s utterance may signal to the addressee that this may be a possible place and time for a transition between speakers (Sacks, 1995). Consequently, conversation analysts prefer to not prematurely exclude as irrelevant and insignificant these various micro-details of talk (Heritage, 1984; see Table 1). The value comes with observing if the participants
themselves show these details as relevant to each other, and thus to the researcher, when making inferences about what is occurring in the interaction (Schegloff, 1991).

Critical discourse analysts have raised a concern with CA’s position on communication, arguing that what is happening in discourse is not limited to participants’ intentions and conscious orientations (Billig, 1999a, 1999b; Wetherell, 1998). For these analysts, people inherit socio-cultural positions (e.g., clienthood) which, in turn, set limits on what people in these positions can legitimately say or do, regardless of their individual intentions (Guilfoyle, 2003). Conversation analysts respond to this by arguing that participants are not lodged irrevocably within what culture prescribes for them; rather they evoke, contest, negotiate, and treat as relevant (or not) various socio-cultural categories as they communicate. People are viewed as being in reflexive relationships with cultural norms and categories. Conversation analysts conceive of culture as both the product and project of participants’ local actions and inferences (Heritage, 1984, 2004). For them, there is no culture outside its local manifestations (Speer, 2001) and it is at this micro-level that culture is enacted and transformed by its members (Drew & Heritage, 1992). Therefore, what is more important is not how observers make sense of the interaction but rather how participants themselves interpret what is happening (Schegloff, 1997). Researchers, of course, cannot help but interpret participants’ interpretations (Edwards, Ashmore, & Potter, 1995). Still, these interpretive accounts are not arbitrary but are shaped by researchers’ observations of participants’ displayed meanings and concerns (ten Have, 1997). For conversation analysts, it is the participants’ not their own meaning-making that is of interest.
Consider the following exemplar as a demonstration of how CA practitioners address issues of socio-cultural context (Heritage & Sefi, 1992). The exemplar shows an interaction between the health visitor and the first-time mother and father. In the UK, health visitors assist first-time parents in the care of babies by offering education and guidance.

1 HV: He’s enjoying that isn’t he.
2 F: °Yes, he certainly is=°
3 M: =He’s not hungry ’cuz (h)he’s ju(h)st (h) had ’iz bo:ttle ·hhh
4 (.5)
5 HV: You’re feeding him on (. Cow and Gate Premium

The health visitor’s remark “He’s enjoying that” presumably reflects his or her observation that the baby is chewing or sucking on something. While the father simply agrees with the health visitor, the mother defends herself. She orients to both the health visitor’s role as an observer or evaluator of the baby’s care and to her own role and responsibility to provide adequate care (lines 3-4). The parents’ different responses may reflect the traditional gender-based division of labour within a family in which the mother is responsible for child rearing. Critically-oriented researchers tend to assume a priori that interaction between people of different gender will be characterized by particular dynamics (e.g., unequal division of labour). CA practitioners, on the other hand, tend to adopt a ‘wait and see’ approach to discourse and demonstrate how participants themselves invoke culture in and through their actions in interaction, as is demonstrated in the exemplar above.

Conversation analysis of institutional interaction (medical, counselling, court, etc.) explores how particular kinds of interactional practices ‘realize’ or talk those
settings into being (Boden & Zimmerman, 1991). Specifically, it focuses on how participants in therapy use language to invoke the relevance of particular therapy-related roles, goals, and tasks. CA also identifies how participants restrict themselves to a specific range of activities in order to efficiently accomplish business at hand. CA practitioners claim that these normative expectations are exhibited in how participants design their speaking turns as they interact. For example, for therapists to try to understand what brings clients to therapy, they need to elicit clients’ accounts of their problems. To accomplish this, therapists and clients may adopt a particular interviewing format (e.g., unequal distribution of questions and answers), proposing, coordinating, and negotiating this format at the level of each speaking turn (Drew & Heritage, 1992).

*Dialogism.* While traditional psychology places meaning in the mind of an individual actor, CA emphasizes how meaning is socially derived and created. The perspective of dialogism, originating primarily from the literary criticism of Mikhail Bakhtin (1981, 1984), bridges this dichotomy, contending that meaning is both an individual and social/ideological product (Linell, 1998; Volosinov, 1973). Dialogists insist that monological tradition can be incorporated under the dialogical framework. Rather than studying individuals in isolation from each other and their contexts of interaction, proponents of dialogism recommend examining “individuals-in-dialogues-with-partners-in-contexts” (Linell, p. 8). They further preserve the notion of psyche as a relatively stable structure (central within mainstream psychology), while reconceptualizing it in discursive terms. Volosinov demonstrates this point by suggesting that “the inner psyche is not analyzable as a thing but can only be understood and interpreted as a sign”. He continues thus: “Psychology must pursue the task of
understanding, describing, exemplaring, and interpreting psychic life, just as if it were a
document under philological analysis” (p. 26).

What I found appealing about dialogism is that it recognizes the subjective or
individual without completely reducing it to the social. Linell (1998) summarizes this
point as follows:

Partly monological [individually preferred] activities recur in our dialogically
constituted world. Moreover, dialogical interactions can never have ‘only’
context-specific features; there are always tensions between stability and change,
between decontextualizing and contextualizing forces. At the same time, what we
have called ‘monological activities’ can never be entirely ‘monological’; they are
also bound to specific context, purposes, interests, concerns, and commitments.
As ‘situated decontextualizing practices’ they are themselves situated. (p. 286)

Dialogism helped me make sense of the notion of preference (e.g., client
preference to account for something in a particular way) without conceptually reducing
this notion to the structural properties of a conversation. However, ultimately my analytic
concern was not with why the client preferred one thing over another (a theoretically
interesting question), but rather how this client’s preferences were asserted in ways that
displayed “other-orientation” (Linell, 1998) in discourse and how they were responded to
by the therapist. That is an issue that CA is well-equipped to address. The term
“preference” within CA is not used to refer to subjective or psychological desires
(Heritage & Atkinson, 1984; Sacks, 1987) but rather to the recurrent patterns of talk in
which actions are executed. The participants treat some actions as problematic for social
relationships, and other actions as acceptable. In some contexts, the speakers generally
avoid or delay certain actions, while producing other actions directly (without any
inserts) and with minimal delays. For instance, acceptance is commonly a preferred
response to invitation, while rejection is a ‘dispreferred’ response (Pomerantz, 1984). The
speakers themselves orient to rejection following invitation as a dispreferred action, as
evidenced in their attempts to downgrade such rejection by attaching to it an explanation
or justification and delaying it with silences, particles (uh, um), or discourse markers
(e.g., well, I don’t know). From this perspective, preference is not private but public
(Wittgenstein, 1958); it is imbedded within how interaction is organized or structured by
the participants themselves. This does not imply that in collaborative interaction the
speakers avoid producing dispreferred actions (disagree, reject, decline, refuse), but
rather that such actions are attended to and used as a resource for renegotiating discourse
into more mutually preferred lines of talk.

Discursive psychology. The perspective of discursive psychology (DP) resonates
with the perspective of dialogism, while taking it one step further by providing the means
for examining how the psyche is constituted discursively. DP can be characterized as a
constructionist version of CA (e.g., Edwards et al., 1995; Potter, 1996b). While using the
same analytical procedures as CA, DP distinguishes itself by its focus. Its interest lies in
discourse in which participants’ (clients’) mental states become relevant. Its main
assumption concerns the nature of language. Discursive psychologists assume that
people’s descriptions of the world are not determined by the objective properties of the
world itself. Rather, faced with a variety of alternative ways to depict the world, people
select and negotiate competing descriptions. Similarly to rhetorical psychology (Antaki,
1994; Billig, 1996), DP views all interaction as rhetorical or argumentative (not just
situations of dispute), and investigates how people invoke mental phenomena in producing persuasive, authoritative, or factual discourse (Edwards, 1997; Edwards & Potter, 1992). For example, discursive psychologists take the notion of knowledge and examine how the phrase “I don’t know” functions in a given context to achieve desirable outcomes (e.g., to downgrade one’s expertise or withdraw from the interaction).

What is at stake in psychotherapy is how to describe and make sense of the clients’ concerns, their identities and relationships. Examining client-therapist interaction from a DP perspective can provide valuable insights into how topics of therapeutic interest are rhetorically managed. The perspective of dialogism resonates in many ways with DP’s preoccupation with argumentative and authoritarian/ideological texture of talk. While dialogists theoretically equate discourse and ideology (Bakhtin, 1981; Volosinov, 1973), discursive psychologists empirically examine how people produce authoritarian or factual descriptions of events as they exchange turns in talk. Family therapists are frequently faced with the challenge of managing differing versions of events (Edwards, 1994; Gale, 1991; Stancombe & White, 1997) while trying to stay partial to, or aligned with, all positions (Anderson, 1997; Real, 1991). Rhetoric and argumentation are likely to be significant in this process. Discursive psychology can make visible the argumentative texture of collaborative therapy showing how understandings of the family’s concerns are articulated and negotiated discursively.

CA and Other Approaches to Research

Conversation analysis and traditional research. CA is distinct from traditional therapy research that employs scales and coding systems. It is intended to answer a different set of questions about therapy. When it comes to the study of the working
alliance, CA aims to describe how clients and therapists actually manage to develop and sustain working alignment in the course of therapy. The focus is not on the quantitative dimension of the alliance (frequency, intensity), but on its qualitative dimension (dynamics, characteristics, mechanisms). The following investigation offers a helpful example for highlighting the difference.

Werner-Wilson, Michaels, Thomas, and Thiesen (2003) investigated therapists’ influences on the working alliance. Observers in this study were asked to rate the degree of the alliance between therapists and clients. Their ratings were then statistically correlated with separately observed and coded conversational turns produced by therapists (e.g., confrontational, advice-giving, supportive). The researchers conclude that the strength of the alliance was positively associated with advice-giving and challenging by therapists. Conversation analysts, in contrast, are likely to approach the same topic (i.e., the connection between therapists’ interventions and the alliance) from an analytically different standpoint. Viewing both interventions and relationships as interactive accomplishments, CA practitioners would describe communicative strategies accounting for an enhanced discursive alignment around goals and tasks of therapy. The focus would be on the how aspect (the process) of the alliance.

In addition to the different focus, CA is based on a distinct set of assumptions and practices, and can be briefly outlined as follows. As mentioned earlier, CA is interactive; it focuses on participants’ contributions to discourse, treating them as adjacent and mutually shaping. In addition, CA avoids pre-defined category systems for interpreting the data. Rather than coding the content of the participant’s speaking turn as blame, invitation, or question, conversation analysts look at how the addressee interprets what
the speaker is doing in the prior turn. CA offers an account of therapy from the ‘insider’s’ perspective, attending to the participants’ own concerns, understandings, and priorities (Schegloff, 1991, 1997). Related to this, scales and coding systems often tend to restrict participants’ reports by forcing meaning into pre-defined categories. By contrast, CA offers a highly detailed and ‘inductive’ account of therapy (ten Have, 2004). Lastly, therapy researchers have largely based their conclusions about therapy process and outcome on participants’ or observers’ post-therapy reports (Horvath & Bedi, 2002). Family therapy researchers have lacked the adequate means for exploring what transpires within the actual therapeutic interaction. CA, on the other hand, distinctly investigates therapy as it naturally unfolds.

Conversational analysis and other qualitative approaches. Conversation analysis also needs to be distinguished from other qualitative forms of inquiry. Patton (2002) suggests that qualitative research is characterized by multiple and often competing perspectives. All qualitative approaches seek to contribute to the understanding of how the world is constructed and interpreted, although each takes on a distinct aspect of this task (McLeod, 2001). In particular, critical or ideologically driven scholars (e.g., Fairclough, 1995; van Dijk, 1993) study global socio-cultural conditions, resources, and practices that shape and contain people’s local understandings and actions. Proponents of the phenomenological tradition in psychology (Giorgi, 1997; Giorgi & Giorgi, 2003; Osborne, 1990; Polkinghorne, 1989) focus on descriptions of people’s concrete experiences of worldly objects; they hope to gain access to essential structures inherent in human consciousness that make it possible for human experience to have the general appearance that it has. Hermeneutic scholars (e.g., Gadamer, 1989; Martin & Sugarman,
2001; Martin, Sugarman, & Thompson, 2003) seek to unmask historical and cultural horizons of meaning that shape how people experience the world. Practitioners of ethnography examine social practices and rituals through which culture is constructed (Miller, Hengst, & Wang, 2003; Todd, Joanning, Enders, Mutchler, & Thomas, 1991).

In contrast to these approaches, CA aims to explicate specific communicative strategies and structures responsible for constitution of meaning in interaction. Using other qualitative approaches would not have been as productive as employing the approach I chose. For example, approaching my question with the use of a grounded theory (GT) analysis, even its constructionist version, would not have been adequate. GT, although focusing on describing/interpreting meaning, would not have allowed me to illustrate the dynamic, contextual, interactive, and functional dimensions of meaning-making. Moreover, participants’ own meanings in the interaction would also have been obscured. GT and related approaches (e.g., hermeneutics, phenomenology) pursue a different set of questions about collaboration, such as how participants experience collaborative interactions, and what collaborating means to them. I was concerned with the process of collaborating or with how it was performed discursively.

Conversation analysis and other forms of discourse analysis. Although discursive inquiry is characterized by a diversity of methodological and theoretical perspectives

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14 Some branches of CA fall under the constructionist/interpretive category of qualitative inquiry (e.g., Edwards et al., 1995; Pollner, 1991; Potter, 1996b; ten Have, 1997, 2001). It is within this group of CA that I place myself, preferring to maintain consistency between my theoretical and methodological commitments. Many CA practitioners adhere to objectivist epistemology (e.g., Peräkylä, 2004). In contrast, I believe it is possible to articulate something meaningful about the interaction without resorting to ontological claims (what I observe is really happening in interaction).
(Potter, 2004; Soyland, 1995; Wooffitt, 2005), two general camps have been identified: *conversation analysis* with the micro (‘bottom-up’) analytic approach and Foucault-inspired *critical discourse analysis* with the macro (‘top-down’) approach (Avdi & Georgaca, 2007; Speer, 2001). One difference between macro- and micro-research traditions is that the latter examines the *what* dimension of discourse while the former focuses on the *how* aspect of discourse (T. Strong & Paré, 2004). Macro-researchers examine discourse as a *noun*, studying how cultural resources (cultural meanings, category systems, metaphors, images) feature in interaction. Micro-researchers, on the other hand, investigate discourse as a *verb*, focusing on its performative features – how participants deploy various discursive practices, strategies, and devices to organize their conduct and accomplish social projects. Because my interest lies in the processes of collaborative therapy I have drawn on the micro-oriented forms of discursive inquiry.

One difference between micro- and macro-streams of discursive research (which I briefly addressed above) lies in their differing conceptions of the socio-cultural context and how it should be examined. From the macro perspective, researchers must examine not only how people constitute culture/context through their actions, but also how culture positions people to act and think in particular ways (Wetherell, 1998). Conversation analysts have criticized critical discourse analysts for advocating the position characterized by social determinism, a view of the socio-cultural context as a bucket or as something global and external – constraining individuals’ talk from the ‘outside’ (Heritage, 2004; Hutchby & Wooffitt, 1998; Schegloff, 1997). Once again, by contrast, CA practitioners treat social categories of gender, power inequalities, oppression, professional roles as issues to be “worked up and made relevant in the interaction, not as
external determinants” (Speer, 2001, p. 113). Context is endogenously established and continuously renewed by people in the back and forth of their talking. CA proponents are interested in the “[social] structure within discursive practices, rather than structure apart from, above, and before discourse” (Linell, 1998, p. 5). While skin colour, gender, historical events, organizational policies, and other socio-cultural variables impact interaction, micro analysts are more interested in how people locally evoke, interpret, and manage these factors (Schegloff, 1997).

Macro-oriented researchers insist that CA’s ‘neutral’ or descriptive position is a political stance of its own (Billig, 1999a, 1999b). They argue that if researchers focus exclusively on the participants’ local orientations to issues of inequality, they run a risk of overlooking from the outset how certain prerogatives and rights are afforded to certain people, and not to others (Wetherell, 1998). For macro-oriented researchers, oppressive practices operate in ways that undermine potential resistance to such practices; they are formulated as natural, unbiased, and just. Marginalized parties are not likely to resist, or even orient themselves to, the workings of these practices (Frith, 1998). Consequently, it becomes the responsibility of the researcher to read the data in ways that recognize and challenge oppression.\(^{15}\)

Although concerns raised by critically inspired analysts of discourse made sense to me, I have nonetheless found myself more persuaded and influenced by the CA position on the issue of culture/context. I agree with ideologically-oriented discourse analysts that the action’s meaning is informed not only by actions in surrounding

\(^{15}\) I have only touched on certain aspects of this micro-macro debate. For further details see, for example, Schegloff (1997, 1999), Billig (1999a, 1999b), and Wetherell (1998).
(immediately preceding and following) turns but also by actions that had occurred earlier in interaction or in prior interactions. However, I also thought it was important to show how participants’ actions brought forward or performed the context and how the context, in turn, was consequential for what the participants said or did subsequently (Schegloff, 1991). Both macro- and micro-researchers conceive of culture as manifesting itself at the level of everyday interaction and relationships. What is needed is research that would examine how culture is produced and reproduced. Without making explicit the connection between culture and action, I am afraid researchers will continue treating culture as something abstract and external to people’s conduct. Having said this, I view neither of the approaches as ultimately superior. Each adopts a different analytical position guided by distinct concerns and interests. Each has its own implications for analysis of communication.

Summary

By attending to interactive, contextual, and functional aspects of client-therapist communication, CA distinctly assesses the process of articulating, coordinating, and co-creating of meaning in therapy. It further shows how the details of the conversation are a formative part of its outcomes. Instead of measuring global outcome at the end of a session, CA examines how participants accomplish small within-session outcomes evident in shifts in their talking and relating. As such, CA can be used to examine both processes and outcomes (or better, outcomes-in-process) of constructionist therapies. While CA offers analytical tools to examine discourse, discursive psychology, collaborative and social theories of communication, and dialogism provide ways to conceptualize interaction. This study is discursive psychological due to its attention to the
processes of accounting and attribution related to human subjectivity (Edwards & Potter, 1992). I investigated how the participants’ versions of events were produced to accomplish specific agendas in talk. Dialogism is more of a theoretical framework than a set of specific empirical methods (Linell, 1998). I used it, along with collaborative and social approaches to communication (Clark, 1996; Clark & Krych, 2004; Leeds-Hurwitz, 1995; Wilkes-Gibbs & Clark, 1992), to conceptualize client-therapist interaction. In the next chapter I describe the specifics of my research project (participant recruitment, data collection, and data analysis).
Chapter IV: Details of the Study

The purpose of this project was to investigate how a therapist collaboratively responded to clients’ meanings and the immediate, conversational outcomes of such responses. These outcomes refer to noticeable shifts in what clients were saying and how they were saying it when responding to each other and the therapist. The study involved CA of archival data and a previously video-recorded therapy session facilitated by Dr. Karl Tomm. I shall begin by outlining the steps I took in investigating his collaborative approach to therapy:

1. **Participant recruitment.** Karl Tomm is the Director of the Calgary Family Therapy Centre (CFTC) in Alberta. Families who obtain therapeutic services from the CFTC are informed that, in addition to being an outpatient treatment program, the CFTC is a clinical training facility and a base for research in family therapy. Clients who access the services at the centre are asked to consent to having their sessions video-recorded or used for research purposes, or both. Upon receiving ethical clearance for this project, I approached Dr. Tomm and invited him to participate in the study (Appendix A). I conveyed to him that, if he consented, his participation would entail selecting a session of couple or family therapy that was representative of his collaborative approach to working with clients. He was notified that the clients on the tape must sign the consent form created for the purposes of this study (Appendix B). Both Dr. Tomm and the couple independently consented to participate in this research.

2. **Regular transcription.** Having received the videotape from Dr. Tomm, I converted its contents into an audio-only format to ensure client anonymity. I
employed a professional transcriber to transcribe the session in its entirety with the use of the standard orthography (Appendices C & D).

3. *Exemplar selection.* I used the transcript, in combination with the videotape of the session, as the basis for exemplar selection. I had to identify and scrutinize those aspects of Dr. Tomm’s interaction with the couple that could account for the collaborative dimension of his work. Instead of examining the use of language in general within the session, I directed my analytic efforts to the collaborative uses of language. As the basis for exemplar selection I initially used Weingarten’s (1991) definition of collaboration as meaning sharing, coordination, sharing, and co-creation (see Chapter II for details). As I began the process of identifying collaborative exemplars of talk in the regular transcript, I realized that Weingarten’s definition was too broad and as a result not as useful as I initially thought it would be. By the time I realized this, I had already identified and transcribed, using CA transcription notation (Table 1), 10 rather lengthy exemplars of interaction comprising in total 50 minutes of the 80-minute session. Most of the session contained some form of sharing, coordination, and co-creation of meaning. I needed to become more specific in my exemplar selection. I returned to the point of re-specifying my definition of collaboration, outlining the specific criteria that would guide my choice of exemplars (see the next section of this chapter). The section entitled *Exemplar Selection* outlines how I used these criteria to select the exemplars for analysis.

4. *Data Analysis.* Although I included the data analysis step as subsequent to the exemplar selection step, these steps occurred more or less concurrently. Having
identified a specific collaborative practice, I immediately analyzed it using conventional CA classifications (see the *Data Analysis* section for details). I used this newly identified and examined practice to guide my subsequent selection and analysis of collaborative moments. In other words, relying on the CA literature helped me initially distinguish what parts of talk could be categorized as “participants collaborating”. I believe that conceptual maps shape researchers’ mode of engagement with the data, including the determination of what units of observation to examine (Denzin & Lincoln, 2003; Lincoln & Guba, 2003). The existing theoretical and empirical material provided me with a heuristic starting point for my data selection and analysis. The exemplars of talk I selected were then used to substantiate my analytic claims by making possible a cross-comparison of various manifestations of the same discursive practice.

The next subsection deals with how I conceptually linked the participants’ communicative conduct with the notion of collaboration I was examining. It is followed by a description of how I proceeded to identify and analyze stretches of talk that I deemed to be collaborative.

*Collaboration Operationalized*

Therapy in its idealized form is a *joint* activity (Clark, 1996). The idea of coming to see a therapist presupposes that a client is in need of a therapist’s assistance. Also, because the client’s experience and suffering are addressed in therapy, the degree to which a client is involved in therapy is of great significance. As compared to solitary activities (e.g., reading, playing piano in solitude, running), joint activities (e.g., playing chess, playing piano as a part of an orchestra, meeting with colleagues) involve
coordination of efforts. For example, to prepare a meal for a party of ten at a restaurant requires chefs and cooks to ensure that the preparation of each dish is well coordinated.

In order to serve all ten dishes at the same time, well prepared and hot, each party must organize his or her conduct in response to the emergent actions of others. In this scenario, the cook responsible for grilling a steak has to monitor when another cook, who is working on preparing a sauce for the steak, is about to complete his or her task, so that both ingredients can be combined and served at approximately the same time. The participants’ collaboration enhances the quality and efficiency of a joint activity. For example, research shows that the level of therapist-client collaboration accounts for a large portion of the therapy outcome variance (Horvath & Symonds, 1991; Martin et al., 2000). Therefore, collaboration is done in service of joint activities (Bangerter & Clark, 2003).

However, the therapist and clients come together to do therapy, not to collaborate. To complicate the picture, collaborating in and of itself needs to be coordinated. It takes more than one party to collaborate or to work together. The addressee could accept the speaker’s proposition and renew the context for the next speaking turn. If, however, the addressee refuses to collaborate with the speaker’s invitations, talk may need to be re-coordinated and re-negotiated until both parties can move forward in interaction in mutually acceptable ways. (Subsequent turns may be used to repair the trouble spot.)

Overall, problems can arise in both the joint activity (agreement on what task to do next) and in collaborating (for example, one party may refuse to adjust his or her talk in light of another party’s persistent refusal to join an idea or proposal).
How do participants manage to coordinate their actions in joint activities? One answer is that people cannot all speak at the same time, so they take turns in talking in order to allow for effective management of interaction (Sacks et al., 1974). The current speaker can select the next speaker by asking a question that requires an immediate response. Being asked “What time is it?” the addressee is expected to produce an ‘appropriate’ response (“It’s ten” or “I don’t have a watch”). This pairing of actions in talking (e.g., question-answer, invitation-acceptance/rejection, greeting-greeting, assessment-assessment) has been referred to as an adjacency pair (Schegloff & Sacks, 1973). An AP is a structure assisting the speakers to produce short and extended turns, or even sequences of turns in speaking (stories). APs not only help coordinate actions by organizing them sequentially; they also assist people in developing mutual understanding. By producing an answer, the addressee signals to the speaker how this addressee has interpreted the speaker’s intention (as eliciting information). There are a variety of other conventional procedures and devices\textsuperscript{16} used by people to coordinate actions in joint activities. Overall, speakers in joint activities work continuously with each other to develop so-called “common ground” (Clark, 1996) or the mutual belief that both sufficiently understand each other’s meanings and intentions for their current purposes (Clark & Krych, 2004; Wilkes-Gibbs & Clark, 1992). In order to ground their actions in interaction, speakers rely not only on words but also on paraverbal aspects of communication, such as pauses, continuers (\textit{uh huh}), assessments (\textit{gosh}), and other

\textsuperscript{16}Devices are social objects (Sacks, 1995) used by people to achieve specific objectives in interaction. For example, silence or the interjection \textit{uh} are devices that can be used to signal an upcoming disagreement (Pomerantz, 1984). \textit{Okay} is frequently used to mark a transition to another topic or project (Beach, 1993).
techniques. Nonverbal messages (gestures, eye gaze, pointing) can also have relevance and meaning to those for whom they are intended.

This view of therapeutic interaction as the participants’ project assumes that the product of speaking (description or speech event) is qualitatively different from the sum of its parts (individual utterances) (Duranti, 1986). What seems more important to participants in interaction is not what the speaker must have meant or intended to communicate, but rather how the addressee interpreted the speaker’s alleged meanings or intentions. As Bakhtin (1981) articulates, “understanding comes to fruition only in response” (p. 282). Duranti elaborates on this point as follows:

Interpretation is not a passive activity whereby the audience is just trying to figure out what the author meant to communicate. Rather, it is a way of making sense of what someone said by linking it to a context that the audience can make sense of. When the context changes (audience included), interpretation will change accordingly. This means, among other things, that the interpretation is a form of re-contextualization and as such can never fully recover the original content [meaning] of a given act. (p. 244)

The following example illustrates this point. The addressee’s continuer, uh huh, may be interpreted by the speaker differently depending on the context in which it features: It may serve as an acknowledgement of comprehension (Jucker & Smith, 1998; Schiffrin, 1987); a sign to the speaker that the addressee passes on the opportunity to assume the next turn in speaking (Jefferson, 1984; Schegloff, 1982); or the addressee’s agreement with the speaker’s prior utterance (Gardner, 2001; Schegloff). To understand how the speaker has interpreted what the addressee was trying to accomplish by uttering
uh huh, researchers need to examine how the speaker produces the subsequent turn in talk. The speaker’s response should display (both to the addressee and to the researcher) how this speaker understood the addressee.

Although all interaction can be conceptualized as collaborative (Fais, 1994; Sacks, 1995; Schegloff, 1968), or as involving some kind of reciprocity of efforts (Linell & Luckman, 1991), the extent to which people work together in navigating through joint activities varies in practice from one moment of interaction to the next. Linell (1998) articulates this point as follows: “At an abstract level, dialogue and communication involve, by definition, some kind of coordination (or cooperation), coherence, reciprocity and mutuality (e.g., with regard to moral commitments), but empirically these properties are never present in their entirety” (p. 14). While speakers in any interaction draw on, renew, and depart from each other’s articulated meanings and intentions, in collaborative interactions one can note how these activities are co-managed (T. Strong & Sutherland, 2007). By contrast, in less collaborative interactions, meanings, topics, or activities are introduced abruptly or in ways that are unresponsive to what has been co-construed thus far. In these interactions, one or both parties show lack of interest in working together on creating mutually acceptable interaction. For me as a researcher faced with the task of selecting collaborative (in the narrow sense of the term) exemplars of talk, the key issue was to demonstrate how the participants themselves were demonstrating to each other that they preferred to do things jointly, that is, with sensitivity to each other’s preferences in and for talking. Consensus on what to do and how to do it is not a singular occurrence but a continuous process of working out turn-by-turn how interaction and its byproducts
(descriptions, understandings, intentions, etc.) can be executed in mutually preferred ways.

Therefore, my overarching concern lay with how therapy is recognizably managed as a joint activity, for which new developments are negotiated responsively. I wanted to examine how the therapist and clients collaboratively navigated their way through the activity of therapy. In other words, I was interested in observing how they coordinated and reconciled efforts and understandings as they talked therapeutic change into being. To my knowledge, no research has been conducted to date that systematically examined how participants accomplish therapy as a collaborative activity. Empirical evidence has shown therapists and clients collaborating on diverse projects (e.g., Buttny, 1996; Ferrara, 1994; Gale, 1991; Kogan & Gale, 1997); however, a more comprehensive examination of collaborative language use in therapy is needed.

In studying the joint activity of therapy, I attended to how the participants managed to (a) enter and exit projects jointly, that is, transition between projects and (b) to continue within projects (Bangerter & Clark, 2003). Buttny (2004) highlights the importance of explicating the criteria used to decide that a particular stretch of talk counts as the phenomenon in question. My task was to translate the concept of collaboration into conversational terms and to make a compelling case for examining the discursive accomplishment of collaboration and not that of some other phenomenon. I used the following two criteria for selecting collaborative moments of interaction (T. Strong & Sutherland, 2007). I saw such moments as showing:
1. The therapist eliciting, taking up (i.e., incorporating as a part of their talk), and extending the client’s descriptions and understandings and visa versa – creating a *descriptive language* deemed mutually adequate.

2. The therapist and the clients determining a *shared language of intentions* by continuously coordinating and negotiating the mutually fitting terms of engagement (e.g., topics, projects, or relational arrangements).

Some specific research results that illustrate these criteria follow. I used these results not only to guide my selection of collaborative exemplars of talk, but also to substantiate my analytic claims (Buttny, 2004; ten Have, 1999). I did not deliberately search for examples of these practices in the session I analyzed. (Although in the end I described how the participants in my analysis used some of these strategies or devices.) Rather, I used the results of existing research to focus my analytic attention on collaborative aspects of discourse instead of attending to how interaction in general was organized by the participants.

1. Ferrara (1992) identifies four types of so-called “joint productions”, suggesting that they are used by speakers to mark their talk as collaborative. Joint productions include: (a) *utterance extensions* (the addressee extends what is said by the speaker or adds something new); (b) *predictable utterance completions* (the speaker projects his or her intended utterance before its completion); (c) *helpful utterance completions* (the addressee minimally assists the speaker who is

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17 The term “intention” relates to a form of *description* of actions or to how people describe what they are going to do (e.g., “I am going to a party” or “before I do X, I am going to do Y”). This is in contrast to the conventional introspective conception of intention (Anscombe, 2000).
struggling to find a word); and (d) invited utterance completions (the speaker elicits help from the addressee, usually with a prolonged syllable and a brief pause).

2. Collaborative discourse is likely to entail shared uses of language – words, phrases, intonation, pace, and other aspects of talk (Ferrara, 1994; Gale, 1991). By ‘taking up’ (i.e., reusing and extending) clients’ descriptive language, therapists display that they attend to and understand what clients are saying (Clark & Krych, 2004). Therapists may invite clients’ involvement by using a range of procedures and techniques. They may do this by pursuing clients for feedback and adjusting their action in talk in light of such feedback. In other words, therapists may use the rejections and disconfirmations issued by clients as a resource for repairing and readjusting their understandings and subsequent offerings (Couture, 2005; Pomerantz, 1984). Clients’ rejection of therapists’ invitations could be key to the development of common ground as the participants cultivate another way of proceeding in interaction. To elicit clients’ feedback to their offerings professionals may explicitly ask clients “Does it fit?” or “Yeah?” (Buttny, 1996).

3. More implicitly, therapists may collaborate by designing their interventions as cautious (Drew & Heritage, 1992), tentative (Anderson, 2001; Guilfoyle, 2003; Kogan & Gale, 1997; Roy-Chowdhury, 2006), or uncertain (Guilfoyle, 2003). This permits obliging the client to produce (in the next turn) sequentially relevant evaluation of the therapist’s offerings (Heritage & Raymond, 2005). As Buttny (1996) states, “The therapist attempts to involve the clients in addressing the therapeutic position by forming it as provisional, tentative, and subject to their
confirmation” (p. 138). Cautiousness, tentativeness, and uncertainty can signal that the speaker is not firmly committed to what he or she is saying and that what is offered is potentially revisable (Kogan & Gale). Clients may orient to therapists’ displayed uncertainty as an invitation to assert their knowledge and expertise. The therapist can carry out these practices by using a variety of devices, including an uncertainty marker (“maybe”, “I guess”; Lobley, 2001), pauses, false starts, or hesitations such as *uh* or *um* (Kogan & Gale; Pons Borderia, 2006).

4. By simply offering an assessment, therapists may create a ‘slot’ in the flow of interaction normatively expected to be filled with appropriate conversational objects (i.e., things to say or do) (Schegloff & Sacks, 1973). Questions expect answers, assessment expects responsive assessments (e.g., confirmation or disconfirmation), invitations expect decisions (acceptance or rejection), and so forth. By uttering an assessment, therapists implicate or project clients’ responsive assessments (Buttny, 1996). This is another implicit way of inviting clients’ understandings.

5. One more way to develop a common descriptive language is to formulate clients’ meanings, that is, to describe, summarize, expand on, or characterize what has been said (Garfinkel & Sacks, 1970; Heritage & Watson, 1979). Formulations can be seen as therapists’ displayed interest in clients’ situations from the clients’ frames of reference. Formulations are typically absent when professionals consider clients’ understandings to be irrelevant or inconsequential to what they plan on saying or doing next (Hak & de Boer, 1996).
6. Therapists may also collaborate with clients by completing these clients’ utterances (Diaz, Antaki, & Collins, 1996). Lerner (1993) helpfully describes the function of collaborative completions: “Speakers can demonstrate their co-participation … by joining in the production of an ongoing action. For example … through anticipatory completion … of that participant’s not-yet-completed utterance” (p. 221).

7. To establish and sustain a shared language of intentions, one party may join in the projects initiated by another party. Such joining may signal not only that the speaker consents to participating in the current project, but also that he or she continues endorsing the overall activity in the accomplishment of which this project is a part (Bangerter & Clark, 2003). To mark entry into a project, speakers may use an array of discourse markers18, such as okay (Beach, 1993; Fischer, 2006b), so (Redeker, 2006), or by the way (Bangerter & Clark). (Of sole interest to me were those entries and exits that showed that the participants themselves oriented to the relevancy of obtaining co-participants’ consent to initiating or closing joint projects.)

Rather than selecting other criteria, I chose these because they are based on existing empirical evidence, and so constitute a rigorous foundation and a sound rationale for further analysis of collaborative client-therapist interaction. Also, grounding

18 Discourse markers (DM) mark and create the meaning of conversational units and the relationships among those units (Fischer, 2006a); as such they help create a coherence of discourse (Schiffrin, 2006). DMs include, among other things, conjunctions (and, but, or), interjections (oh), adverbs (then, now), and lexical phrases (you know, I mean, I think). Conversation analysts examine the functionality of DMs (i.e., how they are used to manage conversations).
my topic of inquiry in concrete communicative actions of people permitted me to maintain the consistency between my topic, research approach, and the overall perspective on therapy as a conversational activity.

One difficulty I faced, in trying to focus exclusively on the moments of interaction containing participants’ orientations, related to how I went about deciding on what should be included as “participants’ orientations”. In other words, some exemplars of talk clearly demonstrated the participants displaying the relevance of mutual involvement, while in other moments of interaction, the participants were working on a task together without displaying as clearly that each other’s involvement mattered. Whether or not turn completion, laughter, or an acknowledgment token constitute involvement is debatable, but if direct participation of the addressee in the description or story are to be excluded, then it is difficult to imagine what the term “involvement” might otherwise refer to. I included as a part of the analysis less clearly identifiable exemplars of collaboration, while offering provisional analytic claims about discursive practices used to perform those moments of interaction.

The exemplar below illustrates some of the devices and techniques outlined above. In displaying this exemplar, I also wanted to show how the participants themselves find the micro-details of talk significant (pauses, intonation, pace, volume of speech). Qualitative researchers generally exclude the details of talk from analysis, viewing them as meaningless noise (Clark & Fox Tree, 2002). Conversation analysts challenge this approach to the analysis of naturally-occurring interaction and argue that the meaning and function of such micro-details need to be (a) examined rather than assumed ahead of time, and (b) investigated from the participants’ viewpoint (Heritage,
Therefore, to understand how meaning is produced in interaction, it is important to incorporate not only what people say to each other, but also how they say it—especially since the speakers themselves use this how aspect of communication as a resource (“contextualization cues”; Schiffrin, 2006) for making sense of what is happening in interaction. I re-analyzed the exemplar (borrowed from Ferrara, 1994; see Table 1 for transcription notation) to demonstrate how a therapist works with the client to co-create a shared language or a mutually fitting description of the client’s experience and how non-verbal features of talk are attended to and treated as consequential by the participants themselves.

Exemplar (T – therapist, C – client)

1  T: What’s it like to be floating down the river? Tell me more.
2  C: (2) It’s (1) comfortable. It’s safe. Everything just keeps on an even keel, you know.
3  T: Uh huh.
4  C: You’re just kinda floating.
5  T: Kind of in a canoe? (.) going down the river, or-
6  C: No, more like a great ole big barge (.) on a great old big [river ] [barge]
7  T: very stable, kinda.

The therapist in this exemplar explicitly displays the relevance of the client’s perspective on his or her experience (line 1). The way the therapist forms her questions embeds her orientation to the client’s direct access to this client’s own ‘mind’ (Peräkylä & Silverman, 1991). When counsellors invite clients to describe their experiences, such descriptions are produced in a straightforward manner (as in this example) without any inserted structures. For example, inserting I think would have downgraded the knowledge claim involved in the question and the answer (“What do you think it is like for you to be
floating down the river” and “I think it’s comfortable”). *I think* is often added when people are asked to describe someone else’s experience (Peräkylä & Silverman).

The therapist’s production of “Uh huh” in line 4 shows that the therapist oriented to the client’s *you know* (line 3) as eliciting confirmation from the therapist of her comprehension of the client’s description (Jucker & Smith, 1998; Schiffrin, 1987; Yang, 2006). The therapist confirms that she understands in line 4 (with “Uh huh”). *Uh huh* has been termed a “response token” (Sacks, 1995) used by speakers to confirm comprehension. Moreover, *uh huh* has been conceptualized as a conversational floor-relinquishing device (Sacks) or a “continuer” (Schegloff, 1982) showing the therapist’s recognition that the client’s extended unit is not yet completed. Schegloff notes that *uh huhs* allow speakers to collaborate in accomplishing extended turns in talking (i.e., turns consisting of more than one turn construction unit or TCU\(^{19}\)). By inserting *uh huh* at boundaries of TCUs – between the end of one TCU and the beginning of another one – the addressees can show that they are relinquishing the opportunity to (a) initiate their turns or (b) repair or correct the speaker’s prior talk. Therapy literature speaks to these practices as privileging the clients’ experience or way of talking (Anderson & Goolishian, 1988; Duncan et al., 2004; Madsen, 1999). By forgoing their turn in speaking therapists can elicit a fuller picture of clients’ explanations of the problem. The addressees may further deploy *uh huhs* to ‘require’ the speakers to continue speaking, even when the speakers do not request an extension of their turns (Sacks). Counsellors have often been found to make use of this device to encourage clients’ continued self-disclosure (Silverman, 1998). The therapist and the client manage to coordinate a smooth

\(^{19}\text{TCU are “the building blocks out of which turns are fashioned” (Schegloff, 2007, p. 3).}
sharing of the client’s experience (note no pauses between turns; lines 2-3 & 5). *Uh huh* is the device they used to accomplish it.

The therapist draws on and extends the client’s language by completing the descriptions introduced by the client (line 6). The therapist further shows that she is not committed to her description and is open to the client’s revising it (“or-”; line 6). “Or”, together with the rising intonation at the end of the term “canoe”, serves to ‘prompt’ the client to offer an evaluation of the therapist’s proposed description (Buttny, 1996; Jones & Beach, 1995). The client interprets it as such by offering a disagreement (a form of assessment) in line 7 (Pomerantz, 1984). Upon receiving the client’s response, the therapist adjusts her language to reflect the client’s descriptive preference. Overlapping talk in lines 7-8 and the therapist’s completion of the client’s turn show that the therapist attends closely to and understands the client’s description (Clark & Krych, 2004). A *completion device* is often used to mark a completed utterance as the joint position on a topic (Diaz et al., 1996). The therapist not only completes the client’s turn but also extends what the client has said by adding her own words (“very stable”, line 8-9). The therapist designs her response tentatively (“kinda”). She downgrades her status as a privileged knower of the client’s experiential reality, thus providing the client with the opportunity to assert a differing, more adequate or preferred description (Buttny; Kogan & Gale, 1997).

To summarize, collaboration in this exemplar is accomplished by the therapist, jointly with the client, using a variety of conversational devices. These include the tentative design of a speaking turn, projecting or implicating (making sequentially relevant) the client’s feedback or responsive assessment, attending closely to and
incorporating the client’s descriptive terms, and using continuers (*uh huh*) as a sign that
the therapist is surrendering her speaking turns in order to offer the client the opportunity
to elaborate. Having clarified my operational definition of collaboration, I began
examining each CA transcript chronologically, using the two criteria outlined above. I
will now describe the details of each step outlined in the beginning of this section.

*Exemplar Selection*

I watched the videotape of the session in its entirety three times to get a general
feel for the session and its content. I wrote down my speculations on what was happening
and what Dr. Tomm seemed to be trying to accomplish in the session. I did this on the
actual (standard) transcript of the entire session. I thought that if I deliberately attend to
and record my distinctions, I would be unlikely to allow such distinctions to prematurely
obscure what the insiders to interaction considered to be meaningful or significant.
Ultimately, my concern lay not with what Tomm was doing clinically but with how
clients were accepting and making use of (or not) whatever he was doing, and also with
how he worked with clients to facilitate therapeutic change in mutually preferred ways.

As I continued reviewing the tape and reading and rereading the transcript, I
began noticing the exemplars of talk in which meaning was shared, coordinated, and co-
created by the participants. Most of the session seemed to contain some form of meaning
coordination and sharing. Examining the transcript chronologically and marking the
beginning and end of each interesting exemplar (therapeutically and analytically) helped
me to generate the list of 10 exemplars ranging from 35 to 71 transcribed lines. Overall,
approximately 50 minutes of the 80-minute session were transcribed with the use of the
CA transcription system developed by Gail Jefferson (e.g., Sacks et al., 1974).
With the CA transcripts, the standard transcript of the entire session, and the videotape of the session in hand, I began narrowing down the list of moments (within the 10 exemplars identified earlier) that contained conversational evidence (T. Strong, Bush et al., in press) of participants collaborating. By “participants collaborating” I mean participants’ showing to each other that they were creating helpful meanings and interaction in mutually preferred ways. I had to distinguish between the parts of talk in which the participants coordinated their actions and those in which they coordinated actions in mutually preferred ways. I used the two criteria specified earlier as a guide to the exemplar selection. For example, I attended to the moments in which words and phrases used by one party subsequently featured within the speaking turn of another party (as in line 8 of the exemplar presented above). I also highlighted parts of the transcript in which new or alternative meanings were introduced and how various parties responded to such offerings (see lines 6-7). Moreover, I paid attention to how entering into and exiting from projects was accomplished and how the participants moved from one topic to another in ways that showed how they oriented to their conversational partners’ responses to these initiatives. CA studies reveal that a conversation does not just end; rather, it is brought to a close (Schegloff & Sacks, 1973). Entering into, exiting from, and moving within projects have to be coordinated (Clark, 1996; Schegloff, 1968). If one party initiates a closing of an exchange (e.g., “All right then”), the other party must endorse this initiative (“Okay, I’ll call you tomorrow”) in order for them to move into a terminal exchange (“Bye-bye”) (Schegloff & Sacks).
Transcription

Having selected 10 exemplars of talk, I added the CA symbols to the standard transcript. To do this, I used the software program called Transana (Version 1.22) developed at the University of Wisconsin (Woods, 2003). I found this program’s ability to measure lengths of time involved in particular aspects of conversation especially valuable. Transana provides a soundwave and makes it possible to insert within a transcript the precise length of pauses within or between turns (see Figure 2).

![Transana Screen](image)

**Figure 2.** Transana screen.

I uploaded standard transcripts into Transana and added CA transcription symbols to each transcript in a chronological order. I repeatedly played the video/audio version of each turn or its part until I felt that the symbols adequately captured not only what was said in an exemplar but also, most importantly, how it was said, including pace, volume, and intonation. The idea behind such detailed transcription is that micro-features of talk may have interactional meaning for the participants. A fall in intonation may be interpreted as a possible place to change speakers; an inhale may be used to signal that
the addressee is about to assume the next turn in speaking; *uh* or *um* can be deployed to indicate a delay in the production of a turn or that more time is needed to formulate what to say and how to say it (Bangerter & Clark, 2003). CA researchers transcribe the micro-details of talk to show how the speakers themselves orient to and draw on these details in interpreting each other’s communicative conduct.

Transana also helped me notice the non-verbal features of talk (eye gaze, gestures, postures, etc.) by displaying a video version of the session beside the working copy of a transcript. It is not unusual for the bodies of the participants to become relevant in the course of interaction (Heath, 2004). The speakers may rely on body posture, eye contact, head nodding, and other non-verbal features as contextual cues in interpreting actions within social activities. In non-verbal messages it is difficult to comply with the central practice of CA to ground a researcher’s interpretations in the participants’ displayed orientations and interpretations (Sacks et al., 1974). For this reason, I only transcribed and included as a part of my study the non-verbal features of interaction to which the participants themselves oriented and demonstrably showed as significant in designing their subsequent discursive contributions. For instance, at one point in my analysis I was trying to identify how Dr. Tomm chose the next speaker (how he signaled to the particular person in a multi-party interaction that she was the one whom he was addressing). She began speaking and I wanted to detect how she knew that Dr. Tomm was talking to her and not to someone else in the room. The transcript did not offer answers to this question, so I went back to watch the video version of this moment and was able to observe that Dr. Tomm was looking at that person when addressing her. I transcribed his eye gaze as a significant non-verbal aspect of interaction, because Dr.
Tomm and the client to whom he chose to speak relied on it to accomplish a successful speaker change.

It took me approximately one hour to transcribe each minute of interaction. Although I view transcription not as a territory but as a map or as a constructive process dependent upon the researcher’s purposes, biases, and interests (Heritage & Atkinson, 1984; Psathas & Anderson, 1990; ten Have, 1999), I still wanted to ensure that my transcription complied with the CA notation conventions, meaning that it was inclusive and ‘reflective’ of the participants’ communicative conduct (Peräkylä, 2004). In beginning to formulate and reformulate my interpretations of what I was noticing, I considered it important that I come into closer contact with the participants’ behaviours and displayed understandings. Spending this much time on each exemplar allowed me to begin immersing myself (McLeod, 2001) in the data. Although the actual analysis of the data began after I had transcribed 10 exemplars, I began generating some analytic comments and curiosities while selecting and transcribing these exemplars of talk. I did not want to pass up on some potentially valuable insights and observations stemming from my initial engagement with the data. I eventually revisited and re-examined such observations in light of new evidence and in accordance with the CA analytic principles (Hutchby & Wooffitt, 1998; ten Have, 1999).

Data Analysis

After all the exemplars were transcribed with the use of the CA notation system, I began my formal data selection and analysis, identifying and examining the exemplars that contained conversational evidence of participants collaborating. Although Transana facilitates analyzing and comparing transcribed exemplars, I decided to record my
analytic inferences using the *Reviewing* feature in Microsoft Word. This feature allowed me to attach comments to highlighted parts of the text (transcript). The working copy of each transcript had a multitude of comments (in different colours) appearing in the right margin. Four colours were used for comments and observations addressing ‘pure’ CA concepts (ten Have, 1999). While pure CA examines the production of everyday (informal) talk, ‘applied’ CA studies the interaction in institutional settings (school, court, counselling, medical, etc.). For pure CA, I used blue to denote turn-taking and sequential organization, green to make remarks about repair organization, red for turn-taking construction/design, and yellow for account construction (these concepts will be explained below). I used teal to colour-code the data pertaining to the applied CA. Finally, I used violet for therapeutic remarks. For example, I utilized this colour to tie family therapy literature to what I was noticing in the transcripts.

I began my analysis by examining one exemplar at a time, in chronological order. Upon identifying a collaborative practice or a device, I examined it by using pure and applied CA simultaneously. For the former, I borrowed the analytic steps from ten Have (1999) and for the latter I followed the procedures outlined in Heritage (2004). I also incorporated Gale’s (1996) recommendation to explore the details of *account construction* within and across conversational turns. Gale’s suggestion resonated with my discursive psychological (Edwards & Potter, 1992; Potter, 2004) interest in the rhetorical aspects of how meaning is co-created in therapy. The specific steps I took in my analysis of the exemplars are described as follows.

When examining a specific, observed practice or device, I followed ten Have’s (1999) conception of the process of generating an analytic interpretation. First, I tried to
answer the question of what is being done with a particular action. In other words, I considered what interactive problem this practice or device was used to solve (Schegloff, 1968). For example, Maynard (1991) depicts how medical doctors and clients organized their talk using a so-called “perspective display series” (PDS). PDS involve the doctors’ first eliciting the parents’ perspectives on the child’s difficulties and then fitting their diagnostic formulations within those responses. The function of PDS is to allow doctors to adjust their diagnostic news to parents’ responses, thus enhancing the probability that the diagnosis will be accepted by the parents. Second, I traced the participants’ own orientations to the function of their actions. In other words, my task was to demonstrate how the interlocutors designed their actions as recognizably and cumulatively accomplishing something. Third, I had to generate a compelling account connecting a practice (e.g., diagnosis delivery) with an action or a series of actions (e.g., PDS). Overall, my challenge was to find patterns of action used to accomplish collaborative moments of interaction and to explicate these patterns’ local logic (ten Have).

To identify and examine in detail specific discursive practices and devices accounting for collaboration in family therapy, I used as a guide the following conventional concepts within CA: turn-taking organization, overall structural organization, sequence organization, repair organization, turn construction and design, account construction, and interactional asymmetries (Gale, 1996; ten Have, 1999; Heritage, 2004). Ten Have proposes to “systematically work through [the] data in a series

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20 People speak while orienting to procedures (e.g., ‘rules’ of turn-taking or sequential organization, such as one person speaks at a time). Devices (e.g., okay, uh huh, oh) allow coordinating actions in interaction.
of ‘rounds’ of pre-specified analytic attention, guided by a list of broad CA concepts” (p. 104). Through continuously identifying, analysing, and comparing specific examples, I refined the list of structures, practices, and devices employed by Dr. Tomm and the clients to accomplish conversational developments collaboratively. I was particularly interested in deviant cases – times when routines broke down and the participants oriented to and directed their efforts at resolving these occurrences. Throughout the analysis, I attempted to identify how participants themselves produced and made sense of each other’s actions in interaction (Sacks et al., 1974). To accomplish this, I continuously asked myself, What is the speaker doing in this turn, and how is he or she doing it, from the perspective of the addressee, as evidenced by how the addressee designs his or her successive turn? In reporting the results, I created an account (for each exemplar) that described the practices used by the participants. These conclusions were interspersed with occasional therapeutic comments. Immediately below is a brief description of the CA concepts that guided my analysis. I will provide a more detailed and exemplified description of these concepts in the Results section of this dissertation.

**Turn-Taking Organization**

Of relevance here are two key notions: *turn-construction unit* (TCU) and *transition relevance place* (TRP) (ten Have, 1999). A speaking turn may consist of one or more TCUs or “the building blocks out of which turns are fashioned” (Schegloff, 2007, p. 3). TCUs may be composed of a sound, a word, a sentence, or a series of sentences. While grammatical, prosodic, and other linguistic features of talk can be examined within CA, of more relevance are the social and functional aspects of turn-taking (what specific actions a turn or a series of turns allow to accomplish). TRP occurs at the point of a turn
completion and is of concern not only to conversation analysts but also to interlocutors themselves. If a TCU is recognizably incomplete (i.e., the speaker continues speaking), or if the addressee bluntly overlaps the speaker without waiting for a potential TRP, these deviations are often ‘observably’ oriented to and treated as problematic by the participants (Sacks et al., 1974).

A conversation does not just happen; it involves coordinating efforts from each conversing party. To produce a ‘smooth’ conversation (e.g., to avoid long gaps or overlapping of talk), people need to rely on shared procedures and practical knowledge, such as a set of ‘rules’ for organizing turn-taking (e.g., no more than one party speaks at a time; speaker change occurs; Schegloff & Sacks, 1973). For example, both the speaker and the addressee need to have some means for recognizing when the speaker is about to finish speaking so that the addressee can assume the next turn. Overall, the concept of turn-taking organization deals with facets of a conversation such as these: rules to follow in exchanging turns; how to recognize the places in which change of speakers can be possible; or how to tell stories (sustain the right to a continuous speakership) without others seeking to claim speaking turns for themselves. Turn-taking is tied to sequence organization in interaction.

One aspect of executing applied CA is to note any specific or systematic transformations to the turn-taking organization, as is often found in institutional settings (Heritage, 2004). For example, pre-allocation of turns may be observed in counselling interactions, with professionals asking questions and clients answering them. Heritage and Drew and Heritage (1992) argue that the distinctiveness of conversational tasks characterizing particular institutional settings (e.g., assessment or diagnosis in
Psychotherapy) may account for the participants using special turn-taking practices. In other words, rather than accepting the prerogative of professionals to continuously ask questions as a sign of their culturally elevated position, conversation analysts examine what therapists and clients observably attempt to accomplish in interaction and in what ways adopting a particular turn-taking format is the means to doing it (Schegloff, 1968).

**Overall Structural Organization**

This concept orients researchers to examine an interaction (session) in terms of phases or sections (opening, problem formulating, closing, etc.). In some phases the participants may deal with identifying the core ‘business’ or objective for interaction, while in others they may be concerned with co-constructing tasks, goals, or roles. Attention should be paid to how parties do or do not collaboratively complete one set of interactions and initiate another. As mentioned earlier, there is a series of discourse markers used to accomplish such collaborative moving across topics and activities (*okay, well, so*) (e.g., Bangerter & Clark, 2003; Redeker, 2006; Schiffrin, 1987).

**Sequence Organization**

Sequence organization deals with how turns shape and constrain what can be said or done in subsequent turns. Speaking turns are frequently clustered together rather than being formulated independently of each other. Clustering of turns at talk partly accounts for the meaningfulness of discourse. Meanings of words and other communicative actions depend on the *sequential position* of such words in the flow of interaction (Sacks, 1995). Words do not contain meanings in themselves, but derive meanings from contexts in which these words are used (Shotter, 1993; Wittgenstein, 1958). The same utterance may mean different things depending what has been said previously and what is said.
subsequently. Heritage (1984) refers to actions as being context-shaped and context-renewing. Consider these examples:

A: Have a pen
B: No, thanks

A: Have a pen
B: Yes, here it is

A’s action is taken by B in the first example as an offer but in the second example as a request. B’s response renews the context of interaction marking the meaning of what is said in A’s turn. Requests, offers, invitations, and any other actions in interaction can thus be viewed as dialogical. To adequately understand social action, interaction has to be examined, since the speakers themselves treat each other’s responsive contributions as significant.

A previously discussed notion of an adjacency pair (AP) is of relevance here. Examples of an AP include question-answer, greeting-greeting, or initiation-acceptance/refusal (Sacks, 1995). An AP allows the chaining of turns into a meaningful discourse. The first part of an AP makes the second part ‘conditionally relevant’ (Schegloff, 1968). That is, the first part expects the second part; it creates a ‘slot’ for the second. If the ‘appropriate’ second part is missing, its absence is noticeable to the insiders in interaction. In simpler terms, if following a question there is no answer (or a reasonable explanation as to why an answer is not forthcoming), the questioner may keep the speaking partner accountable for violating the normative expectations underpinning interaction by, for example, repeating the question louder (Sacks). Such repeating shows that the questioner finds the absence of an answer to be relevant and significant, preventing smooth moving forward in interaction. This concern with the participants’
local orientations and inferences is what makes CA so distinct from other approaches to examining social life. While proponents of other approaches use theoretical constructs to explain social life, conversation analysts investigate data in terms of the practices and normative expectations that are oriented to and relied on by the speakers themselves. Conversation analytic account “is not a statement about reality but rather a part of the reality being studied” (Liddicoat, 2007, p. 8). Obviously, the researcher’s common-sense (membership) or even theoretical knowledge will shape the inquiry, but within CA such knowledge needs to be checked against the participants’ own displayed understandings. The situated and context-bound (rather than ‘after the fact’) organization of interaction and constitution of meaning are of interest (ten Have, 1997)

*Repair Organization*

Repair organization is concerned with various interactional problems, such as mishearing or misunderstanding, and deals with correcting the actions of others (*other-initiated repair*) or oneself (*self-initiated repair*) (Schegloff, Jefferson, & Sacks, 1977). Other-repair, often initiated with a so-called *next turn repair initiator* (NTRI) such as “What?”, is often placed right after a *repair source* (action requiring correction or clarification). An example of the self-initiated repair is the speaker beginning to say something and then starting over but using an alternative form of expression.

*Turn Construction and Design*

According to ten Have (1999), turn design is concerned with the speakers choosing how to ‘package’ or formulate their turns (form, length, etc.). For example, an invitation can be offered in a number of ways. The speaker may invite by expressing a wish (“I wish you could come to the party”), or by posing a question (“Can you come to
the party?), or by criticizing the other (“You are always busy and can’t join me”). The speaker has options and must decide how to best achieve his or her objective (invitation). In choosing among alternative packaging options, one consideration that speakers tend to make relates to the notion of recipient design – expressing something in ways that fit the addressees (Sacks et al., 1974). An important component of turn design is lexical choice (i.e., the descriptive terms people use as they speak). Turn design also relates to preference organization, discussed earlier (Pomerantz, 1984). The speakers seem to design their turns by orienting to a preference for contiguity (i.e., the immediate placement of the second part of an AP after the appearance of the first part) and agreement (Sacks, 1987). Disagreements and its variants (e.g., rejections, refusals) are commonly pre-empted by silences and other devices (e.g., uh, um, well) marking the upcoming production of a dispreferred response (Pomerantz).

Account Construction

While CA is focused on sequential organization of talk, some discourse analysts (e.g., discursive psychologists) attend to the rhetorical organization of interaction. Potter (2004) argues that in order to adequately understand how accounts of events are justified, countered, negotiated, and so forth by speakers, it may be important to first understand the conversational ‘machinery’ (Schegloff & Sacks, 1973) that affords people the opportunity to accomplish such accounting practices in the first place. Social actions are accountably placed by interlocutors within the flow of talk, that is, the nature and the positioning of the action provides an account of why this action is taking place and why now. Conversation analysts examine this level of accountability along with another level, namely, people’s everyday explanations or evaluations (accounts) of events and actions.
(Heritage, 1988). Within CA, accounts (as stories or explanations) are not examined topically but functionally. Conversation analysts and discursive psychologists are concerned with the social organization of account (e.g., Edwards, 1994, 1995; Potter & Hedburn, 2003). They examine how accounts are introduced and formulated within the flow of interaction and, most importantly, how they are interpreted and dealt with (undermined, corrected, endorsed, etc.) by the participants. Overall, conversation analysts argue that talk-in-interaction is better examined for what it is doing than for what it is about (Schegloff, 2007).

*Interactional Asymmetries*

Interactional asymmetries can often be identified in formal interactions (court, radio, medical clinic, counselling, school). These asymmetries are related to account construction and other CA concepts. Heritage (2004) identifies four kinds of asymmetries: (a) participation, (b) interactional and institutional ‘know-how’, (c) knowledge, and (d) right to knowledge. Asymmetry of participation concerns who takes and retains initiative in interaction and how this is accomplished. For example, one must consider who initiates the opening or terminating of an exchange, introduces a topic shift, or asks questions. Constructionists argue that there is a resemblance between everyday talk (e.g., chat between friends) and collaborative therapies (e.g., Anderson, 1997; Weingarten, 1991). In ordinary conversations, the relational arrangements are negotiated with little or no preparation or forethought. Presumably, collaborative moments of interaction would display the clients and therapists negotiating and contesting each other’s proposals and meanings, rather than therapists insisting that clients work within the therapists’ models of preferred ways of conversing.
Professionals have generic categories and procedures for ‘managing’ client cases; however, clients may not necessarily have access to such knowledge. This aspect of institutional interaction is explored under the rubric of *asymmetries of interactional and institutional ‘know-how’*. Asymmetries in knowledge and the right to knowledge deal with rights to evaluate something or have access to knowledge about something. For instance, CA researchers have noted that people tend to have a privileged right to evaluate their own experience (Sacks, 1984).

Overall, conversation analysts examining interaction in institutional settings maintain that ‘institutionality’ of an interaction is not based on the physical location where interaction takes place. Rather, such institutionality is both the product and project of the participants’ local actions and understandings (Hester & Francis, 2000). Drew and Heritage (1992) argue that institutional interactions contain three elements. First, orientations, by at least one of the participants, to specific *goals, tasks, or identities* conventionally associated with a particular institution (e.g., participants orienting to the therapist’s prerogative to pose questions). Participants are said to “orient” to something when they treat it as relevant or significant for the business at hand. For example, one speaker’s utterance might be oriented to by another speaker (i.e., attended to and interpreted) as a joke, disagreement, or question. In my analysis, the participants mutually oriented to why Karl Tomm was in attendance at the session by explicitly eliciting from him his reasons for joining the couple (and the primary therapist) as a consultant. Second, distinct *constraints* on allowable contributions to business at hand (it is often viewed as inappropriate for therapists to continually share their personal experiences and struggles with clients). And third, particular *inferential (interpretive) frameworks* distinct from
everyday conversations or other kinds of institutional interaction (withdrawal of surprise or agreement by a professional is not necessarily interpreted by a client as disaffiliative, as would more likely be the case within everyday conversational contexts).

Ordinary conversations are generally carried out in unpredictable ways and very little is known in advance about who will say what and how, as everything is spontaneously negotiated (Sacks et al., 1974). However, as shown by conversation analytic research, participants in institutional settings tend to deploy a specific turn-taking organization (e.g., the asymmetrical distribution of questions and answers), shaping and restricting opportunities for action and meaning (Boden & Zimmerman, 1991; Drew & Heritage, 1992). Speakers are not inherently constrained by, or passively positioned within, this conversational organization (Heritage, 2004; Schegloff, 1991). Rather, they mutually orient to and draw on this organization in their attempts to efficiently accomplish their objectives (e.g., to formulate the client’s concerns or to develop goals).

Inevitably, the mutual deployment of a specific turn-taking organization does afford some parties greater opportunities to pursue their agendas and interests, thus limiting the tolerated range of available options for other parties. Although professionals tend to monopolize initiatives, such as questions, proposals, and topic changes (ten Have, 1991), there is no guarantee that these professionals will assert the rights to which they are ‘entitled’ or that clients will align with or support these rights (Heritage & Raymond, 2005). Clients’ ongoing cooperation is required in order for a particular organizational structure to progress. Discursive resources and opportunities are available to clients to resist professionals’ routine practices and rhetorical strategies and to challenge the
associated hierarchical order (e.g., Bergmann, 1992; Davis, 1986; Grossen & Apothéloz, 1996).

To summarize the Data Analysis section, I examined the selected exemplars of interaction in light of the core CA concepts. Ten Have (1999) encourages researchers not to treat a previous CA result as a given, but to show how a device or procedure identified elsewhere is used by people in this particular context.

_Evaluating the Rigour_

Validation in CA is distinct from a traditional, positivist-empiricist notion of validity or accuracy of the results. As Couture (2005) remarks, “The world does not posses an overall order that I wish to discover. The order I offer in my analysis is continually constructed between people” (p. 104). Peräkylä (2004) further suggests that, while it is possible to conjure a multiple interpretations of what a particular action might mean in abstract, when people interact they have to ‘settle’ on specific understandings of what an action may mean. My task was to describe and account for (i.e., offer an account of) the practices oriented to and utilized by the participants in order to collaborate. I thus _re-presented_ what is happening in interaction and did not claim to _re-produce_ the interaction – the speakers’ intentions and experiences at that time (Peräkylä).

Representing does not imply objectively mirroring, but describing using a particular language, in the case of my study, the language of CA. Representing from a CA perspective implies that research complies with a specific set of assumptions, practices, and evaluative criteria. This study was evaluated by using a set of validation criteria outlined in Peräkylä (2004) and Schegloff (1991). Peräkylä lists the following criteria:
1. **Apparent validity.** Once the interpretation is read in light of the displayed transcript, it seems plausible and valid to the reader. I displayed the CA transcribed exemplars and the entire standard orthographic transcript alongside my accounts of the interaction to allow the reader to judge the plausibility and validity of my interpretations.

2. **Validation through ‘next turn’** (Sacks et al., 1974; Heritage & Atkinson, 1984). Peräkylä (2004) states, “The next turn will show whether the interactants themselves treat the utterance in ways that are in accordance with the analyst’s interpretation” (p. 291). I continuously attended to next turns to interpret actions, using the participants’ displayed understandings. When this type of validity was difficult to establish, I made this challenge explicit.

3. **Deviant case analysis.** Once I identified a pattern or device, I sought deviant cases – places in which an element of a pattern seemed unconnected to other elements. Deviant case analysis (moments where collaboration was not happening when it was expected to happen by one or more parties) was extremely important. I hoped I might strengthen my analytic claims by further highlighting how the participants themselves oriented to non-collaborative engagement.

4. **Validation in applied CA** (Schegloff, 1991): (a) **relevancy of categorization:** I highlighted how the participants showed to each other the categories that were relevant at a given moment in interaction (e.g., the participants co-constructing the therapist’s institutional role prior to moving forward in interaction); (b) **procedural consequentiality of context:** I attempted to show not only that the participants found a specific socio-cultural category to be relevant and significant,
but also that their orientations to specific aspects of the context were consequential for interaction.

Critics might raise the issue of generalizability of CA results. Can the organizational structure of Tomm’s collaborative interaction be generalized to interactions of other (collaborative) therapists? Can others utilize Tomm’s strategies and devices in their interaction with clients and hope to experience similar outcomes? The issue of generalizability of CA results is a troublesome one. Qualitative researchers commonly find the notion of generalizability (rooted in a positivist-empiricist tradition of research) to be inapplicable in evaluating the rigour of qualitative research. However, the question of the relevancy of CA results still needs to be addressed. CA practitioners often speak of social practices that are possible or *possibilities of language use* (Peräkylä, 2004; Silverman, 2005). Even though I described how this particular therapist used language to collaborate with this particular couple in this context, other therapists can attempt to introduce similar discursive strategies in their communication with clients and observe immediate effects of those strategies. Accordingly, even a detailed description of a single case, something which appears insignificant when compared to, for example, quantitative studies utilizing the large corpus of data, can lend results which therapists may find clinically relevant and significant.

In the next chapter, I present the results of my analysis, employing analytic classifications such as those raised in the present chapter. I first offer a detailed description of the places where collaboration was most evident in one session of couple therapy and how such collaborating was accomplished discursively. I display exemplars in chronological order. This description is followed by Chapter Six, which outlines the
summary of devices and procedures used by the participants to accomplish collaboration.

Particular attention will be given to the therapist’s participation in and contributions to collaborative moments of interaction.
Chapter V: Results

In this chapter, I present the results of my research. I outline the practices and devices accounting for collaborative moments of interaction observed within one session of couple therapy. Nancy, the therapist who has been working with the couple, invited Dr. Tomm to attend as a consultant on one of their regularly scheduled sessions. As I mentioned above, CA provides a framework for describing meaning and action from the participants’ frame of reference. For this reason, I will begin this chapter by presenting my interpretive account pertaining to each analyzed exemplar. I shall do this without describing the session or discussing the demographic characteristics of the participants, unless the participants themselves show that specific contextual features are of relevance to them (Schegloff, 1991; Speer, 2001). A description of collaborative practices and devices within each of the 10 exemplars will be presented in chronological order. The actual names of the participants are omitted and pseudonyms are used, with the exception of Dr. Tomm, who did not wish to conceal his name.

The first exemplar demonstrates how all four participants (primary therapist, Tomm, and the couple) are engaged in the project of clarifying the reasons behind Tomm’s attendance at the session (his role) and the goals arising from such attendance. I selected this exemplar to demonstrate conversational devices and procedures used by the participants to collaboratively accomplish these interactive tasks.

Tomm – consulting therapist
Nancy – primary therapist
Dan and Jen – couple

Exemplar 1: Why are you here?
(1 minute and 19 seconds into the session, lines 1-53 in the standard transcript)
Tomm: Well (0.5) I just wanted to mention that Nancy did fill me in (0.5) a bit about her work with you and (0.6) so: um (1.2) I have some background.

[1 I] don’t have all the details.

Nancy: [yeah]

Jen: There is a bit of a review (hhhhh)

Tomm: Yeah because there’s (. ) I understand you’ve been coming for some time, you saw Ann for a while >Ann Johnson< (. ) and then saw Nancy, so forth and (. ) •hhh So (. ) what I’d like to start with (wait) before I do start, >do you have any questions you want to ask me?< About me, my work, what I do:::, why I’m here (0.9) >or anything<?

Dan: Why are you here?

Jen: [(hhhhhhhhhh)

Nancy: [(hhhhhhhhhh)

Tomm: [(hhhhhhhh) (why am I here?) Uh (. ) at this particular moment, in this room, or do you mean (. ) in Calgary (. )?

Dan: (Well) take it as you (hhh) like.

Tomm: Okay well I >actually< grew up in Calgary and (0.8) and when I finished my psychiatric training in (. ) McMaster University I came back to visit my father here, and (they offered me) a job and, (. ) so I started this program about thirty-five years ago (. ) and running it ever since

Dan: >It's a good thing.<

Nancy: Hmm

Tomm: (°Thank you°)

Jen: Yah [(hhhhh)]

Tomm: Do you have any question[s (. ) you] want to ask ( ) ((looking at Jen))?

Jen: Um (0.5) well I'm curious I (. ) I guess I'm curious about literally why you're here today like (0.8) I think Nancy is finding us to be (hhhh) a challenge I guess I'm assuming that's why (hhh) another person is here

Tomm: •hh well [(.)]

Jen: [or ]

Tomm: Nancy can comment to that too but my understanding is that that Nancy wanted me to: •hhh >sort of< (. ) um review the therapy (. ) together with (. ) you and her (0.8) and to:: think of (. ) some new, possible directions (. ) in in the therapeutic process. (. )

(Do you want to add [to that]?°)

Nancy: [Uh huh uh huh uh huh yeah •hh yeah I think partly because I would basically summarize it that way but because a]so (. ) •hh our last interview was so difficult a::nd it seemed like we were getting stuck in the mud so to speak that I thought it would be good to get some additional input cause we've been working together quite some time (. ) so I thought it would be advantageous to get some input.

Tomm: Yeah

Nancy: Yeah
And we do this quite often with families who've been (. ) in therapy for some time (. ) because we like to get (. ) you know other points of view and so forth, it's a way to review the whole process, and to set new directions if necessary, or (0.7) and uh (2.1) (Does that) answer your question?

°Yeah (yeah)[][.] I think so° hhhh

If other questions come up (. ) about me and my role in this by all means (. ) feel free to bring them up. (1.0)

Okay?

Okay?

Okay

Okay

Well let me begin then and ask you like (. ) from your point of view how how is the therapy going? like do you feel like (0.5) um (1.0) you're getting (0.7) you know (. ) what you would like in terms of (1.0) our work with you he::re, or you're not, or some things happening that (0.8) uh you wish weren't happening, or some things that are not happening that you wish were happening? So I'd like to get each of yo::ur perspectives on (. ) on the therapy to date.

Existing CA studies reveal that professionals often begin sessions by getting straight to the business of eliciting clients’ perspectives (Hak & de Boer, 1996; Maynard, 1991; Vehviläinen, 2001). Tomm similarly begins this session by asking the clients to share their perspectives on therapy to date. However, he quickly corrects himself (line 9; Schegloff, 1979), offering an opportunity for the clients to ask questions about him and his role.21 An insert such as “before I do start” is referred to within CA as a pre-(Schegloff, 2007); it allows Tomm to signal that clients’ perspectives will be elicited but that this activity is temporarily suspended (until lines 58-64, Peräkylä & Silverman, 2007).

21 Tomm’s mid-turn correction (“what I’d like to start with, (wait) before I start”) is a good example of how speakers’ intentions may be viewed not as pre-formed inner desires awaiting outer expression, but as emergent actions in interaction. In other words, it is not only that intentions can be viewed as evolving performances – actions under articulation or description (Anscombe, 2000) – but also that such intentions are performed dialogically. Tomm’s discursively displayed intentions will not stand unless the clients accept (join in) his invitations.
Tomm’s subsequent invitation (“do you have any questions…”) shows efforts to involve clients in working out how to proceed in interaction. In a way, Tomm creates a ‘slot’ in the flow of discourse in which the clients could insert questions, should they have any. The clients appear to take Tomm’s “do you have any questions” as an invitation (rather than as a question or some other action), since they produce questions in response (lines 12, 27-30). Normally, answers follow questions, whereas acceptances/rejections follow invitations (Sacks, 1995). The clients collaborate with Tomm by accepting his invitation as evidenced by them subsequently posing questions to him.

Tomm formulates his invitation relying on a candidate answers strategy, which specifies possible examples of what the clients may want to ask him (lines 11-12, Pomerantz, 1988). Tomm leaves the list of questions open by adding “or anything” (line 11) to allow for questions he does not mention. Pomerantz describes candidate answers as an information-seeking strategy, as they afford indirectly eliciting the clients’ preferences for how to move forward in interaction. Specifically, the clients are encouraged to join in or alternatively reject Tomm’s proposals. Arminen (2005) concludes that candidate answers assist speakers in developing and negotiating a shared language of intentions for how to talk and what to talk about. Dan and Jen respond by accepting Tomm’s proposal to discuss and clarify his role. They select one of the questions from Tomm’s list (why Tomm is in attendance at the session?). Dan self-selects as the next speaker and

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22 In multiparty talk, if the current speaker does not select the next speaker, anyone can claim the conversational floor (Sacks et al., 1974).
explicitly inquires “why are you here?” (line 12). Jen raises the same question in lines 27-30.

In response, Tomm observably orient to Nancy’s ‘privileged’ right to account for why she invited him to attend the session (“Nancy can comment to that too”) (line 33, Sacks, 1984) and presents his role as reviewing therapy and offering new directions. Nancy aligns with this explanation by offering both a *continuer* “uh huh” (Schegloff, 1982) and an *agreement token* “yeah” (Pomerantz, 1984). She expands on Tomm’s account by adding that they (Dan, Jen, and herself) could have benefited from additional input. She prefices this addition with a *tying device* “also” (line 40, Sacks, 1995). Also links the descriptions which function together as support for Tomm and Nancy’s account that Tomm’s attendance is an institutional routine rather than something that has to do with Dan and Jen being a challenging couple, an account offered by Jen (lines 28-30). By using these devices the participants manage to establish the relevance of accounting for Tomm’s presence in the session.

Tomm further builds on Nancy’s explanation and suggests that they (at the family therapy centre) do this often with families who have been in therapy for some time. He uses the pronoun “we” to speak as a member of the organization (Lerner, 1993). This also allows presenting Tomm’s visit as a routine institutional procedure rather than as a special case of dealing with a challenging couple. This stretch of talk is a good example of how asymmetries in institutional ‘know-how’ are initiated, attended to, and accomplished in interaction. By offering an opportunity to the clients to gain some access to the institutional ways of working with families, Tomm and Nancy show efforts to
minimize the asymmetry associated with such frequently unequal access to institutional ways of managing cases.

In accounting for why Tomm is in attendance at the session, Tomm prompts Jen to confirm (Buttny, 1996) that she is satisfied with the response co-produced by him and Nancy by asking, “Does that answer your question?” (lines 50-51). Following Jen’s confirmation, Tomm offers the overlapping discourse marker okay (line 53), proposing a move from one topic or activity to another (Beach, 1993). For this reason, Gardner (2001) refers to okay as a “change-of-activity” token. Tomm subsequently invites the clients to ask questions pertaining to his role at any time during the session (lines 53-54) and elicits agreement from the clients with another “okay?” (line 55), which Jen issues after a pause of 1.9 seconds (line 57). Tomm returns to his original query into the clients’ perspectives, marking it with well, which in the first part of an AP is used to forewarn of a transition to a new topic (Schegloff & Sacks, 1973). Tomm continues by uttering a pre- (Schegloff, 2007) (“let me begin then and ask you…”) and proceeds to offer candidate answers (Pomerantz, 1988) or possible issues for the clients to reflect upon in their evaluation of their therapy since beginning counselling at the centre.

Conversation analysts view the institutional context of interaction as produced through the participants’ actions and inferences (Boden & Zimmerman, 1991; Drew & Heritage, 1992). CA practitioners treat gender, race, power inequalities, oppression, professional roles, and identities as characteristics to be accomplished and made relevant in the interaction, not as external determinants (Schegloff, 1991; ten Have, 1991). For them, the institutional context is developed and sustained discursively. A part of such context in this session is the task of establishing Tomm’s institutional identity or a search
for reasons behind his attendance at the session. The participants in this exemplar use each other’s talk as a resource when jointly describing Tomm’s role. Tomm’s account of his role is grounded in new understandings shaped by the responsive contributions of all involved parties. The clients collaborate with Tomm by accepting his invitation to ask questions about him and his role. Building on each other’s descriptions, Nancy and Tomm co-construct an account of “why Tomm is here” (lines 33-50) in response to the clients’ questions. Tomm and Nancy’s explanation observably satisfies the clients. (Note: Jen’s affirmative response in line 54 and a lack of objections or clarifications from Dan.)

Having sufficiently clarified Tomm’s role, the participants return to a temporarily suspended task of describing the clients’ perspectives on therapy. The next exemplar demonstrates how Dan’s experience of attending therapy is “topicalized” (Heritage & Sefi, 1992; Vehviläinen, 2005) or targeted for description and discussion. In the exemplar, Tomm displays interest in Dan’s account of his own experience and in Dan’s confirmation that Tomm’s understanding is accurate. Dan, in turn, expands on his experiential account and accepts an invitation to evaluate Tomm’s displayed understanding. Although Dan is the primary narrator of ‘his’ experience, the exemplar illustrates that Tomm is actively involved in producing a mutually fitting version of how Dan experiences therapy.

Exemplar 2: *You’d like to liberate yourself from anger*
(24 minutes and 21 seconds into the session, lines 403-437 in the standard transcript)

1 Jen: it seemed like (0.5) you felt frustrated >because you were just ‘So okay
2 lets get him ((Tomm)) in here and lets s-see what he has to say’.< (.)
3 That's sort of how I thought we left things last time.
4 Dan: This therapy is a big exploration for me (0.5) •hh a::nd it's one of those
5 things where I (.) have learned to not expect to come in and have a: (.) a
6 calm discussion and a tea party I mean [you're ] talking
7 Tomm: ['uh huh°]
Dan: about the issues that impact your life [and your key relationships]

Tomm: °(yeah) for sure°

Dan: so you tap (0.6) a lot of emotions

Tomm: °right°

Dan: so (0.7) sometimes and the (. ) I have (0.9) just from my individual therapy I know I've got way too much (0.7) lightning rod uh (1.0) to the anger emotion that gets me: (. ) focused, doing things, accomplishing things, being disciplined (. ) just as a person whether I'm angry at my dad as a kid so I'm going to stand on my own two feet, and go forward in school, and pursue my own career, and wall him out, and (lead) my life. (. ) I'm angry there. Or whether I'm angry at work I'm just overwhelmed with so much stuff to do (. ) that I just (. ) get into gear and (. ) even at university if I just (. ) struggle with someone and it gets me going I get going and I get things done out of that mode so (. ) >there's too much of that< in me and I need more of (. ) um a °different emotion°, [um different feelings.]

Tomm: °okay °So so you've become aware of of the the amount of anger you deal with aand even though you've been able to harness some of it to apply yourself, you'd like to:: ↓liberate yourself from (0.7) anger as it (it worth) so you can express other emotions more↑ Is that what you're saying?

Dan: Yes. And and when we're in therapy here, and we're talking, if personal things come up, we're not in a comfort zone, and on the sidelines watching the game, we're in (. ) the playing field.

Tomm: [Okay]

Dan: [And sometimes it's playing the game, and sometimes that's where the action is, that's where the the out-of-comfort zone engagement is going on. And if Nancy puts her finger on a topic where it's pretty clear uh (. ) we need some focus, and some clarity, and some understanding because we a::re (0.6) coming at it all wrong then (0.8) some of those feelings come up…

Prior to the beginning of this exemplar, Nancy announced: “last time Dan seemed quite angry with me” (lines 348-349 in the standard transcript). In this exemplar, Jen similarly expresses her observation that Dan felt frustrated during the last session (lines 1-3). To demonstrate that Dan was frustrated she quotes (Clark & Gerrig, 1990) him (“So okay let’s get him in here and let’s s-see what he has to say”, lines 1-2) and raises his proposal to invite a consulting psychologist to attend a session of their therapy. Dan observably interprets Jen’s report as an accusation or blame (Buttny, 1990; Stancombe &
White, 1997), as evident in his efforts to defend himself (see my analysis of the next exemplar). In accounting for Jen’s report of ‘his’ anger, Dan presents his reaction as an expected or legitimate occurrence, given the circumstance – therapy being an “out-of-comfort zone” (line 35) and emotion-evoking setting (lines 5-6, 10, & 38-39). He goes on to suggest that anger is a problematic inner disposition (“there's too much of that in me”) (line 22), which manifests in various areas of his life (lines 16-22). I will not outline other strategies Dan employs to justify his anger, because I am primarily concerned with Dr. Tomm’s conduct. Let me focus on his contributions to this presented discourse.

Parallel to Dan’s unfolding description, Tomm quietly offers backchannels *uh huh, yeah, for sure,* and *right* (Jucker & Smith, 1998; Schiffrin, 1987). Within the field of counselling, backchannels have been referred to as “minimal encouragers” and identified as one of the core counselling skills (Beitman & Yue, 1999; Manring, Beitman, & Dewan, 2003). Schegloff (1982) criticizes the approach to interpreting discourse markers that focuses solely on the addressees’ behaviours and excludes consideration of the sequential context of their use. Following Sacks (1995), Schegloff proposes to refer to backchannels as “continuers”, because they display the addressee’s recognition that the current speaker is still in the midst of, and shall continue, some course of action. As such, continuers (especially *uh huh*) often function as conversational floor-relinquishing devices. While *uh huh* is a “response token” (Sacks) confirming that the addressee is attending to and comprehending what the speaker is saying, without the need to clarify or correct (Schegloff), *yeah* is an “acknowledgment token” (Jefferson, 1984). It shows affirmation or agreement. *For sure* is a stronger version of agreement, as it indicates certainty with respect to what is said by the speaker (Gardner, 2001). Similarly, *right*
often implies “exactly” or “precisely” and is used to signal strong affiliation with what is said (Gardner). Tomm inserts increasingly affirmative markers within Dan’s turn (*uh huh, yeah, for sure, right*) to confirm that he is not only attending to what Dan is saying but strongly agreeing with him. Dan seems to interpret these markes as a sign that he can continue speaking.

Tomm subsequently negotiates a transition between speakers. He overlaps Dan with *okay* proposing the speaker change, which Dan endorses (line 25). *Okays* have been described as multifunctional (Beach, 1993), most commonly used to mark movement at transitional junctures to the next phrase, activity, or topic. They may also be used to continue a topic (Fischer, 2006b) or to signal that the addressee understands the speaker without objecting (Frank-Job, 2006). As such, they are deployed to maintain a perspective in a conversation (Filipi & Wales, 2003), as we observe here. Tomm proposes to discuss the same topic (instead of moving to the next topic) by offering a *gist formulation* (lines 24-27; Heritage & Watson, 1979) or a summary of Dan’s prior talk. Heritage and Watson distinguish between *gist* and *upshot* formulations. Gists simply reflect back or summarize what the speaker has said, while upshots derive unspoken implications from what is said. Formulations allow marking newly shared information as potential common ground (Schiffrin, 1987). By summarizing Dan’s talk, Tomm displays an understanding of what Dan said rather than merely claiming it (e.g., by uttering *uh huh*; Sacks, 1995). Formulations have been found to be a common feature of collaborative professional interactions (Hak & de Boer, 1996). By formulating Dan’s talk, Tomm marks Dan’s understandings as more relevant or significant than his own versions of events.
Some CA studies, however, have shown that therapists rely on formulations to advance their professional agendas, potentially at the expense of clients’ preferred understandings (Antaki et al., 2005; Davis, 1986; Gale, 1991; Grossen & Apotheloz, 1996). By restating clients’ offerings in their own preferred words, therapists manage to steer interaction in the direction they prefer. (This, of course, does not imply that therapists should completely refrain from influencing clients.) In all probability, it is harder for clients to contest therapists’ diagnostic formulations if these formulations are based on clients’ prior discourse. As a conversation analyst, however, I focused on how formulations were developed jointly (or not), rather than on whether or not they were offered by professionals. In addition to ‘privileging’ Dan’s descriptive account through using acknowledgement and agreement tokens and formulating the client’s talk, Tomm explicitly requests that Dan assesses his gist (“Is that what you are saying?”, line 29). Dan, in response, confirms the accuracy of Tomm’s formulation (line 28) with an agreement token: Yes (Pomerantz, 1984). This confirmation is subsequently acknowledged by Tomm with okay (line 33).

In the next segment, the participants continue co-accounting for Dan’s anger. In line 14, following a hearable in-breath, Tomm proposes a shift to the next sub-topic (with an overlapping Okay in line 11), inviting Dan to join in telling how Dan may be perceived by others when he is “abrupt” and “to the point” (line 5). This exemplar is a good demonstration of what Bakhtin (1984) refers to as "unfinalizability" of meaning. The meaningful description of Dan’s impact on others observably evolves, as the participants draw on and inform each other’s discursive contributions.

Exemplar 3: Intimidating, not intentionally
(28 minutes and 21 seconds into the session, lines 471-543 in the standard transcript)
Dan: Thatzz probably why it was more raw and there was more emotion showing than maybe •hh (0.5) >is usual< and and it isn't (0.6) hostility to you or criticism as much as it is Dan in process (0.4) and I hate to say that. (0.4) >you know< If I'm focused in on my work, with a group of people, and I'm (0.6) to the point, and abrupt, and focused on something (. ) they're gonna experience exactly what you're experiencing kind of •hh ‘Wow’ you know (0.9)

Nancy: °Uh huh°

Dan: What did I do? (.) °>you know<°

Tomm: [°Okay°]

Dan: [ Why ] is he acting like that? (0.9) •hh So (.) I'm sorry.

Tomm: •hhh ( ) do you think that other people sometimes experience you:u as (0.9) as coming across as being intimidating when (.) that's not how yo::u (.) experience yourself? (0.6) an:::d-um (0.7) >so that< (0.4) is that one of the:: dynamics (you) think that operates here?

Dan: >Sure< (0.7) Uh I don't know (0.5) I haven't heard that as a complaint that I'm (0.6) intimidating I don't know=

Jen: =what about this ‘walls of fe(hh)ars and complexity’ [ hh hhh]

Dan: [That's not fear, that's(hhh)my(hhh)boss=]

Jen: =I know but that's how other people hear you (hhh) right?

Dan: (hhhhhhHHhhhhHHHhhhhhh)

Jen: That's pretty intimidating (hHHH) (sorry) This was a comment ( )

Dan: My boss has a grade ( ) education but he's probably worth ( ) million in terms of investment with the company and more in his personal investments . . .

but the boss can see me (1.3) even now explaining things (0.8) delve into detail and then start with a tree, start filling the branches in with the detail and •hh and give him a picture that's so complete that it's just (0.5) in his words in anger once he: tells me I can create a wall of fear and complexity um when he's (.) talking to me or trying to work with me on something and to me (.) I'm too open with my (.) mental processes in running through (0.8) what I'm trying to do is give somebody they say what should I do- and I say well (0.5) here are your choices- (0.6) but I give them here are your choices and here's what's behind them here are your choices here's what I'd recommend and here are the reasons [why ]

Tomm: [°I see° ] and they get a bit overwhelmed then I guess [ ]

Dan: [Yeah ]

Tomm: Okay

Dan: and so intimidating (.) not intentionally I'm not trying to do that I'm not trying to blow somebody away cause I've got the big giant ego and I've gotta (.) >you know< let everybody know how smart I am. Maybe
there's a part of that in there that's subconscious it's going on (0.6) but
I'm really not, I'm trying to be helpful, I'm trying to make them (come)
to (0.7) a decision they feel comfortable with it that they've got (1.7)
the:: [focus (and enough)]

Tomm: [Okay]

Dan: background and they can (1.5) [debate it with me or or
Tomm: [•hhhhhh Okay (can I) shift a bit here in
terms of ask you uh general question like given that you recognize and
acknowledge that your relations with °with° frustration and anger is is a
challenge (0.6) for you (. ) um in your life in general, at work, as well as
at home, (0.6) um where do you see yourself as (. ) as sort of working
personally to •hhh develop greater competencies in in managing (0.6)
>you know< that that aspect of your life

Conversation analysts have observed that current speakers select next speakers or
self-select, and if neither selection takes place in multiparty talk, any individual may take
the next turn (Sacks, 1995). This is precisely what Tomm does in the above exemplar, by
negotiating the transition between turns with Dan (lines 7-14). He orients to Dan’s “you
know”23 (line 10) as a possible TRP and begins to speak, but soon discovers that Dan is
not yet completed his TCU. Analysts can observe three pauses (0.9 seconds) in the turns
which Dan produces. Tomm’s task is to determine if pauses in lines 12 and 13 are pauses
within Dan’s turns or between turns and therefore possible TRPs (Sacks). Having
observed Dan taking within-turn pauses (lines 8 and 12), Tomm does not self-select
immediately but only after another pause, ensuring that Dan has in fact completed his
TCU.

In line 11, where Tomm and Dan coordinate the speaker change, Tomm uses the
discursive marker okay. As previously mentioned, okay are frequently deployed at the

23 You know is an editing expression (Clark & Fox Tree, 2002; Fox Tree & Schrock, 2002)
commonly featuring in places where speakers find it relevant to inquire into the addressees’ feedback about
their comprehension (Schiffrin, 1987).
end of turns to project or forewarn the transition to a new topic or activity (Beach, 1993). *Okays* attend to prior talk while setting up new priorities for subsequent talk. In their absence, the transition to other topics would be abrupt. Following *okay* Tomm selectively listens in order to utilize (O’Hanlon & Wilk, 1987) the portion of what Dan communicated (how other people experience him) but articulates a different implication from it, which is that Dan can come across as “intimidating” (Buttny, 1996). In lines 14-17, Tomm offers an upshot formulation of Dan’s experience, deriving an implication from Dan’s prior talk (Heritage & Watson, 1979). Instead of offering the formulation directly, Tomm poses a question, embedding his formulation within that question. CA literature notes that therapists’ formulations frequently imply that clients’ responses display some underlying psychological or relational patterns or dynamics (Hak & de Boer, 1996; Davis, 1986). Tomm’s upshot is designed to point to the presence of “dynamics” (line 16) underlying Dan’s relationships with others. Again, Tomm does not simply state that others could be finding Dan intimidating, but elicits Dan’s confirmation or disconfirmation of his upshot (lines 18-19).

The design of Tomm’s upshot is noteworthy. When inviting clients to consider new or alternative understandings, professionals tend to package their offerings as tentative, cautious, and open to further revision by clients (e.g., Bergmann, 1992; Lobley, 2001; Peräkylä & Silverman, 1991). Tomm designs his formulation of Dan’s impact on others cautiously, or as a still-to-be-determined matter (Drew & Heritage, 1992). To display caution Tomm permeates his turn with pauses, stretched words, particles (“uh”), and temporary adverbs (“sometimes”) (Kogan & Gale, 1997). It is possible that Tomm’s tentative turn design assists Dan in subsequently producing a disagreeing or
“dispreferred” (Pomerantz, 1984) response. Put differently, therapists’ expressed cautiousness and tentativeness may invite contestability of meaning from clients (Bergmann; Kogan & Gale).

The CA literature examining formulation sequences reveals that in contrast to those offering responsive assessments, those who produce first assessments by virtue of ‘going first’ seem to have a superior right to assess something (Heritage & Raymond, 2005). In this case, Tomm is the first to produce a formulation of how Dan is experienced by others, and Dan is placed in the position of being ‘expected’ to respond to such a formulation (Hak & de Boer, 1996). Formulation sequences commonly look like this:

Therapist: Formulation of the client’s talk
Client: Decision (confirmation/disconfirmation)

The formulation-decision pair helps link current and prior talk and set priorities for subsequent talk. It also invites Dan’s involvement (in the next turn). Tomm presents his professional formulation as a shared one (Hak & de Boer, 1996) rather than as disjointed or disconnected from Dan’s prior talk. Not only is Dan expected to produce a response to the first part of a formulation sequence; he is also limited by the kind of response he can legitimately offer (MacMartin, 2008). Tomm’s question ‘sequentially implicates’ (Schegloff & Sacks, 1973) a specific (yes/no) kind of answer (Raymond, 2003; Vehviläinen, 2001). It has been suggested that people have privileged access to evaluating and describing their own experience (Sacks, 1984). Dan’s task to assert his (presumably) elevated right to evaluate how others experience him is compounded by the expectation that he has to speak second, and therefore, is constrained by the specific practices deployed by Tomm in the prior turn (Heritage & Raymond, 2005).

Although Tomm’s upshot formulation in lines 14 through 17 sequentially
implicates agreement or disagreement from Dan, it is still structured to invite agreement over disagreement (Pomerantz, 1984) – Tomm invites Dan to co-participate in describing his actions as having an intimidating effect on others. Tomm further marks Dan’s confirmation/disconfirmation to his formulation as relevant. (Designing his formulation as a question may be perceived as intensifying the relevance of Dan’s responsive assessment.) Family therapists are commonly relied on to help clients identify problems that require intervention (Pinsof, 1995). Dan’s collaboration with the task of identifying concerns is pivotal. For example, without Dan’s endorsing Tomm’s idea that there is a problematic pattern of others experiencing Dan as intimidating, subsequent therapeutic tasks cannot be accomplished. The participants would have to continue searching for areas of concern to be topicalized and problematized.

In lines 18 to 19, Dan orients to the implicated preference for confirmation that he is intimidating, and delicately manages to work around it by producing his turn in a form of agreement followed by disagreement. He offers an agreement token “Sure” – a relatively weak form of agreement, considering that it only claims agreement (Sacks, 1995). Sure is followed by an ambivalent statement “I don’t know”, viewed within CA as an example of unstated disagreement (Pomerantz, 1984). In designing his explicit or stated disagreement Dan suggests that he “has not heard” (from unspecified others) the complaint that he is intimidating (Drew & Heritage, 1992). This strategy may allow Dan to ‘soften’ his disagreement, while upgrading his assessment by countering Tomm’s

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24 The term “preference” within CA is not used to refer to subjective or psychological desires or dispositions (Heritage & Atkinson, 1984), but rather to characterize the circumstances in which alternative courses of actions are available to the participants, and how the participants go about choosing among alternatives.
suggestion that there might be a concerning pattern of others finding Dan intimidating. Moreover, Dan’s use of “I don’t know” in a tag position (line 19) may be viewed as an attempt to inoculate himself against the charge that he is being defensive (Potter, 1996a). By marking his utterance as uncertain or indifferent, Dan implies that he does not have a stake in the matter of whether others find him intimidating, and that he simply reports. This allows him to present himself as a disinterested or objective reporter rather than as someone who is biased and defensive (Edwards, 1995).

Existing CA research suggests that professionals’ upshot formulations are frequently followed by minimal confirmations from clients (Hak & de Boer, 1996), as appears to be the case in this exemplar. While first position assessments commonly contain downgrading practices (as we observe Tomm doing with his tentative turn design), second position assessments (as in the case of Dan’s turn) are often found to contain some form of upgrading practices, perhaps aimed at compensating for epistemic inferiority of being second-place in the order of talk (Heritage & Raymond, 2005). The study of epistemic or knowledge-related inferiority and superiority is concerned with inequalities in communication (Heritage, 2004). It takes into consideration someone who is able to develop a topic and to mobilize the others to ratify it, and therefore who increases his or her status in a social network (Diamond, 1996).

Although it appears that Dan is reluctant to accept Tomm’s idea, he nonetheless ratifies or displays willingness to discuss the topic of his impact on others. In summary, the mere occurrence of disagreement from the client does not imply non-collaboration. Diamond (1996) helpfully illustrates this point. In order to provide a thorough illustration, it is worth providing Diamond’s observation in full:
When a speaker’s topic is ratified by other speakers, its status as a topic of conversation is accepted by exhibiting their willingness to argue about it, even in the content (i.e., the idea expressed within the topic) is rejected. In other words, the act of arguing about an idea, or even rejecting an idea, is still considered topic ratification because the topic becomes a subject of conversation. A case of valid topic rejection happens when the speaker’s intent to put forth a discourse topic as a matter of discussion is not taken up at all. This type of topic non-ratification takes the form of interlocutors ignoring, silencing, minimizing or refusing to develop the speaker’s contribution further. (p. 95)

Even though Dan rejects Tomm’s idea that other people may at times find him intimidating, all participants (including Jen) continue discussing the mutually ratified topic of Dan’s impact on others.

Potentially delicate situations can arise when family therapists are faced with disagreements from clients. In these situations other family members can offer help and add weight to therapists’ formulations, as happens here. Jen self-selects with “what about” as the next speaker (line 20). This tying device (Sacks, 1995) allows her to fit the new material into the prior discussion or show that what she is about to mention is relevant to the prior talk. Jen further uses the deictic markers “this” and “that” (lines 23 & 26, Schiffrin, 1990) to signal that her utterance is a continuation of, or response to, some parts of the prior discourse (Schiffrin, 1987). These markers further permit marking knowledge as shared or accumulated, and against these markers subsequent information may be understood. By using deictic markers and a tying device, Jen exhibits her understanding of the prior talk, while legitimizing her self-selection as the speaker.
Having selected herself, Jen offers an item or emblematic instance (Edwards, 1994) of a general pattern of others in Dan’s life experiencing him as intimidating. Jen aligns (Kangasharju, 1996) with Tomm in his proposition. This exemplar demonstrates how the formulation of Dan’s impact on others is a collaborative accomplishment. It is not an individual but a multiperson unit (Jen and Tomm) that produces meaningful descriptions of Dan’s relationships with others in his life; Tomm and Jen further share and coordinate their understandings with Dan. Kangasharju (1996) discusses how in situations of conflict in multiparty institutional interactions a particular kind of sequence tends to emerge:

A: Argument 
B: Counterargument
C: Endorsement of B
A: Defense, acquiescence, silence, and so on.

The same structure appears to operate in this exemplar, except that C (Jen) endorses the position of A (Tomm) rather than B (Dan). The signs of Jen’s affiliation with Tomm can be detected through an examination of how she packages her turn. She utilizes a slightly modified phrase that had been used by Tomm (“other people hear you”, line 23). In response to Dan’s “I haven’t heard that as a complaint that I am intimidating”, Jen reminds Dan that his boss indicated to Dan that he can create “the walls of fears and complexity” (lines 20). This is a delicate matter because of the danger that Dan may disagree or reject her offering, as he did just previously in relation to Tomm. To minimize the risk of Dan’s dispreferred responsive action, Jen downgrades her endorsement of Tomm’s assessment by using laughter. Humor is frequently used in situations of disagreement and misalignment (Arminen & Halonen, 2007; Buttny, 2001).
as an affiliative device (Kanagashariu). The speaker anticipates disagreement from the hearer and signals (e.g., through the use of laughter) that the upcoming utterance is to be heard ‘lightly’ (Sacks, 1995; Silverman, 1998). Dan displays his understanding of how Jen wants him to hear what she is saying by joining her in laughter (lines 21-22, 24). Nonetheless, his ‘defensive’ response in lines 21-22 also shows his recognition that Jen’s utterance is not intended as a joke but as an extension and endorsement of Tomm’s assessment of Dan.

In response to Dan’s defensiveness (“that’s not fear, that’s my boss”, lines 21-22), Jen upgrades her observations (line 23). She prefaces disagreement with Dan’s prior utterance with an agreement component (“I know”) and presents her version as ‘settled’ (i.e., established as truth) by using the simple present/past tense verbs (“that’s”, “this was a comment”) and extreme case formulations (“pretty”, Pomerantz, 1986). Dan produces laughter in the slot where he is expected to utter an agreement/disagreement with Jen’s prior point (note her “right?” at the end of the turn; line 22). Laughter permits Dan to avoid reasserting his disagreeing position while keeping his (and Jen’s) reputation in tact (Buttny, 2001; Kanagashariu, 1996).

In lines 26-39 (some lines are omitted), Dan unpacks, presumably for Tomm, the context of the utterance “wall of fears and complexity”. He does this by telling a story of what his boss tends to observe in his interactions with Dan. As a part of his story, Dan offers a description of himself as being “too open with his mental processes”. Tomm overlaps Dan (line 40) and, following a quietly uttered acknowledgement token I see, introduces an upshot formulation of Dan’s prior talk (“and they get a bit overwhelmed then I guess”). Tomm offers an extension of Dan’s utterance (Ferrara, 1992) by adding
something not previously articulated. His lexical choices are worth highlighting. Tomm downgrades his description of Dan as “intimidating” to “overwhelmed” prefaced by a quantifier “a bit” and concludes his formulation with a downgrading uncertainty marker “I guess” (Lobley, 2001). He builds on Dan’s response to further co-construct an account of how others might experience him. In response, Dan offers an overlapping agreement token (“Yeah”) endorsing Tomm’s description. Agreements are frequently placed without any delays or even slightly overlapping the material in the prior turn (Pomerantz, 1984), which is the case here. In line 43, Dan joins Tomm’s (and Jen’s) assessment of him as having an intimidating effect on others but qualifies it by adding “not intentionally”.

It is possible to track how meaning in this exemplar of interaction is being co-constructed and negotiated by the participants. An account of Dan’s impact on others has undergone discursive transformation from surprising or unexpected (“Wow”, line 7), to “intimidating” with Dan’s refusal to take up this term for self-description (lines 15, 19-26), to “overwhelming” (line 40), and finally to Dan’s description of himself as “intimidating, not intentionally” (line 43).

In the exemplar below, Tomm continues to persistently adjust and modify his descriptive language until it becomes shared or mutually acceptable.

**Exemplar 4. Sounds like you’ve got a fairly good partnership**

(35 minutes and 2 seconds into the session, lines 576-609 in the standard transcript)

1 Tomm: •hh Can I ask? what to what extent to do you see Jen as a re:source for you (0.8) in (0.6) your personal development in (. ) in relation to: (0.9)
2 you anger in both domains? Like do you see her as (0.6) a as a m-major (1.1)
3 uh contributor to:: developing greater skill and competence, or do you see her as someone who yo::u (.5) you struggle with and and (. ) it becomes uh more of a liability than an asset?
4 (1.0)
5 Dan: Overa::l more of an asset. (0.8) Um but (1.0) looking at the track record (0.7) again both things are there. •hh She's my best friend. Jen is is um
(1.5) "you know" my confidante, there isn't anything I don't talk about with her and (0.8) um (1.8) we: (.) have a lot of (1.5) (kind of) value-based directions in our life and we share values. (0.6) So (.) there's lots of alignment to touch base with there (0.8) um just in terms of intention, what we would like to do, and why we would like to do it, and how important it is to us [(.)] in the things that we do.

Tomm: ["Okay"] (>Just a second) let me check something out with her<. Do you experience yourself being (. ) a resource to him that that he sees you that way?

Jen: I definitely see myself as being a resource to Dan. Whether he always sees me that way (.) >I don't know< (.) (Hh)uh sometimes, sometimes.

Tomm: [So so is it a surprise to you to hear him say today that that he does see you as (.) as more of a (. ) resource than a liability °in that regard°?]

Jen: No not really.[(.)] It's not a surprise today [(.)] I think that (. )•hh

Tomm: [Okay]

Jen: we spend a lot of time (. ) talking about some of the challenges that he faces, just personally and at work, and I (. ) try to (. ) give him feedback from a different perspective (. ) >you know<

Tomm: And you you experience him as open and receptive and (. ) reflecting on comments you make or (. )

Jen: Yes (. ) most of the time yeah.

Tomm: "Oh good". So sounds like you've gotta (. ) fairly good partnership then in that regard (. ) in terms of (1.1) being able to collaborate.

Gale (1996) recommends examining actual sessions of therapy to see if therapists do what they claim to do on the basis of how they describe their practice. Tomm has written extensively on how he prefers to work with families (e.g., Tomm, 1984, 1987a, 1987b, 1988, 1992, 2003). His engagement with this couple appears to correspond closely to his depiction of his own practice. His therapeutic approach has been informed in part by narrative, systemic (Milan), and solution-focused therapies. The influences of these approaches are observable by the ways in which Tomm participates in interaction.

Arguably, if therapy is viewed as a conversational activity (Anderson & Goolishian, 1990), we should be able to observe how therapeutic models and interventions are realized in the actual practice.
Instead of abruptly moving to another topic or activity, Tomm uses a *pre-question* (“Can I ask”, lines 1 & 16), a form of a pre-sequence or, simply, *pre* (Schegloff, 1980) used to prefigure the upcoming question. Peyrot (1995) refers to *pres* as “disjunctive transitions”, suggesting that they mark the upcoming talk as a departure from prior talk. Speakers use *pres* to provide the conversational space (in the next turn) for addressees to challenge the proposed direction of a conversation. In addition to facilitating smooth and collaborative movement across activities and topics, Tomm continues designing his interventions cautiously (Drew & Heritage, 1992), evident in the use of pauses, repetition of words, particles (*uhhs*), and prolonged syllables or stretched vowels within words (Clark & Fox Tree, 2002; Fox Tree, 2002; Gardner, 2001).\(^{25}\) As mentioned above, discursive practitioners and researchers argue that one way to encourage client feedback and participation is to formulate interventions cautiously and tentatively (Anderson, 1997, 2001; Bergmann, 1992; Kogan & Gale, 1997). When evaluating clients’ experiences therapists tend to downgrade or mark as partial and fragmented their professional assessments of clients’ situations. By doing this, therapists elicit or implicate clients’ more ‘authentic’ or authoritative reports (Bergmann).

By using a tentative turn design, Tomm may be projecting the upcoming delay in speech production. Alternatively, he may be downgrading his contribution in order to invite Dan’s feedback to what he is saying. Kogan and Gale (1997) refer to this practice as “reciprocal editing”. Reciprocal editing or co-editing (Parry & Doan, 1994) does not

\(^{25}\)Once again, this functional perspective on the micro-details of talk treats pauses, particles, and other details of interaction as *language with meaning* (Clark & Fox Tree, 2002; Fox Tree, 2002), rather than as barriers to smooth communication. These details are often intended to be, and interpreted by, the participants themselves as meaningful.
mean editing the story for clients, but rather providing space so that clients can re-edit or re-author (White, 1995) their stories in their preferred ways. Conversationally, the editing is made reciprocal in the therapists’ use of pauses, stretched or repeated words, uncertainly markers, and tag questions to clarify therapists’ understandings (e.g., “… or?”, “Does this make sense?”, “What do you think?”). By using these devices therapists display “an ongoing invitation to for the clients to define and evaluate the meanings attributed to accounts, experiences, and the unfolding story in the session” (Kogan & Gale, p. 9). For instance, within-turn pauses or silences may be attended to and interpreted by clients as invitations to step in and edit therapists’ versions of clients’ experiences.

Tomm’s turn (lines 1-6) introduces two distinctions. In his writing, Tomm (1992) explains that “to draw a distinction is to differentiate an entity, an event, a pattern, or some other phenomenon from a background” (p. 118). He argues that the act of introducing a distinction might be therapeutic in itself. Clients may adopt distinctions introduced by therapists, making them part of their own language (Tomm, 2003). The first distinction Tomm offers in this exemplar presents anger not as Dan’s inner disposition but as something external over which Dan has some control or influence. Narrative therapists refer to this practice as “problem externalization” (White, 1989, 1995). Tomm invites Dan to reflect on his own influence over the problem (lines 2-3). This aspect of problem externalization assists clients in identifying skills and competencies for dealing with problems (Tomm, 1989). The second distinction deals with Jen’s being an asset versus a liability to Dan.
Both clients adopt Tomm’s distinctions. They collaborate with Tomm around the first distinction by continuing the conversation, without clarifying, challenging, or objecting to the distinction (Fais, 1994). The clients endorse and extend the second distinction more explicitly. Jen reports having perceived herself as a “resource” to Dan (line 18), and Dan describes Jen as both an asset and liability to him (lines 8-9). The clients’ collaborative efforts are noticeable in the “syntactic parallelism” (Fais) or mirroring of Tomm’s language. Jen virtually repeats the phrase previously used by Tomm (compare lines 18 & 21), while Dan adopts Tomm’s descriptive term “asset” (line 6). Overall, both Jen and Dan endorse or collaborate around the topic of Jen’s role in Dan’s relationship to ‘his’ anger.

In response to Tomm’s initial question (lines 1-6), Dan states that he sees Jen as “more of an asset” while acknowledging that “both things are there” (line 8). “Both things” is another example of a deictic marker (Schiffrin, 1990) identifying as common ground Tomm’s distinction of Jen as a liability/asset. Without Tomm’s previously introduced distinction, Dan’s subsequent talk (“both things are there”) would make no sense. Having presented Jen as both a liability and asset, Dan goes on to specifically articulate how Jen has been an asset to him (lines 9-15). Presumably, upon completing his account of Jen as an asset, Dan would have gone onto discuss the other side: Jen as a liability. Possibly anticipating this, Tomm overlaps Dan with a quiet “Okay” (line 16) signaling a transition to a new activity (Beach, 1993; Gardner, 2001). The influence of solution-focused therapy (de Shazer, 1985; O’Hanlon & Weiner-Davis, 2003; Rowen & O’Hanlon, 1999) on Tomm’s practice is noticeable here. Specifically, Tomm uses a
“therapeutic interruption” (Gale, 1991; O’Hanlon & Wilk, 1987) to facilitate a shift away from problem-talk and towards solution-talk.\textsuperscript{26}

For solution-focused therapists, problem-talk grounds clients in old problematic patterns of thinking and acting and makes it more difficult for clients to reach their therapeutic objectives (Friedman & Fanger, 1991; Walter & Peller, 1992). While it is important for therapists to empathically listen to clients’ pathologizing (unhelpful or problematic) distinctions, it is also necessary to orient to exceptions to these client observations. Without this attention to exceptions (Berg & de Shazer, 1993) or unique outcomes (White, 1995), there is a danger that therapists will inadvertently contribute to further pathology (Tomm, 1992). Drawing on the Milan team’s systemic approach to family therapy (Cecchin, 1987; Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980), Tomm refers to this therapist posture in relation to clients and clients’ ideas as “neutrality” (Tomm, 1984).

The concept of neutrality relates to the notion of the therapeutic alliance. For Tomm (1984), the alliance is a shifting quality. For example, by asking Dan a question Tomm may be aligning with him. However, once Tomm asks Jen a question, the alliance shifts. As Selvini-Palazzoli et al. (1980) remark, “The end result of the successive alliances is that the therapist is allied with everyone and no one at the same time” (p. 11). Of course, alliance is not limited to whom the therapist addresses. While conversing with one family member, the therapist may be aligning with another member’s differing

\textsuperscript{26} Along the same lines, Del Vento et al. (2004) argue that some forms of interruption are used to signal that the addressee has been attending closely to the speaker’s talk. This perspective on interruptions as evidence of mutual understanding contrasts a more traditional view, according to which interruptions are barriers to smooth communication.
position of an issue, or with multiple positions or perspectives in discourse simultaneously\(^{27}\) (Anderson, 1997).

Having successfully negotiated the speaker change with Dan (lines 16-17), Tomm continues inviting the conversation away from problem-talk (Jen as a liability to Dan) towards solution-talk (Jen as a resource or asset). Tomm directs his question to Jen, inviting her to participate in producing an account of her as a “resource” to Dan. The question Tomm poses is an embedded suggestion question (Tomm, 1987b), as it contains the suggestion that Jen perceives herself to be a resource to Dan. The attached “that he sees you that way” further places this question in the interpersonal perception category of questions (Tomm, 1987b). It encourages Jen to read Dan’s mind, so to speak, in order to enhance her awareness of her role in Dan’s life.\(^{28}\) Tomm’s question invites a yes/no answer from Jen, with a preference for agreement (Raymond, 2003).

Jen joins Tomm’s invitation by producing a strong agreement preempted by an emphasized “definitely” (line 21). She remarks upon seeing herself as a resource to Dan

\(^{27}\) Following Weingarten (1998), I consider “multipartiality” (Anderson, 1997; Anderson & Goolishian, 1988) to be one of the key notions in collaborative therapies. It is multipartiality, or the extent to which the therapist is determined to have family members accept specific ideas, that distinguishes modern and postmodern therapies. From a CA perspective, multipartiality is not a stance of the individual therapist but a joint activity – clients’ co-participation is required for developing and sustaining multipartial ways of talking.

\(^{28}\) The idea behind asking interpersonal perception questions relates closely to Tomm’s “internalized other” interviewing (Tomm, 2004; Tomm, Hoyt, & Madigan, 1998). Jen is encouraged to reflect upon and share how Dan may be experiencing and perceiving her. In the internalized interview the interviewees are asked to speak as if they were other family members. This method of interviewing allows expanding the interviewees’ awareness into how others in their life may experience them.
yet expresses doubt in Dan’s “always” perceiving her as a resource (line 21). Tomm selectively utilizes (Gale, 1991) a portion of Dan’s prior talk to highlight that “today” Dan reported seeing Jen as a resource. Tomm issues an upshot formulation (Heritage & Watson, 1979) implying that Jen must be surprised to hear that Dan views her that way. In designing his question, Tomm modifies his prior talk of Jen’s being solely a resource to Dan (line 18) to talk of her being “more of a resource than a liability” (line 26). Thus, Tomm incorporates both partners’ previously displayed preferences for distinguishing Jen as both a liability and an asset.

Jen subsequently corrects Tomm’s misunderstanding that she is surprised (line 27). In response, Tomm acknowledges the receipt of her correction by uttering two overlapping okays (line 28, Filipi & Wales, 2003). Jen proceeds to offer examples or emblematic instances (Edwards, 1994) of her being a resource to Dan. Tomm adds (with the additive marker “and”, Zevevat, 2006) to the list of instances, which cumulatively permit presenting Jen as a resource to Dan and Dan as being “receptive” to Jen’s feedback. Tomm invites Jen to participate in developing an alternative storyline of her relationship with Dan. From the perspective of narrative therapy, discursive unpacking or “thickening” (Geertz, 1975) of alternative accounts involves searching for unique outcomes (White & Epston, 1990). Once a unique outcome has been identified, the therapist then asks questions to develop and extend this new, previously unexplored storyline. The idea behind this is that not only people might benefit from building alternative or preferred descriptions, but also that these new stories can then be used to manage the problem differently or to reduce the problem’s influence in people’s lives.
The use of the word *or* at the end of Tomm’s turn (line 33) affords Jen space to reject Tomm’s addition to her list of examples. Following Jen’s confirmation of Dan being receptive to her feedback, Tomm offers another upshot, suggesting that the partners have “a fairly good relationship”. He preempts the upshot with “Oh good.” The *oh*-preface\(^{29}\) response marks what Jen offers as being surprising or unexpected. It is possible that Tomm anticipated Jen’s affirmation that she is surprised to hear that Dan sees her more as a resource then a liability. Tomm might have anticipated problem-talk from Jen. He nonetheless manages to adjust his understandings and his solution-focused agenda to reflect Jen’s reports of her experiences.

The exemplar above shows all three participants coordinating their actions to reflect mutually preferred ways of describing clients’ identities and relationship. An account of the couple’s relationship as “good partnership” (lines 35) is a byproduct of this process of meaning coordinating and negotiating. Tomm’s efforts to ‘bring forth’ (Tomm, 1992) positive aspects of the couple’s relationship feature alongside the partners’ preferred ways of describing themselves. This results in new, potentially unexplored storylines. In the next exemplar, Jen’s experience is further topicalized. Tomm shows persistent efforts to develop a mutually acceptable description of Jen’s experience in interaction with Dan. Although Jen does not appear to entirely endorse Tomm’s ideas, the process of Tomm’s working collaboratively with her is worth exploring because it demonstrates how he keeps readjusting his actions in interaction to better reflect Jen’s experience.

\(^{29}\)Heritage refers to *Oh* as a “change-of-state” token and notes that “its producer has undergone some kind of change in his or her locally current state of knowledge, information, orientation or awareness (Heritage, 1998, p. 299). *Oh* plus *good* is an example of an “appreciation” (Sacks, 1995) or “assessment marker” (Redeker, 2006).
preferences. This piece of discourse further reveals that, in addition to explicitly suggesting what may be helpful in changing problematic relational patterns, Tomm enacts or models (Pomerantz, 2003) for the partners alternative ways of relating.

**Exemplar 5. I am not being very articulate here**

(39 minutes and 08 seconds into the session, lines 637-700 in the standard transcript)

1. Jen: that's been one of (. ) **mmy** biggest challenges is I am extr:remely (. )
2. **private** person (0.7) very shy person and •hh so I don't (. ) Dan (. ) he'll
3. just go on and tells tells me everything like in detail all of what's going
4. on. So •hh (. ) there's lots of opportunity for me to give him feedback. I'm
5. less like that and probably is more like (. ) you really have to draw it out
6. of me sometimes to get me to speak. And so I know that's a frustration
7. for him. I think it has been and (. ) maybe still is. (1.0) But I also am
8. (1.0) ( ) los:ing I forgot what your question is but anyways (hh) I
9. Tomm: Mmy my question is >what is [what is it you'd like from him?]<
10. Jen: [The areas ( )
11. Tomm: (Yeah) (0.8) so so but you're acknowledging that perhaps you're not
12. giving him as much opportunity to (. ) help you because you're such a
13. private person •hh so (. ) so one challenge for you would be to (. ) open
14. up more to give him more access to your experience so he can (. )
15. perhaps receive more from you. But I-I imagine there's some reason why
16. you're (0.5) you're more private. I mean uh do you feel vulnerable to
17. open up more? Do you (0.5) do you feel that he can honor and and
18. respect your your vulnerabilities if you were to expose yourself mo:re
19. psychologically?
20. (1.6)
21. Jen: Um (4.3) depends what we're talking about. Sometimes I you know Dan
22. is (0.7) cuts straight to the advice or right to the (0.9) “Do this, do that.”
23. You know, and that's really not what I’m looking for. I'm really just
24. looking to 9.) have a discussion with him about [(0.7) whatever it is.
25. Tomm: [(is it) You don't want
27. Tomm: You just want him to be able to reflect on ( ) (1.1), give you the space
28. to:. (0.7) make your own choice
29. (1.2)
30. Jen: Yah. uhh (2.1) but also (1.0) some of the times I just don’t feel like (0.9)
31. I do •hh IT'S A BIG RISK FOR ME TO DO THAT SO WHEN I DO
32. TAKE THE RISK OF “Okay I’m gonna (. ) talk about (something) here
33. that (1.0) really means something to me” •hh (. ) yet I often (1.5) >well<
34. (1.4)
35. Tomm: How come it’s such a risk?=
36. Jen: =I don’t know. That’s just my (.)
Tomm: Are you afraid of him and his response or?

Jen: Um

Tomm: Are you intimidated by him sometimes?

Jen: Sometimes yeah.

Tomm: Do you ( ) with the what forcefulness of his beliefs and (.)
solutions and (1.5) is is that what you find intimidating or what?

Jen: Uh (0.9) partly that. Sometimes just not (.). not being understood. (0.7)

Tomm: And do you you sometimes um (1.3) articulate that, and say to him

Jen: Mm

Tomm: And if you did, would he (.). hear that, or would he (1.2) you know b-be

( .) able to uh (.). back off and give you the m-more space?

Jen: Well you know I guess it depends on what it is we’re talking about. If

we’re talking about family and parenting issues (.). or something like that

where I have (1.1) you know a strong feeling about ho::w (.). Fred is

being dealt with then (1.0) uh it’s uh it’s a scary thing to have a
discussion because we will end up fighting for sure (1.2) hh kinda

thing. But if it’s it’s mo:re (0.8) just my experiences or me wanting to

get feedback from him about how something went (0.9) >that I did, or

you know he was there, and saw it, or something like that< (0.9) the::n

u:h (3.5) >I don’t know< for me that’s (2.1) riskier somehow >I don’t

know<. I’m not being very (2.2) (hhhh) (1.6) articulate here.

The previous exemplar ended with Tomm’s offering a gist formulation of the
couple having “a fairly good partnership”. In response, Jen disagrees with Tomm’s
portrayal of their relationship by stating, “I don't always feel like that's a two-way” and “I
wish that Dan was more >supportive of me<” and “more willing to just sit and listen and
give me feedback” (lines 618-622 in the regular transcript). Existing discursive studies
demonstrate that family therapists commonly avoid attributing the cause of the problem
Clients frequently explain their predicaments as resulting from some inner psychological disposition. In family therapy, these intrapersonal explanations feature side-by-side with therapists’ interpersonal perspectives.

Consistent with this characteristic of family therapy, Jen attributes the imbalance in her relationship with Dan to her being an “extremely private” and “very shy” person (lines 1-2), who places others in the position of having to draw information out of her (line 5) (also see lines 32, 37, 48-49, 70-71 for examples of Jen attributing the problem to herself). Tomm, in turn, introduces a shift towards a more systemic thinking, namely that Jen’s tendency to be private is influenced by Dan’s responsive behaviours. Tomm’s questions (lines 16-18) embed the possibility that Jen’s “being a private person” is not a personal disposition but rather a legitimate response to Dan’s actions in their interaction. Tomm offers the idea that it may be a risk for Jen to become more open and vulnerable because she may be feeling that her moment-by-moment experience is not always honoured by Dan. Tomm proposes to attend to the systemic dynamics by shifting talk from Jen’s inner psychological processes to her experiences of Dan and his responses (e.g., “what is it you’d like from him?”, line 9; “do you feel that he can honour and respect your vulnerabilities”, lines 17-18). By these means Tomm decentres (Kogan & Gale, 1997) or challenges the dominant account of marital distress resulting from Jen’s tendency to be private by introducing alternative (systemic) possibilities for explaining the couple’s difficulties.

Jen’s “privacy” or articulation difficulties are noticeable in the way she designs her talk. Although she does express her feelings and thoughts, such expression is
fragmented and cautious (Bergmann, 1992; Drew & Heritage, 1992). Cautiousness is evident in the way that Jen designs what she says. Her speaking turns contain multiple pauses and particles (*uhs, ums*), stretching or repeating words, uncertainty markers (line 62), and a failure to produce a response (line 57) or complete her turn (lines 34-51). Jen states that she “loses” Tomm’s questions (line 8) and that she is “not being very (2.2) (hhhh) (1.6) articulate” (line 71). Tomm’s engagement with Jen is interesting. On the one hand, he encourages Jen to “make a claim for more space to express her experience more fully” (lines 55-56 & 59-60). On the other hand, he *demonstrates* (presumably for Dan) how the conversational space may be provided to Jen so that she can articulate herself more completely. To invite Jen’s participation and to “honour” her experiences, Tomm uses a number of strategies and devices, listed below:

1. In line 54, he addresses Dan on Jen’s behalf (“Listen Dan I don’t think you are understanding me”), demonstrating or modelling (Pomerantz, 2003) to Jen alternative ways of responding to Dan.

2. Tomm not only validates Jen’s experience of needing more space in interaction with Dan; he provides such space as he talks to her. He “honours and respects her vulnerabilities” (line 17) by issuing rather lengthy pauses following his turns (from 0.7 to 4.4) (lines 20, 30, 39, 42, 46, & 61) and offering Jen as much time as she needs to formulate her responses.

3. He does not speak until Jen completes her speaking turn, as evidenced by the pauses following her turns (lines 35, 52, 58).

4. Tomm attends to how Jen responds to his ideas and modifies his subsequent talk in light of Jen’s feedback. In particular, he observably hears Jen’s weak
agreements (‘yah uhh’, ‘um’, ‘sometimes yeah’, ‘u::h (0.9) partly that’, ‘well you know I guess it depends’) as refusals to accept his proposals and ideas (Kitzinger & Frith, 1999; Pomerantz, 1984). Tomm revises his descriptions of ‘Jen’s’ experience (lines 38 & 41) following weak agreements displayed by her.

5. Tomm poses yes/no questions to Jen, directly asking if she feels intimidated by or afraid of Dan’s responses. Although such questions generally tend to constrain addressees’ options for responding by limiting the range of appropriate answers (either yes or no) (Raymond, 2003), in this case it is possible that Tomm makes it easier for Jen to express her concerns without having to be the one who articulates them. She is placed in the position of having to simply (dis)agree with Tomm’s upshot formulations that Dan’s responses may have an intimidating impact on Jen’s participation in the couple’s interaction. Along these lines, Pomerantz (1988) argues that these kinds of questions can be produced when it is anticipated that an addressee will struggle with providing the sought-after information. They may also be used to credit the authorship of an answer to the addressee (Jen in this case). In other words, without stating that Jen finds Dan intimidating, Tomm finds a way to elicit this description from Jen by issuing a series of yes/no questions, sequentially implicating her responsive confirmation or disconfirmation.

6. Tomm embeds his suggestions and future possibilities for action and understanding within his questions (lines 53-56 and 59-60). For example, in lines 53 to 56, he uses a *hypothetical question* (Peräkylä & Silverman, 1991) or an *embedded suggestion question* (Tomm, 1987b) to provoke Jen’s reflection on Dan’s responses if she were to assert herself more in the relationship. Once again,
by offering ideas as questions Tomm implicates Jen’s evaluation (agreement/disagreement) of what he proposes.

7. He introduces his ideas tentatively, as evidenced by pauses, stretched and repeated words, particles, and an uncertainty marker “I imagine” (line 15).

8. He further preempts a tentative delivery of an alternative perspective with a gist + but structure or, following Pomerantz (1984), a discourse markers/delays + weak agreement + weak disagreement structure. In offering a differing idea, Tomm first acknowledges Jen’s perspective. Specifically, prior to introducing his systemic point of view, Tomm offers an agreement token (“yeah”, Pomerantz) and a gist summary, validating Jen’s intrapersonal perspective (lines 11-15; Heritage & Watson, 1979). Once again, instead of merely claiming understanding, Tomm displays understanding by summarizing Jen’s prior discourse (Sacks, 1995). In conjunction with a gist formulation, Tomm uses the adversative marker “but” to signal that what he is about to say contrasts with what has preceded (Schiffrin, 1987).

9. He pre-empts Jen’s completion of her turn by finishing the turn for her (lines 25-26). Such pre-emptive or collaborative completion (Lerner, 2004) is another way to display common or shared understanding. As Diaz et al. (1996) remark, “Using completions to do collaborative formulation is a process in which participants jointly and dynamically regulate the production of their positions to conjure up (temporarily, at least) a collective presence” (p. 541).

10. Tomm focuses on what is salient in Jen’s discourse, targeting it for further discussion. For example, Jen stresses (using speech volume) that it is “A BIG
RISK” for her to talk to Dan about something that really matters to her (lines 32-33). She also repeats the word “risk” twice within the same turn. Tomm topicalizes in order to further explore (Vehviläinen, 2005) Jen’s experience of talking to Dan as potentially hazardous (lines 36 and on).

11. Finally, Tomm uses or in a tag position to offer space for Jen to disagree with what he proposes. Jen responds by producing weak agreements characterized as safe ways to disagree (Kitzinger & Frith, 1999).

Overall, Tomm skillfully invites the partners to step into alternative modes of relational engagement. He attempts this while closely attending to Jen’s displayed preferences and understandings. Jen observably demonstrates that she feels understood (line 27). She is quick to offer the strong affirmation, “No”, to Tomm’s understanding of her experience (note a lack of a discernable pause between Tomm’s upshot formulation, “You don't want him to solve your problems” and her subsequent response).

The next exemplar is noteworthy for further showing how professionals can offer alternative perspectives in the environment of disagreement. Grossen and Apothéloz (1996) describe the therapist’s role as that of contributing perspectives that differ from those of the client. For them and other discursive thinkers and researchers (e.g., Andersen, 1991; Anderson & Goolishian, 1988; Buttny, 2004), therapeutic change arises out of the discrepancy between the therapist’s and the client’s perspectives. However, it is not mere differences in meaning that account for changes in clients but rather how such differences are addressed in a conversation (Couture, 2005). To put it differently, it is the process by which the therapist and the client coordinate and negotiate their perspectives in order to co-construct new definitions of problems that account for successful therapy
outcomes. When therapy participants speak from differing or conflicting ways of understanding the world, it may be difficult to find mutual ways of talking acceptable to all parties (T. Strong & Tomm, 2007). Impasses in meaning-making can occur when one party’s ways of viewing and speaking about a problem are continuously advanced, leaving little space for other participants to introduce and develop their perspectives (Couture, 2005).

Having ‘established’ that Jen is hesitant in her interaction with Dan (see the previous exemplar), Tomm and Dan rely on a variety of discursive strategies to coordinate and justify their distinct perspectives of why Jen is reluctant to be more open. Tomm invites Dan to reflect on how he contributes to the problematic relational dynamics, while Dan persistently refuses to join Tomm in discussing these proposed ‘contributions’. Although Dan shows little uptake of Tomm’s ideas here, some collaborative conversational practices and devices can still be noted.

Exemplar 6. A male thing
(43 minutes and 13 seconds into the session, lines 701-752 in the standard transcript)

1 Tomm: Mm hnm •hh Do you do you relate to:: Jen’s experience of (1.0) of uh  
2 struggling with (1.3) how safe it is to:: (0.5) to be open in raising things? 
3 (3.4) 
4 Dan: Safety isn’t an issue I I don’t think. Uh-um-and this reluctance to share 
5 I don’t think it stems from (0.7) “you know" (.). fear of me and and and 
6 sharing. I Jen has been a person who uh (0.9) is hidden, and doesn’t 
7 know her own thoughts, and can be troubled, and to talk I’m no 
8 professional and to talk with somebody who sees troubled, or (.). or 
9 withdrawn, and to trying to understand what’s going on, and what’s 
10 wrong. I I’ve had to spend uh (1.4) lots of time (.). stopping everything 
11 Tomm: [Okay] 
12 Dan: [and ] trying to focus and trying to (.). fish that out because it’s not [ 
13 Tomm: [•hh 
14 °Yeah° 
15 Dan: talking with her. And and even to get there it’s not like ‘she’s hiding it 
16 she knows what’s bothering her, but but she’s just not gonna share it 
17 with me because she’s afraid’. It’s more like ‘she’s not sure’ and if we
don’t talk and is it this? is it that? did it start here? or when did you feel
that way first? If we don’t go through stuff like that, uh (0.6) Jen’s kind
of gone underground with her feelings. (1.3) And and so (0.8) yeah
there’s a a frustration uh in terms of (. ) for me >°I don’t know why°<
it’s easier [to talk, but to draw out of Jen
Tomm: [Can I (interrupt for a second? Do you) think I’m
misinterpreting what she is saying then because it struck me that she was
expressing some you know hesitance based on fear. (0.8) Um and you’re
saying 'No no that’s not the way it is.' (0.7) So do you think I’m
misunderstanding her?=
Dan: =No ( .) um but I think fear of me ↑I if that’s what [(your question )
Tomm: [Well, fear of your
response (. ) not necessarily you as a person but (1.0) cause she
mentioned sometimes you were quick to come with solutions and that’s
not what she wants.
Dan: Right.
Tomm: And ( .) I guess she feels kind of (0.9) ummm you know when you do
have a solution (. ) >And I see with other people too a lot< that (. ) that
one person has a solution and they think it’s a good idea so they tend to
impose it right? The other person for whatever reason isn’t comfortable
with that (. ) but they can’t (. ) sort of easily (. ) you know uh articulate
their discomfort and and effectively protest so they feel oppressed (.5)
and so that creates some fear (1.1) in the::e (0.7) dynamics of the
relationship.
Dan: Well uhh (. ) yeah I mean that’s almost a caricature, and it’s almost a a
male thing, and it’s almost a (0.5) a sitcom type thing where •h men go
to solution and all they ever do is tell people how to fix things, they
never spend the time to sit and listen whether it’s kids or (. ) their spouse.
And yeah I have a propensity that way [but
Tomm: [So do you think this caricature
fits for your relationship (. ) as a couple?
Dan: No I I don’t Jen isn't she’s she is a very smart person, she can think very
well and if I’m outlining a reason for something and there’s always a
discussion to engage. She she doesn’t hesitate (. ) to to reason and
discuss (0.8) on (1.6) on engagement, on issues …

While “unmarked queries” simply elicit clients’ perspectives without referring to
some problematic state, “marked queries” presuppose the existence of some problem to
be resolved (Maynard, 1991). By issuing a marked query while addressing Dan (line 1-2),
Tomm introduces the idea that Jen’s privacy is contingent upon Dan’s responses in
interaction. Tomm’s query shows a presupposition that Dan’s responses create fear in Jen
to express her thoughts and feelings. Tomm packages his turn as a yes/no question, proposing as common ground a specific account of why Jen hesitates to open up (because Dan rushes into offering solutions). Tomm’s question projects agreement from Dan as the preferred response (Pomerantz, 1984; Raymond, 2003).

Discursive researchers have noted that clients manage to circumvent interactional constraints introduced by professionals (Antaki et al., 2005; Davis, 1986; Grossen & Apothéloz, 1996). Faced with Tomm’s yes/no ‘presumptive’ questions (lines 1-2, 24-27, 47-48) Dan produces a series of elaborate, disagreeing responses (lines 4-22, 28, 49-52). He disagrees by uttering No and I don’t think in response to Tomm’s Do you think prefaced questions (lines 4 & 49). He issues well to forewarn about his upcoming disagreement (Fischer, 2006b; Pomerantz, 1984) and a contrast marker but (Zeevat, 2006) to highlight the distinctiveness of his perspective. Overall, Dan denies a version put to him by Tomm that Jen’s “hesitance [is] based on fear” (line 25) and presents her “reluctance to share” (line 4) as a deep-rooted personality disposition (Jen is not just private but a private person) (Edwards, 1995).

To present as factual the description of Jen as “withdrawn” (line 9) Dan uses a number of devices. These include his use of the perfect present tense (“Jen has been a person who is hidden”); verbs with an iterative aspect (“Jen’s kind of gone underground with her feelings”); and an if-then structure (Russell, 1998) (“If we don’t go through stuff like that, … Jen’s kind of gone underground…”). Dan presents his communication with Jen as time and labour intensive by stating that he has to “spend lots of time stopping everything” to “draw” (line 22) and “fish” (line 12) something out of Jen. He builds the case that Jen is only hesitant to become vulnerable when she is “troubled” or distressed
Dan contrasts Jen’s behaviours when she is troubled with her normal conduct by describing Jen as “a very smart person, [who] can think very well… and [who] doesn’t hesitate to reason and discuss” (lines 49-50). He uses the extreme case expressions (Pomerantz, 1986), such as “always”, “very smart”, or “think very well”, to describe Jen (Edwards, 1994) as generally open and talkative. Presenting Jen’s uncommunicativeness when she is troubled as stable and recurrent, rather than temporary or situational, bolsters such a description against refutation (Edwards, 1995).

Dan’s account of Jen has a reflexive dimension. It implies that Jen is to blame while preemptively protecting Dan’s own conduct against blame (Edwards, 1995). Dan’s discourse implies that he is not trying to defend himself but simply to report what happens when he communicates with Jen. His recognition of Jen’s withdrawal as the problem in their relationship (because it creates “frustration” in him and requires “lots of” effort on his part) is a way for Dan to implicate that he ascribes blame to Jen (Buttny & Cohen, 1991). By marking his limited access to professional knowledge – “I am no professional” (lines 7-8, Heritage, 2004) – Dan implies that although he is not formally qualified to assess relational issues, he still manages to detect the problem (Jen’s withdrawal) in their relationship. These devices can be used to inoculate (Potter, 1996a) against the potential allegation that Dan’s perspective is subjective or biased.

Dan packages his description of Jen while attending to counter versions. He observably recognizes that he produces a disagreeing response. Edwards (1995) argues that disagreements “are not merely different and inconsistent accounts… [but] are contrasting accounts constructed precisely in relation to an actual alternative, in that they display an awareness of that alternative and its evidential-rhetorical grounds” (p. 329,
Dan indexes his response as an alternative to Tomm’s perspective by using a series of *contrasts* (Buttny & Cohen, 1991) through an *it’s not like X, it’s more like Y* structure (lines 15-17 and 4-6). His orientation to the difference in perspectives is also evident in his efforts to ‘soften’ his disagreeing response (Heritage & Raymond, 2005). To downgrade his claims, Dan uses the device of *hedging* (Aijmer, 1986). 

Hedging allows one to display hesitation in formulating a speaking turn (Holmes, 1995; Locher, 2004). Examples of hedges used by Dan are hesitation markers, such as *uh* or *uhm*, repeated words (“and and’), and stretched sounds (“S-safety”). Produced as a tag to disagreement, *I don’t think* (“Safety isn’t an issue”) is also likely to function as a hedge to the disagreement (Holmes). Dan’s efforts to collaborate with Tomm are visible in his marking of his talk as tentative and delicate (Silverman, 1997). He does not bluntly dismiss Tomm’s perspective but works to convince him to consider Dan’s point of view.

Let us examine what Tomm does with what Dan offers. In his writing, Tomm (1990) critiques the traditional approach to psychiatric assessment and argues that “diagnoses are almost always collapsed onto the persons so diagnosed. This is often first done by professionals, then by family members, friends, and the public at large, and eventually by ‘patients’ themselves” (pp. 2-3). For Tomm, mental phenomena, such as “privacy” or “withdrawal”, are the effects on individuals of problematic interpersonal patterns (e.g., pursuit-withdrawal, criticism-defensiveness) rather than intrinsic stable personality attributes. From this systemic perspective, Jen’s withdrawal is a recurrent response contingent upon Dan’s tendency to offer solutions, with both partners’ responses being coupled in a circular, mutually reinforcing fashion. This pattern becomes the context both partners turn to in making sense of each other’s actions. When a
problematic pattern of interaction permeates the relationship, it may be challenging to transform it into a more healing or mutually acceptable pattern, normally because family members are unaware of how their coupled actions maintain the pattern. In these circumstances, the observer’s (therapist’s) input may be important for enhancing the clients’ awareness into the overall pattern of interaction (Tomm, 1991). Throughout the session Tomm attempts to offer his version of a meta-perspective on what is occurring. He invites the clients to shift away from focusing on what is happening within each partner to considering how what each partner perpetuates the pattern of interaction between them. Tomm’s challenge is to offer this alternative perspective collaboratively, that is, without dismissing clients’ accounts.

The collaborative dimension of Tomm’s engagement is evidenced by his showing efforts at developing the presupposition that Jen is fearful of Dan’s responses as a mutual one. Instead of disregarding Dan’s preferred understandings, Tomm pursues Dan over many turns (Gale, 1991) for a response that would acknowledge Jen’s reported experience in order to eventually develop mutually acceptable lines of talk. The client’s and the therapist’s perspectives might be so distinct that it would be difficult for the therapist to find anything to build on from what the client says (Buttny, 1996). Tomm attempts to inspire even a minimal uptake from Dan of what Tomm proposes. In a way, he invites Dan into re-coordinating their talk so that both Dan’s and Tomm’s perspectives and preferences are incorporated as a part of the ongoing discourse. To invite mutual coordination and construction of meaning, Tomm utilizes a number of strategies outlined below.
I earlier mentioned constructionist practitioners’ adopting a decentring stance in their work with clients (Kogan & Gale, 1997). This stance entails challenging dominant explanations and opening conversational space for marginalized understandings, in this case, for Jen’s description of her experience. In Dan’s discourse, Jen’s explanation of her own experience is observably neglected. While in the previous exemplar Tomm encouraged Jen to articulate herself more fully in her relationship with Dan, in this stretch of talk he works with Dan to centre Jen’s perspective in talk. Instead of directly challenging Dan’s ideas, Tomm employs a so-called “reversal” strategy (Kogan & Gale) by shifting to Jen’s position. Specifically, Tomm’s previous attempts to negotiate speaker change (lines 11 & 13) finally meet success as he interrupts Dan (lines 23 & 47) to speak on Jen’s behalf (lines 24-25, 30-32). In line 23, Tomm once again does not initiate change abruptly but forewarns the change of speakers with a pre-sequence (Schegloff, 1980) (“Can I interrupt for a second?”). After the first interruption in line 23 Tomm issues a metacommunicative query (Kasermann, 1991) proposing that he might be misunderstanding Jen (lines 24-27). He contrasts Jen’s previous report of her fear with Dan’s evaluation of her report. Tomm quotes Dan (Clark & Gerrig, 1990; Redeker, 2006) (“and you’re saying ‘No no that’s not the way it is’”) and invites him to correct Tomm’s potential misunderstanding of Jen (line 27).

Tomm presents his observations as his experience (“it struck me”, line 24). He invites the client to join in a specific professional way of talking about the couple’s

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Schiffrin (1980) identifies a number of metacommunicative devices, one of which is evaluative brackets. Evaluative brackets allow the speaker to separate and evaluate a specific piece of talk, in this case Dan’s prior talk.
situation without *imposing* his systemic discourse. ‘Owning’ his perceptions is one mode through which Tomm invites Dan to consider an alternative version. By speaking on Jen’s behalf and using a reversal (Gale, 1991); describing what is happening from a metaperspective (Kasermann, 1991; Schiffrin, 1980); and presenting his perceptions and ideas as subjective, Tomm encourages Dan to recognize the influence of Dan’s centred (i.e., presented as ‘true’ or authoritarian) perspective on Jen.

Dan responds to Tomm’s proposition that Jen is fearful by prompting Tomm to correct himself. In this case, Dan proposes that Tomm’s discourse requires correction; within CA, this is referred to as *other-initiated self repair* (Schegloff et al., 1977). Schegloff and colleagues note that this type of a conversational repair can be accomplished by the repeating of a problematic item and by the emphasizing of a problem syllable, as in this exchange:

Dan:  
fear of me 
Tomm:  
Well, fear of your response

Tomm self-correction by replacing “fear of me” with “fear of your response”. His response in line 28 is an example of what Ferrara (1992) refers to as a “predictable utterance completion”. In type of joint production of an utterance, the addressee (Tomm) anticipates the speaker’s (Dan’s) intended utterance before its point of completion, as evidenced by the addressee’s completing the turn for or with the speaker. Tomm then distinguishes between Dan’s intent in offering solutions to Jen from the effect31 of such offerings on Jen. Interestingly, instead of describing how Jen is affected by what Dan does, Tomm *impersonalizes* (Potter, 1996a) his description by mentioning the process of

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31 Tomm has written about the importance of this intent-effect distinction (McNamee, Lannamann, & Tomm, 1983; Tomm, 1988).
reciprocal influence between two unspecified others, with one individual imposing solutions, and the other feeling oppressed (lines 33-38). Impersonal constructions or obliqueness in talk allow for a minimizing of blame and a softening of threatening proposals (Potter). Therapists may use oblique expressions to trivialize or enhance alignments with different perspectives in a dialogue (Aronsson & Cederborg, 1996). Obliqueness, therefore, is another way of managing delicate topics in discourse (Silverman, 1997).

In lines 42 through 46, Dan goes on to display his understanding of what Tomm offers (Sacks, 1995) by expanding on Tomm’s description. Dan concludes by offering a weak agreement (Kitzinger & Frith, 1999). The weakness of Dan’s agreement is visible in his use of the relatively weak agreement token, yeah (Pomerantz, 1984), and a contrast marker, but (Zeevat, 2006), signaling an upcoming disagreement. Tomm overlaps Dan’s but and builds on Dan’s minimal agreement (the “yeah” portion) to solicit a more solid uptake from Dan (lines 47-48). Tomm is visibly interested in what Dan does with his description by offering his ideas in a form of a question. This is done in order to incite Dan’s response. He also incorporates Dan’s descriptive terms (“caricature”) as a part of the ongoing discourse. In lines 49-52, Dan continues to disagree with Tomm by challenging the idea that Jen is fearful of him. On the whole, there is little evidence in this stretch of talk that Tomm’s efforts to facilitate change in Dan’s discourse are successful.

Collaborative counselling practice has been characterized by both parties being able to negotiate and contest each other’s ideas (Gergen & Kaye, 1992). In this and the previous exemplars of talk, Dan rejects the therapist’s ideas and continuously upgrades
his own explanations. While persistently proposing something new and potentially helpful, Tomm observably creates space for Dan to disagree with his offerings, potentially modelling for Dan an alternative mode of relational engagement in which both parties ideas are welcomed as a part of unfolding discourse. Unlike Jen, Tomm does not abandon talk when faced with Dan’s disagreeing perspective. He continues offering his perspective, adjusting it in light of Dan’s responses, until Dan displays some uptake or acknowledgment of what Tomm says (not shown in this exemplar). T. Strong and Tomm (2007) argue that problems arise when family members fail to coordinate their relations with each other in ways that are mutually acceptable. They add:

Therapists can help re-coordinate not only what is being talked about but how the talk occurs. Therapists join such family conversations already well under way, and, from within them, find and enact options to alter meanings and ways of relating so families can move on. (p. 44)

In the following exemplar, Tomm invites Dan to partake in coordinating a more collaborative pattern of interaction, a pattern which may be subsequently re-enacted by the couple outside of therapy. While previous exemplars showed little uptake by Dan of Tomm’s offerings and invitations, in the exemplar below Dan makes a noticeably stronger attempt to collaborate with Tomm.

Exemplar 7. A treacherous thought
(49 minutes 13 seconds into the session, lines 800-857 in the standard transcript)

1   Tomm  Um (1.0) what I see here (.) Dan is uh (1.5) what I sometimes refer to as a treacherous thought. That that you have a certain thought about her and her competencies •hh (0.5) which I think that you believe the true (. ) perception (0.8) and because it’s true you entertain it and you believe it serves you well (0.8) Um (0.6) but (.) you’re-not (.) kh I don’t think aware of the way in which that thought in fact betrays you. And and
2   that’s how why it becomes treacherous. Because uh when you believe
(0.9) and honestly believe that she is (.) you know very bright and articulate person and can speak her (.) um experience (0.7) just fine (0.6) that that view then tends to minimize the degree to which (.) um (0.6) you will sort of (1.1) uh give priority to what’s happening moment to moment in her experience (0.9) because you have the confidence that she will speak up and (1.4) and (. ) say what has to be said. (. ) hh And because you you’re not worried about that (. ) that tends to bias you to go ahead with whatever good ideas you have (1.1) which I think is what creates the experience of intimidation (0.9) Uh and so I’m trying to connect the treacherous thought (0.7) >what I am calling a treacherous thought< which is I think an assumption you have about her and her experience uh uh which I think (.) probably doesn’t serve you as well as you think it does. (0.8) And it probably contributes to the experience other people sometimes have (0.5) of you engaging in (.) ways of talking that they experience as intimidating so you resort to ( ) intimidating practices not that you are an intimidating person (. ) because your intentions are good but the effect is to (what's the word) to reinforce her positing of privacy and hesitance to to sort of speak up and as as fully present in a conversation as she could be (.). So I am trying to offer this to you as a view from myself ... So can-you (0.9) appreciate what I’m trying to say or can you see:: this through my eyes in addition to your own eyes? (1.0) Does it make sense to you?=

Dan: =Yeah (.) it does (.) I think. I you know if if I was to recap it (0.9) and be blunt on characterizing how (0.9) that might be maybe it’s just uh (3.3) I am doing something that I’m not intending to do that ends up being almost like (1.2) uh whatever (. ) dominant type behavior (0.8) uh and and I’m blind to it

Tomm: [Yeah.°]

Dan: [Yeah°] [•hhh So I appreciate I appreciate you describing it and yeah (. ) that’s quite accurate. •hh And I think one of the dangers here is that as men we’re often socialized into positions of privilege and entitlement (. ) and I went through some of this (. ) myself in my own relationship with my partner (. ) not realizing how (. ) much I bought <into: (.0 patriarchal (. ) culture>, assumptions about gender and so forth right- (0.9) •h and it (. ) was hard for me to see what I couldn’t see because I was blind (0.5) to my (.) >you know< male, dominant position (. ) you know in relationship and I was blind to my blindness I couldn’t see that I was blind "right"? (.)

Dan: That’s the way it is when you’re blind (hhhhh)=
I have mentioned the notion of neutrality introduced by the Milan team of therapists (Cecchin, 1987; Selvini-Palazzoli et al., 1980) and later renamed “multipartiality” and expanded on by constructionist therapists (Anderson, 1997; Hoffman, 1995). Multipartiality means that the therapist tries to prevent acceptance of a particular idea in a conversation as ultimately more correct or true in ways that apply to all involved parties, including the therapist. Tomm (1987a) argues that when therapists commit too strongly “to their own ideas and values about ‘correct’ solutions, [they] can easily become ‘violent’ in imposing them on a ‘resistant’ client or family” (p. 7). From a discursive perspective, multipartiality is best viewed as a joint activity negotiated between participants in a conversation, and not as a stance of the individual therapist. As a form of social interaction, therapy is occasioned and rhetorical (Edwards & Potter, 1992). “Occasioned” implies that the therapist’s actions are made relevant by clients’ actions in interaction. In other words, there is a sequential structure to therapeutic interaction and each response is contingent upon previous and anticipated responses. For example, Dan’s reference to Tomm’s perception of Jen’s hesitancy was occasioned by Tomm’s prior talk. “Rhetorical” suggests that interlocutors offer their ideas in ways that bolster such ideas and counter alternative perspectives. Tomm upgrades an account that Dan tries to undermine (e.g., “I see this with other people too a lot”; exemplar 6, line 33). From a CA perspective, multipartiality must arise discursively, that is, Dan and Tomm must display the relevance of treating multiple accounts in interaction as legitimate.

In the exemplar presented above, Tomm displays efforts at remaining multipartial toward his own ideas. He downgrades his authority by designing his contributions to seem subjective and contestable. His lexical choices “what I see here” (line 1), “I think”
(lines 3, 5, 15, 18), and “a view from myself” (line 27), show his efforts at minimizing his expert status (Heritage, 2004). He once again owns his ideas and presents them as observations rather than objective truths (Potter, 1996a). Instead of delivering interventions in a one-way, straightforward manner that is irresponsive to the client’s conversational preferences, Tomm offers what he “thinks” is happening but packages his offerings as provisional (Miller & Silverman, 1995). By designing his ideas as tentative and contestable Tomm welcomes the client’s input, thus facilitating the co-construction of a shared perspective on the topic. The way the therapist delivers ideas impacts how those ideas are responded to by the client. When the therapist tentatively offers an idea as “food for thought” (Anderson, 2001), it is easier for the client to contest it. However, when the therapist speaks from the position (Davies & Harré, 1990) of an expert professional, the client is invited to respond in particular ways (e.g., to seek expert advice, to comply with the therapist’s prescriptions). The client may, in turn, take up or contest being positioned as a compliant patient. Tomm invites Dan to speak from the position of a competent teller who is entitled to speak his mind by displaying interest in Dan’s ways of seeing things.

Tomm queries Dan’s responses to his tellings both directly (“Can-you (0.9) appreciate what I’m trying to say” or “Does it make sense to you?”, lines 27-29) and indirectly, through the tentative or cautious delivery of his ideas (lines 1-24) (Bergmann, 1992; Buttny, 1996; Drew & Heritage, 1992; Kogan & Gale, 1997; Peräkylä & Silverman, 1991). Expressed cautiousness (Silverman, 1997) is observable in his use of: restarts (“that that,” “and and,” “you you’re”); tentative language (“probably”, “I think”, “I don’t think”, “sort of”); turn-holding devices or hesitation markers (e.g., “um”);
suspensions (“we:ll”, “to::”, “ta::lking”, “see::”); and pauses of various lengths. Cautiousness allows Tomm to negotiate the delicate nature of the topic of the effects of Dan’s actions on others without claiming ultimate authority on the meaning of those actions (Silverman).

Dan, in response, observably interprets Tomm’s collaborative initiatives as eliciting input from him. Tomm’s turn (lines 1-29), in which he delays a response from Dan for about 30 lines, entails an upshot formulation (Heritage & Watson, 1979) and makes sequentially relevant Dan’s responsive assessment (confirmation or disconfirmation) (Hak & de Boer, 1996). Formulations, especially upshots which tend to imply something rather than merely summarize it, are commonly found in institutional settings and are most frequently introduced by questioners. Formulations are concerned with “finding a psychological account in the client’s words” (Antaki et al., 2005, p. 175). Discursive researchers have noted that therapists can advance their therapeutic agendas by recasting the clients’ concerns in professional terms (Davis, 1986; Gale, 1991). For instance, by formulating clients’ talk, therapists may suggest that clients’ responses index an underlying relational or mental pattern (Peräkylä & Vehviläinen, 2003). Therapists can further use the third part of formulation-decision pair to correct or elaborate on the client’s understanding or evaluation of the therapeutic formulation (Buttny, 1996; Hak & de Boer):

Therapist: formulation
Client: decision (confirmation/disconfirmation)
Therapist: evaluation

Tomm’s upshot formulation implies that if Dan were less “blind” to the impact of his actions on Jen, she might be less withdrawn. Tomm continuously attempts to elicit
(preferably confirming) responses from Dan that would build a case for a systemic perspective on what transpires between the clients (Buttny 1990). That would make the couple’s situation amenable to systemic intervention, so that change could be facilitated at the relational rather than individual level. As O’Hanlon and Weiner-Davis (2003) suggest, “If problems are negotiable, one might as well negotiate a problem that is possible – even easy – to solve” (p. 55).

The therapist elicits acknowledgment from Dan via a token yeah that his proposed account is acceptable (Pomerantz, 1984). Without a discernable pause between turns Dan offers a qualified (by “I think”) endorsement of his understanding of Tomm’s ideas (line 30). I think displays the limited access that Dan has to Tomm’s mind (Antaki et al., 2005; Bergmann, 1992; Miller & Silverman, 1995). Its use allows Dan to present his summary as ‘his’ and as contestable rather than as a statement of truth or an accurate portrayal of Tomm’s offerings (Potter, 1996a; Schiffrin, 1990). This may be viewed as evidence of Dan’s adopting Tomm’s tentative and hesitant ways of talking.

Dan begins his turn by uttering an acknowledgment token Yeah (Jefferson, 1984), the primary function of which is to provide a retrospective receipt or to claim hearing, understanding, or agreement (Gardner, 2001; Pomerantz, 1984). Yeah also allows Dan to exhibit that he is ready to assume the next speaking turn (Shelf, 1982). While acknowledgment tokens claim understanding, formulations or summaries of the prior talk display understanding (Clark, 1996; Sacks, 1995). Dan demonstrates his understanding

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32 Agreements and affirmations are often introduced without any delays, or even as overlapping what is said in the prior turn (Pomerantz, 1984).
by “recapping” (line 30) or offering a gist formulation (Heritage & Watson, 1979) of the material in Tomm’s preceding turn.

In line 32, Dan displays an uptake of Tomm’s previously introduced (line 24) distinction between an action’s intent and effect. He further aligns with Tomm in the proposition (offered in line 3) that Dan is not aware of the effect of his actions on others. Dan’s discursive alignment is evident in the use of shared language. In particular, Dan repeats verbatim Tomm’s term “intention” (lines 24 & 32) and replaces “you’re-not (. ) I don’t think aware of…” (line 6) with “I’m blind to it” (line 31). Dan further accepts Tomm’s proposition that Dan’s approach “doesn’t serve [him] … well” (line 19). He states, “instead of seeing the world as it is myself and taking her feelings into account (. ) the [way I] want to °I am (3.4) I'm missing it.”(line 38). Not only does Dan endorse the content of Tom’s proposition; he also espouses Tomm’s ways of articulating his ideas. For example, in a manner similar to Tomm’s, Dan permeates his turn with pauses, tentative markers, stretched sounds, and restarts (lines 30-34). Tomm overlaps Dan and with an inbreath successfully negotiates the speaker change (line 39). He orients to Dan’s limited access to his mind by confirming the accuracy of Dan’s understanding (“yeah (. ) that’s quite accurate”, line 40). Using the additive discourse marker and (line 40), Tomm builds on what has been co-developed up to that point. As Schiffrin (1987) points out, “and continues another’s idea and transforms talk into a product of mutual effort whose idea structure is jointly constructed” (p. 152). Constructionist therapists (e.g., Anderson, 2003; Lipchik, 1993) operate on the assumption that solutions come in the form of a “both/and” approach and that clients may be lodged in “either/or” ways of seeing things.
By saying “yes and” Tomm both acknowledges Dan’s meanings and offers something which Dan might not have considered before.

While affirming Dan’s formulation (lines 39-40) and using his descriptive language (“I am blind”, “dominant”, lines 46 & 48), Tomm adds something new. He proposes that “intimidating practices” (line 21) are common among men rather than being unique to Dan (Edwards, 1994, 1995). Using the impersonal construction “men” allows Tomm to offer a potentially threatening (dispreferred or disaffiliative) idea (Potter, 1996a). Tomm also mentions that he himself used to be “blind” to the effects of his actions. In counselling literature, this practice is referred to as “self-disclosure” (Roberts, 2005). Antaki et al. (2005) challenge the traditional conception of self-disclosure as a solitary act of the therapist. They argue that self-disclosures are ‘brought off’ in interaction in order to fulfill particular social functions, such as showing one’s understanding of, or building on, the prior talk. These researchers note some devices participants that used to self-disclose. One such device is to use extreme case terms in order to present disclosed information as significant or noteworthy. Also, self-disclosures are commonly produced as a bonus or as something not required by the preceding turn’s structure. In this exemplar, Tomm uses an extreme case formulation to mark information as significant (“not realizing how much I bought into”, line 44) (Pomerantz, 1986). He also introduces the material as conjunctive (with and, line 40) or as something above and beyond what is expected by the prior turn produced by Dan. In self-disclosing (“I was blind”) Tomm aligns with Dan by repeating almost verbatim Dan’s previously uttered “I am blind to it”.
Overall, in this exemplar of discourse we observe evidence of Dan’s beginning to talk more tentatively and displaying more solidarity in his responses (agreement, acknowledgment, tentative pattern of delivery of ideas), not unlike Tomm in previous exemplars. Dan is heard to be collaboratively aligned with Tomm’s ideas and ways of articulating them. The next exemplar portrays how all three participants continue coordinating their actions, with the result that they develop a mutual understanding of the topic at hand. The participants discuss how Dan acts out of the assumption that others are capable of clearly articulating themselves in their interaction with him. Tomm proposes that this assumption (labelled by him as a “treacherous thought”) is counterproductive because it leads to undesired effects in Dan’s interaction with others. Jen initially displays difficulty in understanding what Tomm and Dan, who has joined Tomm in this proposed way of talking, mean by “treacherous thought”. However, as the interaction progresses, she demonstrates her comprehension by offering an example of this “pattern”. Tomm, in turn, expands on Jen’s understanding to offer something new.

Exemplar 8. *There is something there*  
(54 minutes 10 seconds into the session, lines 872-910 in the standard transcript)

1  Tomm: But can I just check in with you (.) Jen does this resonate with your experience what I’m saying or am I right out to lunch here  
2  (1.9)  
3  Jen: I’m (having) trouble following it all to be (hhhh quite honest)  
4  Tomm: °Uh huh°  
5  Jen: or it sort of sticking (statement that) ( ) but (2.1) it’s an interesting thought I guess I’m trying to I’m thinking about what you’re saying I hadn’t really thought about (0.7) this whole idea of (3.0) um (4.8) what you were just suggesting to Dan (what just) I can’t remember what word you used to describe it (0.9) um  
6  (1.6)  
7  Dan: [The treacherous thought=  
8  Tomm: [(()]  
9  Jen: The [treacherous thought  
10  Dan: [=the assumption that I have (1.2)
Jen: Yeah (1.1) [uu there is something there
Tomm: Okay (there [might be] after all eh?
Jen: Yeah, that’s right.
Tomm: (hhhhhh)
Jen: There’s something there that is actually it kinda rings true to me and I’m
trying to think of it it as a pattern in (.) other things like (0.6) even last
week. (0.9) Uh (5.0) Remind me again that this what? >Can you t-tell
me that treacherous thought idea again- because I didn’t [( )<
Tomm: [Okay. <A
treacherous thought is a thought (0.6) that we ho:lд (1.1) and we think
it’s (0.7) uh true and therefore it’s a good thought, it-it’s good to have
that idea. (1.1) But we don’t realize how (.) living according to that
thought that we’re thinking actually doesn’t serve us well because the
consequences are negative, they have affects that we don’t really intend
and so it ends up betraying us :right? >=
Jen: =Excuse me can I interject, cut in there before I forget cause I this
happens I might lose my train of thought. •h I think that’s very
perceptive because I think that’s a pattern (0.7) in ho:w (.) we parent and
how (. even (1.3) <yo::u relate to (.) Fred> in get into these conflict
situations I think the (0.5) the thought is good 'Fred is capable' and
maybe I’m not understanding totally. Fred (. let’s take that thought and
and take it to Fred. Fred is capable of understanding what you have to
say (0.8) and understanding the reason you're acting on it. (0.9) And
(0.7) so (0.8) you’re working out of that assumption but you're not sure
if that’s really where >he’s coming from.< Am I understanding this
correctly?= [so::]
Tomm: =Yeah, [it’s ] partly getting there. And so then he might treat Fred
in wa::ys (. where <his (.) expectations of Fred's competence are
imposed upon Fred (0.5) and Fred (. perhaps can’t realize those
possibilities. (0.8) And so the relationship between him and Fred suffers
as a result and so the the thought does treachery (. to the relationship
(1.0) you know that he values. >You know< as a father-son relationship
and it betrays him as a father (. because it disrupts (. ( ) wellness and
well-being in the relationship.
(1.2)
Jen: Yeah I think that that there’s I think there’s a pattern there actually. Yes
that’s that's what I’m thinking is that (. again it’s like uh (2.7) the
intentions and this is I think are the biggest struggle we have is the
intentions are good (0.8) but somehow between intention (. and this (.)
communication and the other person (1.4) everything goes haywire in
the in (. not the intention but in the (0.5) how it’s communicated, how
it’s done. So (. if you have the good thought (. which I guess can be the
treacherous (hhhh) thought right if I’m understanding this correctly •hh
Tomm selects Jen as the next speaker by uttering her name (line 1) (Sacks, 1995). He invites Jen to join in a newly coordinated interaction between him and Dan. Instead of abruptly transitioning from one addressee or conversational project or topic to another, Tomm uses a *pre* (Schegloff, 2007) to announce his intention to speak to Jen (“can I check in with you”). A *pre* proposes coordinating an entry into a conversation or new topic by ‘securing’ the addressee’s cooperation (Schegloff, 1968). Tomm further seeks confirmation from Jen regarding the accuracy of his understanding by explicitly inquiring if what he is saying is suitable to her. He embeds within his query an option to disagree by using the *candidate answers* strategy (Pomerantz, 1988) (“does this resonate with your experience what I’m saying or am I right out to lunch here”; lines 1-2). As I mentioned earlier, professionals frequently deliver their assessments not straightforwardly but circuitously, namely through the *perspective display series* (Maynard, 1991). Clinicians first issue perspective-display invitations, to which clients then respond. Subsequently, professionals’ diagnostic conclusions are fitted within clients’ displayed perspectives. Tomm elicits Jen’s perspective on what he had offered to Dan, which she eventually issues. Prior to articulating her perspective Jen asserts a problem in understanding and memory.

Following a delay of 1.9 seconds, Jen indicates that she is having “trouble” understanding what Tomm is saying (lines 4-10). Her turn is marked as dispreferred by a delay, pauses, perturbations and hitches, laughter, and the qualifier “quite honest” in a tag position (Heritage, 1984; Pomerantz, 1984). Embedded in her response is a metacommunicative statement evaluating Tomm’s idea (Schiffrin, 1980). Jen issues an assessment of Tomm’s proposal as “interesting” (line 6) and as something new that she
“hadn’t really thought about” (lines 7-8). Lines 4-15 deal with misunderstanding and its resolution. Schegloff et al. (1977) refer to this specific repair organization as self-initiated, other repair. Jen initiates the repair by identifying two trouble sources (lines 4 and 9), while Tomm and Dan respond by assisting her in restoring understanding and memory. Tomm acknowledges the trouble source (“Uh huh”, line 5) and Dan repairs Jen’s problem with memory by reminding her of Tomm’s descriptive term (lines 12 & 14).

Jen returns to articulating her perspective on what Tomm had offered. She joins his portrayal of Dan as repeatedly engaging in “intimidating practices”. Like Tomm she scripts (Edwards, 1994) Dan’s actions as recurrent or as a “pattern” (line 21). Jen once again introduces a trouble source in her understanding (lines 22-23). Tomm overlaps Jen (line 24) and repairs misunderstanding by defining “treacherous thought” for her. Jen interrupts Tomm mid-turn (line 30) to propose an embryonic instance (Edwards, 1995) of the pattern of Dan’s seeing others as capable. She offers her observations that Dan seems to act out of his same assumption (others are capable) in his relationship with Fred, their son. Jen downgrades her understandings (Heritage & Raymond, 2005) by inserting expressions such as “maybe I’m not understanding totally” (line 36) and “Am I understanding correctly?” (lines 40-41). These devices permit displaying Jen’s limited access to Tomm’s mind and marking her talk as tentative.

In lines 39-46, Tomm builds on Jen’s account by discussing the effects of Dan acting out of the assumption that “Fred is capable” (line 37). This ‘building on’ is accomplished by Tomm’s confirming (with yeah, Gardener, 2001) an aspect of Jen’s account and inviting a more complete understanding of his ideas by marking Jen’s
description as incomplete (“it’s partly getting there”). By following a minimal agreement yeah, Tomm makes use of the third turn in the formulation sequence (formulation – confirmation/disconfirmation – elaboration) to expand on his therapeutic version (Buttny, 1996). Jen acknowledges Tomm’s addition (with yeah, line 42) and incorporates both aspects of Tomm’s idea as a part of her subsequent turn. She does so by suggesting that Dan has a belief that others are capable, and that that belief tends to “betray” Dan or to lead to undesired effects in his relationships with others (lines 48 to 55).

In the following exemplar, Dan finally shows a firm uptake of Tomm’s (and Jen’s) discourse, particularly of his previously introduced distinction between intent and effect of an action.

Exemplar 9. I’m not reaping what I think I’m sowing
(57 minutes 41 seconds into the session, lines 930-950 in the standard transcript)

1 Dan: In other words it’s it’s uh if you put in simple(.) kinda blunt way (0.7)
2 which may be not accurate and it’s painful I mean to think about it. (0.7)
3 And I'm (1.1) focused on it as if it’s true but it’s not what I do (0.6) you
4 know what I do, it’s a good thing or it's (0.9) the right thing to be doing
5 but it’s how I do it, the wa::y I ma:nage to:: (0.7)
6 [(                ) (work with people) and implement the intentions
7 Tomm: implement your good intentions.
8 Dan: where(.) there is some big tripwires and yeah(.) I I’m it-it’s painful to
9 think and it’s a shock maybe to be realizing (1.2) with frustration that uh
10 I’m not reaping what I think I’m sowing. (.) And it’s such a strange
11 experience and and uh and and so: (1.1) (It’s kind of) discouraging,
12 demotivating, crushing uh(.) because uh intentions can be good but=
13 Tomm: =For sure •hh so what I’d encourage you to do::: uh is if if you could (.)
14 develop a habit (1.0) •hh of listening to the other person’s listening, (0.6)
15 to try to hear what they’re hearing. Because •hh if you (.). were more
16 grounded in that experience, as well as your good intentions- then the
17 chances of you making cho:ices (1.2) with respect to how to implement
18 your good intentions would be (.). mo:re likely to be successful

The exemplar begins with Dan confirming Tomm’s formulation (not shown here)
(Hak & de Boer, 1996). Tomm overlaps\(^{33}\) Dan in order to pre-empt what Dan is about to say and to jointly complete Dan’s turn (Lerner, 1993). This is a good example of how talk is co-constructed or produced collaboratively. A pause in line 5 indicates to Tomm that Dan is searching for words (Lerner). (Note how Tomm attends to the pause and issues his own completion of Dan’s turn.) Ferrara (1992), Neil (1996), and Del Vento et al. (2004), among others, challenge the traditional perspective on interruptions as dominant moves or as violations of the speaker’s right to a turn. They allege that, on the contrary, the speakers may use interruptions as objects to display solidarity and mutual understanding. In co-completing Dan’s turn, Tomm uses virtually identical language (“implement … intentions”), a strategy of syntactic parallelism (Fais, 1994). Dan proceeds to offer a metaphor (Ferrara, 1994) to display his understanding of the intent-effect distinction proposed by Tomm (“I’m not reaping what I think I’m sowing”; line 10).

Without a discernable pause between Dan’s prior and his subsequent turns (lines 13-15) but with an agreement token (“for sure”), audible in-breadth, and So (Schiffrin, 1987), Tomm offers a gist formulation drawing out an implication (Heritage & Watson, 1979). Tomm infers that Dan may take action to achieve desired outcomes based on what he knows now. In other words, Dan’s newly gained awareness is recast by Tomm in terms amenable to action. Narrative therapist Michel White (1995) recommends that therapists alternate between the landscape of meaning (how clients make sense of things) and the landscape of action (what clients may want to do differently based on their newly

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\(^{33}\) Sacks et al. (1974) distinguish between “interruptions” and “overlapping talk”. They maintain that interruptions occur in a non-TRP (transition-relevance place) while overlapping talk occurs close to or at a TRP.
developed understandings). Having brought forth an alternative landscape of meaning, Tomm invites Dan into an alternative landscape of action. Dan subsequently takes up that invitation by expressing uncertainly (e.g., “I’m not sure”; exemplar 10, line 30) about how to do what Tomm suggests (“How to do it”; exemplar 10, line 17). Tomm invites Dan into an alternative landscape of action by using a binary construction if-then (Edwards, 1994) to highlight the connection between Dan’s possible future actions and outcomes he desires. Tomm implies that for Dan to be more “successful” (line 18) he would need to enact his intentions “as well as” (line 16) attend to the effect of his actions on others. Tomm uses a tentative delivery pattern to formulate his talk (lines 13-18).

Tentativeness is audible in Tomm’s use of pauses, stretched sounds, particles (uh), and lexical choices (“if you could”, “I’d encourage you”). The next stretch of talk concerns Dan’s asserting his uncertainty about how he can communicate with others better.

Exemplar 10. Like a bulldozer in the forest
(1 hour 10 minutes and 21 second into the session, lines 1127-1184 in the standard transcript)

1 Nancy: Can I give an example of that? Because one of the things I’ve noticed about Dan is he can be quite compassionate to people •hh
2 Nancy: Uh huh
3 Tomm: [Realize his potential yeah.
4 Nancy: In fact I’ve mentioned that to you in our conversation and (. ) like if if he’s thinking that he’s a negative person he might (. ) not (. ) sort of
5 Nancy: [ ( )
6 Tomm: [Realize his potential yeah.
7 Nancy: Yeah. He might not grab onto that as a resource that he could use
8 Tomm: Exactly exactly
9 Nancy: Because to me that’s a huge resource for him.
10 Tomm: Yeah, absolutely.
11 Nancy: d-desire to help other people. (. )
12 Tomm: Yup.
13 Nancy: Yeah yeah does that make sense to you (. ) [what (I am) saying?] [What you are saying]
14 Dan: makes sense. **How to do it (hhhh).**
15 (0.6)
Nancy: Uh huh

Dan: There’s a lot of room to grow

Nancy: [Okay]

Tomm: °Absolutely and I’m glad you can see that (0.6) I’m really pleased that you can see that (1.8) I find it very moving actually.°

(4.5)

Nancy: °Uh huh°

Dan: °As an agent (.) (of change) I feel like (1.1)° A BUUL(HHH)DOZER IN A FOREST (hhh) you know (I don't) have the controls, I’m not sure where they are.

Nancy: °Huh°

Tomm: •hhhh You know that I-I presume you’re feeling a bit of sadness at the moment. (0.6) And I want to ho:nor that and draw to your attention the value of that (1.0) be:cause um (0.8) what you’re touching on now emotionally is probably a reflection of something that is a growing itch.

...

Tomm: And (.) if you can embrace those emotions and see them as as uh (1.3) as a positive thing (1.0) then I think that co:uld (1.5) accelerate your movement. (1.6) A lot of men feel very uncomfortable (0.5) with those emotions cause they feel it’s not very manly to (.) to become tearful, and to weep, and so forth. (0.7) But I think that restrains their possibilities. (.) >You know< and they (1.7) get stuck in that. (3.6) •hhhhh LISTEN, we should probably wind up.

Nancy: °Uh huh°

Tomm: Um butt um (1.0) do >either of you have any questions you want to ask me?< Before we wind up for today?

Over a series of quick uptakes Tomm and Nancy (the couple’s primary therapist) co-construct an account of Dan as a person with a “huge resource” (line 11) of “compassion” (line 2). Dan is scripted (Edwards, 1994) as someone who desires to help and who might benefit from recognizing this desire in order to “use with his kids or with Jen” (lines 8-9). In lines 5 to 7, Nancy and Tomm orient to this side of Dan as being potentially neglected by him. Discursive therapists conceive of people’s identities as socially constructed and maintained in language (Anderson, 1997; de Shazer, 1991; Freedman & Combs, 1996; White & Epston, 1990). They attend to marginalized (i.e.,
discursively underdeveloped) stories of self and invite clients to engage in re-storying. This is done so that clients can live their personal and relational lives by stories they prefer (Parry & Doan, 1994). Nancy invites Dan to join in developing this under-storied aspect of ‘his’ identity (“does that make sense to you what I am saying?”, line 15).

Dan overlaps Nancy to collaboratively complete her turn (line 16, Lerner, 1993) and to endorse the description of himself as compassionate. Dan does not challenge the therapists’ version of his identity, but further develops the description by highlighting that he is uncertain about how to implement his “desire to help other people” (line 17) and that there is “a lot of room to grow” (line 21). Nancy issues continuers uh huh and huh (Schegloff, 1982) to signal to Dan that he may continue speaking. Dan, in response, elaborates by providing an image of himself as a bulldozer in a forest, feeling uncertain and out of control (“I don’t have the controls”, “I am not sure where they are”; lines 28-30).

In lines 33 through 37, Tomm offers a gist formulation of Dan’s experience (Heritage & Watson, 1979). In the counselling literature a response of this kind is referred to as empathy (Bohart & Greenberg, 1997; Rogers, 1951; Watson, 2002). Sinclair and Monk (2005) challenge the traditional definition of empathy as “the counsellor’s ability to reflect the experiencing of clients and to encourage and enable clients to become more reflective about their lives” (p. 335). They argue that this definition is based on liberal-humanism, which separates people from the socio-political contexts in which they live and which locates problems ‘within’ individuals. A discursive perspective on empathy, Sinclair and Monk maintain, “acknowledges both the client’s immediate feelings and concerns, as well as the wider cultural backdrop (i.e. culture of
masculinity and violence) that impacts on those feelings” (p. 343). Tomm displays both of these aspects of empathy: he reflects Dan’s feelings (lines 32-37) and challenges the dominant cultural story that “men don’t cry” (lines 39-45).

Noteworthy in this exemplar is how Tomm responds to Dan’s asserted problem of not knowing how to interact with others in his life. Rather than jumping into offering solutions, Tomm ‘steps back’ (as he has been encouraging Dan to do in his interaction with Jen) to encourage Dan’s own reflection on what to do. This is consistent with what Tomm wrote and taught about in his practice, specifically his preference for adopting a posture of empowerment in interaction with clients, which invites clients’ expertise and reflection (T. Strong, Sutherland et al., in press; Tomm, 2004). Tomm abdicates his turns in talk by issuing pauses of varying lengths, ranging from 0.6 to 6.1 seconds (lines 18, 20, 26, and 32). His formulation in lines 33 to 45 presumably models to Dan what to do when someone is “troubled”, namely to acknowledge their feelings. Pomerantz (2003) describes modelling as “teaching by doing” (p. 386). She notes that teaching positions the one being taught as less competent. Modelling can be used to avoid compromising the status of the recipient of knowledge, as it affords knowledge sharing “without an appearance of pedagogical activity” (p. 386). In the concluding section of this exemplar, Tomm initiates session termination with a pre (Schegloff, 2007) “before we wind up for today” (line 48), announcing his intention to bring the session to an end. Prior to issuing a pre, he inserts an invitation to both partners to pose questions (lines 47-48).

Having examined how meaning is coordinated and co-developed in the 10 exemplars of therapy, in the next chapter I will offer a summary of collaborative devices and strategies used by Dr. Tomm in working with this couple.
Chapter VI: Summary of Collaborative Practices and Devices

In this chapter, I outline various devices and practices accounting for the therapist’s enacted intent to be influential yet collaborative. I dedicate the second part of this chapter to highlighting conversational outcomes of Tomm’s work with this couple – transformations in the clients’ ways of talking and relating.

As I mentioned previously, some discursive researchers conceptualize all interaction as joint or collaborative (Clark, 1996; Sacks, 1995; Schegloff, 1968); however, to conceive all interaction as collaborative is to suggest that equality in participation is an inherent feature of communication and that inequalities do not occur (Linell, 1998; Linell & Luckmann, 1991). Yet, a close examination of actual discourse in professional settings (Butny, 1996; Jones & Beach, 1995; Peyrot, 1995) suggests otherwise, namely, that some forms of interaction display the prevalence of certain initiatives by certain participants. Instead of focusing on who has the right to do what in therapy, I directed my attention to how the relevance of conjoined participation in conversation was established – how equalities in meaning making were oriented to as significant by the participants (Miller & T. Strong, 2008; Schegloff, 1991, 1999; ten Have, 1991). I was particularly interested in the therapist’s use of collaborative strategies or his hearable attempts to involve the clients in co-constructing mutually preferred discourse.

This study is predicated on the assumption that collaborative strategies emerge out of the process of interaction itself. For example, collaborative turn completion of the current speaker’s turn by another speaker is occasioned by prior discourse. At the same time, such completion, unless challenged, shapes subsequent talk by demonstrating that
the addressee understood what the speaker meant and there is no need for the speaker to elaborate or clarify. Accordingly, the term “collaborative turn sequences” (Lerner, 2004) or “joint productions” (Ferrara, 1992) may be more appropriate for depicting communicative procedures and devices involved in the co-construction of therapeutic discourse, since those terms implicitly recognize that collaborating involves more than one party.

While it was Dr. Tomm’s collaborative efforts that I sought to explicate, I would argue that, without the clients’ endorsements or uptakes of his initiatives and proposals, joint interaction would not be possible. Remaining loyal to my interactive and context-sensitive framework, I tried to display collaborative exchanges of turns instead of showing exclusively Tomm’s contributions to discourse (Schegloff, 1968). There is a danger of losing the evolving, sequential, and meaningful (to the participants) nature of collaborative practices when they are taken out of their sequential contexts. To avoid this, I incorporated the responses from all participants whenever possible. Also, I considered it important to display each practice or device as it was used and responded to by the participants, so that therapists wishing to enhance the collaborative potential of their practice can orient to ‘openings’ in discourse for introducing change in ways that are attentive to the displayed preferences of clients (just like Tomm does in this session).

I will not take my account of the therapist’s collaborative practices to be uniquely adequate (Edwards et al., 1995; ten Have, 1997, 2001). As a constructionist researcher, I assume that social reality cannot be apprehended directly, independent of any particular framework or description (Gergen, 1999). Specific theoretical and methodological commitments comprised the lens through which I approached my analysis of
collaborative talk. In capturing this ‘interpretivist’ approach to research, Ragin (1994) remarks,

Social research, in simplest terms, involves a dialogue between ideas and evidence. Ideas help social researchers make sense of evidence, and researchers use evidence to extend, revise, and test ideas. The end result of this dialogue is a representation of social life – evidence that has been shaped and reshaped by ideas, presented along with the thinking that guided the construction of the presentation. (p. 55)

Therefore, I do not claim to have discovered the ‘nuts and bolts’ of collaborative communication between Dr. Tomm and his clients. I simply offer an interpretive account of how the therapist and the clients showed to each other that they considered it relevant to produce their talk jointly, that is, in ways that fitted more than one party. “Practices” and “devices” are the analytical categories I used to refer to what I observed in talk. Once again, I do not consider them to be mirror images of the participants’ ‘true’ intentions or concerns in interaction, but rather ways of presenting what I noticed in talk so that therapists can make sense of what transpired in the session and apply my results in their own practice. Table 2 summarizes collaborative devices and practices identified in this study.
Table 2

Collaborative Devices and Practices

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<td>b. “Or” in a tag position;</td>
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<td>c. Directly requesting feedback;</td>
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Most strategies and devices I observed occurred more than once throughout the duration of the session. Some practices, however, were singularly utilized. These included collaborative completion of the client’s turn (exemplar 9, lines 6-7); self-disclosure to confirm comprehension of and to build on the clients’ prior talk (exemplar 7, lines 42-48); interrupting to introduce an alternative perspective (exemplar 6, line 23); pursuing the client for a response over many turns (exemplar 5 & 6; Tomm begins receiving the response from Dan in segment 7, lines 30-38); and speaking on someone’s
behalf (exemplar 5, lines 54-55; exemplar 6, lines 31-32) to centre (Kogan & Gale, 1997) or further develop marginalized explanations. What follows is the description of practices and devices that I saw the participants using in their attempts to create meaning collaboratively.

Co-constructing Shared Descriptive Language

One aspect of collaborative language use in this session involved co-constructing accounts or descriptions in ways that fit more than one party. Dr. Tomm was observed to welcome clients’ meanings and engage with them (take up and extend) as well as to continuously elicit the clients’ feedback as to the adequacy of his understandings and offerings. Let me outline specific communicative devices and strategies deployed by the participants in co-creating meaning.

Welcoming Clients’ Meanings and Descriptions

While having distinct ideas about what constitutes good or helpful interaction in therapy, discursive practitioners share a common goal – for clients to be “active mediators, negotiators, and representatives of their own lives” (White, 2004, p. 20). One way to encourage clients to narrate their stories in preferred ways is to simply step back and give them conversational space. Another way is to actively inquire about clients’ meanings. Below, I outline some strategies and devices used by Dr. Tomm to welcome the clients’ descriptions and understandings.

Responsive delivery of ideas and displayed interest in clients’ meanings. Existing CA research highlights that professionals frequently rely on a three-step sequence to share their conclusions and assessments (Couture & Sutherland, 2006; Maynard, 1991; Vehviläinen, 2001). They first elicit clients’ views (step 1), to which clients respond by
offering their perspectives (step 2). Professionals then fit their diagnostic conclusions within perspectives offered by the clients (step 3). This allows the offering of professionals’ knowledge not as disjointed but as grounded in clients’ understandings. Eliciting clients’ views first may also be a way for professionals to later readjust the delivery of their ideas to enhance the probability that the clients will accept these ideas. In my analysis, Tomm relied on this three-step structure to offer his ideas (see the entire exemplars 6 & 8; pp. 146 & 163). Overall, Tomm seemed more concerned with clients’ perspectives than with sharing his knowledge. After receiving the clients’ replies he frequently proceeded to ask other questions instead of offering his ideas (e.g., in exemplars 3 & 4; pp. 120 & 130).

Below I show a specific example of Tomm’s eliciting clients’ accounts of their predicaments and experiences. Discursive psychologists treat mental phenomena as speakers’ resources for describing or accounting for what is happening (Edwards & Potter, 1992, 2001). They examine how participants in interaction attend to and treat descriptions of mental states. They are concerned with the rhetorical work that these descriptions perform in discourse. For example, Drew (2005) suggests that a memory problem (forgetting) is displayed discursively or in the very ways a question is formulated (“What was that guy’s name?”). In this session of therapy, Tomm displayed an interest in clients’ descriptions and explanations of ‘their’ thoughts and feelings. Here are some examples of how this was done and how the clients’ subsequent talk contained some reference to mental states.

*Exemplar 1 (lines 52-53)*

T: from your point of view↑ how how is the therapy going?
Exemplar 4 (lines 1-8)

T: to what extent do you see Jen as a resource for you in relation to anger in both domains? Like do you see her as a major contributor to developing greater skill and competence, or do you see her as someone who you struggle with and it becomes more of a liability than an asset?

D: Overall more of an asset.

Exemplar 4 (lines 16-19)

T: Do you experience yourself being a resource to him that he sees you that way?

Jen: I definitely see myself as being a resource to Dan.

Exemplar 6 (lines 25-27)

T: So do you think I’m misunderstanding her?

D: No um but I think fear of me ↑

Exemplar 5 (lines 30-34)

J: •hh IT’S A BIG RISK FOR ME TO DO THAT SO WHEN I DO TAKE THE RISK OF “Okay I’m gonna talk about (something) here that really means something to me” •hhh yet I often >well< (1.5) is it that what you find intimidating or what?

T: How come it’s such a risk?

J: =I don’t know. That’s just my (.)

T: Are you afraid of him and his response or?

J: Sometimes yeah.

T: Do you with the what forcefulness of his beliefs and solutions and is it that what you find intimidating or what?

J: Uh partly that. Sometimes just not not being understood.

In the last exchange Tomm, jointly with Jen, establishes the relevance of Jen’s exploration of her experience of interacting with Dan. Such relevance is observable in Tomm’s incorporating into his queries references to mental states – Jen’s thought and
feelings (”how come”, “are you afraid of him”, “is that what you find intimidating”) and in Jen’s reference to her ‘not knowing’ (”I don’t know”) and her experience of “not being understood”.

I present the next lengthy exchange to show how Jen’s ‘not understanding’ or forgetting arises out of the interaction itself and how all three participants find Jen’s trouble with understanding or remembering what Tomm said previously to be observably relevant.

Exemplar 8 (lines 1-8)

T: But can I just check in with you (.) Jen does this resonate with your experience what I’m saying or am I right out to lunch here (1.9)
J: I’m (having) trouble following it all to be (hhhh quite honest)
T: “Uh huh”
J: or it sort of sticking (statement that) ( ) but (2.1) it’s an interesting thought I guess I’m trying to I’m thinking about what you’re saying I hadn’t really thought about (0.7) this whole idea of (3.0) um (4.8) what you were just suggesting to Dan (what just) I can’t remember what word you used to describe it (0.9) um (1.6)
D: [The treacherous thought= T: [( )
J: The [treacherous thought
D: [=the assumption that I have (1.2)
J: Yeah (1.1) [uu there is something there
T: Okay (there [might be) after all eh?
J: Yeah, that’s right.
T: (hhhhhh)
J: There’s something there that is actually it kinda rings true to me and I’m trying to think of it as a pattern in (.) other things like (0.6) even last week. (0.9) Uh (5.0) Remind me again that this what? >Can you t-tell me that treacherous thought idea again- because I didn’t [<
T: [Okay, <A treacherous thought is a thought (0.6) that we ho:ld (1.1) and we think it’s (0.7) uh true and therefore it’s a good…

Jen asserts having trouble understanding and remembering what was said by Tomm by permeating her turns with pauses, false restarts, stretched vowels, and particles and by
issuing two *invited utterance completions* (“I can’t remember what word you used…”),

“There you t-tell me that treacherous thought idea again- because I didn’t”) to openly elicit help from Tomm, which she subsequently receives (Ferrara, 1992).

In addition to openly eliciting the clients’ meanings, Tomm welcomed such meanings in more subtle ways, for example, by abdicating his speaking turns, thereby giving the clients the ‘conversational floor’ to elaborate.

*Continuers and silences.* Tomm frequently used continuers (Schegloff, 1982) to relinquish his turns in speaking, thus providing space for the clients to further develop their meanings in ways they preferred. These included *uh huh* (Gardner, 2001), *right* with a falling intonation (Filipi & Wales, 2003). Moreover, acknowledgement tokens (Jefferson, 1984) were used by Tomm, such as *yeah* and *I see*. Tomm also marked his contributions as agreeing with the clients’ preceding offerings, for example, by uttering “for sure” (exemplar 9, line 13) or “absolutely” (exemplar 10, lines 12 & 23). These markers are often associated with perspective maintenance rather than perspective shifts (Filipi & Wales). Additionally, Tomm issued silences (between-turn pauses) to offer space for the clients to formulate their responses and to develop meaning (frequent pauses can be found in exemplars 5, 6, 8, & 9). The clients oriented to these devices and practices as floor relinquishing by continuing to develop their accounts.

*Exemplar 2 (lines 6-11)*

D: discussion and a tea party I mean [you're ] talking
T: °uh huh°
D: about the issues that impact your life [and your key relat]ionships
T: °(yeah) for sure°
D: so you ta:p (0.6) a lot of emotions
T: °right°
Extending Clients’ Meanings

Meaning in the session was not only elicited from the clients but also taken up and extended by Dr. Tomm. Constructionists equate therapeutic change with an evolution of meaning through dialogue (Anderson & Goolishian, 1988, 1990). As therapy progresses, clients often begin to talk and respond to one another differently. In the next section, I show specific ways in which Dr. Tomm introduced alternative understandings and how the clients responded to what he offered. These include formulations, taking up and extending clients’ meanings, designing ideas as questions, using yes/and structure, and impersonal constructions.

Taking up and extending clients’ descriptive language. Repeating the clients’ words or incorporating them into his subsequent talk was one more way for Tomm to display the relevance and significance of the clients’ descriptions. For Ferrara (1994), “repetition of the words of others shows that people often construct their discourse out of bits and pieces of others’ talk, that is, they speak interactively, jointly building discourse” (p. 108). Ferrara proceeds to discuss the discursive practice of “mirroring.” Mirroring is a partial repetition by the therapist of the client’s prior statement and serves as an indirect request for elaboration. I did not find Tomm mirroring the clients’ language, as defined by Ferrara (when the intonation is falling at the end of a mirroring statement). However, I found multiple examples of syntactic parallelism (Fais, 1994) or moments in interaction when the clients’ prior words featured within the therapist’s subsequent turns, as in the examples below. Ferrara (1992, 1994) refers to these joint productions of discourse as utterance extensions, because addressees use them to extend what is said by speakers and to add something of their own.
Exemplar 5 (lines 30-34)

J: •hh IT’S A BIG RISK FOR ME TO DO THAT SO WHEN I DO TAKE THE RISK OF “Okay I’m gonna (.) talk about (something) here that (1.0) really means something to me” •hhh (.) yet I often (1.5) >well< (1.4)
T: How come it’s such a risk?=

Exemplar 5 (lines 45-51)

J: U::h (0.9) partly that. Sometimes just not (.) not being understood. (0.7) So maybe that’s and again I always (.) sit and think “Well is it just me not being able to communicate well enough what it is that I’m (.) feeling, or is it (2.4) Dan hearing something different from what I’m saying, or
T: And do you you sometimes um (1.3) articulate that, and say to him “Listen (.) Dan I don’t think you’re understanding me”.

Exemplar 6 (lines 39-45)

D: Well uhh (.) yeah I mean that’s almost a caricature, and it’s almost a a male thing, and it’s almost a (0.5) a sitcom type thing where •h men go to solution and all they ever do is tell people how to fix things, they never spend the time to sit and listen whether it’s kids or (.) their spouse. And yeah I have a propensity that way [but
T: [So do you think this caricature fits for your relationship (.) as a couple?

Exemplar 7 (lines 38-45)

D: I am doing something that I’m not intending to do that ends up being almost like (1.2) uh whatever (.) dominant type behavior (0.8) uh and and I’m blind to it ...
T: and I went through some of this (.) myself in my own relationship with my partner (.) not realizing how (.) much I bought <into: (.0 patriarchal (.) culture>, assumptions about gender and so forth right- (0.9) •h and it (.) was hard for me to see what I couldn’t see because I was blind (0.5) to my (.) you know< male, dominant position (.) you know in relationship and I was blind to my blindness I couldn’t see that I was blind °right°? (.)
D: That’s the way it is when you’re blind (hhhhh)=

The next example closely resembles the strategy of mirroring. However, it is probably best identified as a predictable utterance completion (Ferrara, 1992), because its function
is to recognizably display Tomm’s understanding of Dan’s talk, rather than to indirectly elicit elaboration from Dan. Dan projects his intended utterance before its completion and Tomm co-completes it.

*Exemplar 9 (lines 4-7)*

D:  

D: good thing or it's (0.9) the right thing to be doing but it’s how I do it, the wa::y I ma::nge to:: (0.7) [(work with people) and **implement the intentions**]  

T:  

T: [implement your good intentions.]

*Formulating clients’ talk.* Another way to stretch or extend clients understandings is to formulate them. I frequently observed Tomm offering his ideas in the form of a formulation – “the practice of proposing a version of events which (apparently) follows directly from the other person’s own account, but introduces a transformation” (Antaki, 2008, p. 26). Formulation is heard as giving a gist or upshot of the clients’ prior telling (Heritage & Watson, 1979). Antaki suggests that formulations display the participants’ intent to cooperate or collaborate. Specifically, formulations are “designed to show that the therapist is cooperatively following the line of the client’s account” (p. 30). At the same time, formulations enable transformations of clients’ discourse. In formulating the client’s account the therapist may selectively attend to certain aspects of the account while disregarding other aspects, transforming the client’s narrative to some degree. Alternatively, the therapist may draw specific (therapy-laden) implications from what the client said. The client is often expected to evaluate (confirm or disconfirm) the therapist’s formulation in the next turn (Hak & de Boer, 1996). In other words, formulations are a way for therapists to elicit client feedback to their professional recasting of clients’ meanings. Also, formulations may be used to downgrade the therapist’s authority by finding professional versions of events in the client’s own talk (Antaki). They permit
presenting therapists’ ideas as emergent from within a conversation and being grounded in clients’ words rather than as being imported from the ‘outside’ (Anderson, 2001).

Below, I present some examples of Tomm formulating the clients’ descriptions.

**Exemplar 5 (lines 24-29)**

T: **You don't want him to** solve your problems.=
J: =No.
T: **You just want him to be able to reflect on ( )** (1.1), give you the space to::
(0.7) make your own choice
(1.2)
J: Yah. Uhh

**Exemplar 3 (lines 37-38)**

T: [°I see° ] and they get a bit overwhelmed then I guess [Yeah ]
D: [Yeah ]

**Exemplar 2 (lines 24-28)**

T: So so you you've become aware of of the the amount of anger you deal with aand even though you've been able to harness some of it to apply yourself, you'd like to:: ↓liverate yourself from (0.7) anger as it (it worth) so you can express other emotions more↑ Is that what you're saying?
D: Yes.

**Exemplar 8 (lines 40-48)**

T: And so then he might treat Fred in wa::ys (.) where <his (.) expectations of Fred's competence are imposed upon Fred (0.5) and Fred (.) perhaps can’t realize those possibilities. (0.8) And so the relationship between him and Fred suffers as a result and so the the thought does treachery (.) to the relationship (1.0) you know that he values. >You know< as a father-son relationship and it betrays him as a father (.) because it disrupts (. ) wellness and well-being in the relationship.
(1.2)
J: Yeah I think that that there’s I think there’s a pattern there actually.

These exchanges demonstrate that the clients, whose talk Tomm formulates, treat as relevant their responsive evaluations (confirmations) of Tomm’s formulations.

Additionally, his tentative packaging of his formulation presumably makes it easier for
the clients to contest that formulation.

The therapist may simply formulate the client’s prior talk and implicate the client’s feedback through the workings of the formulation-decision AP (Hak & de Boer, 1996). It may be argued, however, that by embedding formulations within questions the therapist would reinforce the relevance of the client’s responsive assessment of the therapist’s understandings. The participants in interaction often treat non-response to a question as an accountable matter – something to be justified (Sacks, 1995).

Embedding presuppositions within questions. Collaborative therapists highlight the importance of adopting a reflexive stance in interaction with clients (Anderson, 1997; Hoffman, 1992; Tomm, 1987b). They focus less on traditionally prioritized aspects of therapy, such as assessment and treatment of clients’ distress and instead orient to the perceived effects of their actions on the clients and adjust their interventions to better reflect clients’ preferences. Collaboration, for them, means taking seriously the claims of validity raised by clients (Anderson & Goolishian, 1988). These practitioners conceive of counselling as a process of mutual influence, challenging hierarchical interaction and unidirectional imposition of meaning by therapists (Hoffman, 1992).

These constructionist ideas are based in part on the assumptions of the empowerment theory (Breton, 1994; Rose, 1990), which posits that individuals need to be active and creative participants in their environment. Empowerment is defined as "a process of dialogue through which the client is continuously supported to produce the range of possibilities that he or she sees as appropriate for his or her needs" (Rose, p. 49). From a discursive perspective, it would seem reasonable to view ‘‘empowerment’’ not as something unilaterally done to the client by the therapist but as an interactive process,
whereby the client’s sense of mastery and agency are developed and expanded in the course of dialogue (Sutherland, 2007; Winslade, 2005). Therapists cannot empower clients (as in handing down power); they can, however, position themselves with clients in ways that invite clients to share their power/expertise (Anderson, 2001). Ultimately, it is up to clients if they choose to accept this invitation. On the whole, constructionist counselling is concerned with creating a dialogical context in which clients’ resources are mobilized so that they feel empowered to take action to improve their lives (Anderson, 1997; White & Epston, 1990).

In his writing and teaching, Karl Tomm expresses his preference for adopting the posture of “empowerment” that he characterizes as therapists inviting clients to take up increased options while opening conversational space for clients to discuss their ideas and preferences (T. Strong, Sutherland et al., in press; Tomm, 2004). Commonly, this posture manifests itself through the therapist’s use of “reflexive questions”. As Tomm (1987b) states,

Reflexive questions are asked with the intent to facilitate self-healing in an individual or family by activating the reflexivity among meanings within preexisting belief systems that enable family members to generate or generalize constructive patterns of cognition and behavior on their own. (p. 172)

Therapists who adopt a posture of empowerment and ask reflexive questions do not coerce clients into accepting therapists’ understandings. Instead, clients are invited to entertain alternative descriptions and decide for themselves if such descriptions fit. According to Tomm (1988), the same idea can be presented differently. Consequently, it
is the delivery of knowledge rather than its content that distinguishes collaborative and less collaborative interactions (Anderson, 2001).

In this session, the participants frequently relied on question-answer sequences to accomplish their business. Most often, such sequences served the therapeutic goal of enhancing the client’s recognition and modification of the problematic relational pattern that they were experiencing. Family therapy literature describes questions posed by therapists as a form of intervention rather than merely as an information-gathering tool (McGee, Del Vento, & Bavelas, 2005; Tomm, 1987b). By asking a question the therapist sequentially implicates a relevant answer from the client, most commonly an agreement (Pomerantz, 1984; Sacks, 1995). Thus, asking a question is an indirect way for therapists to elicit clients’ perspectives. Clients are placed in the position of having to answer or to account for the absence of an answer.

Tomm’s questions frequently embedded presuppositions with which the clients were expected to affiliate, and thus to co-share his perspective, as in the next exchange, in which Tomm issues an “optimistic question” focusing on Dan’s competencies (MacMartin, 2008). Tomm’s question embeds an assumption that Dan is in the process of mastering his ability to manage anger.

*Exemplar 3 (lines 51-53)*

T: **where do you see yourself as (.) as sort of working personally to •hhh develop greater competencies in in managing (0.6) >you know< tha:t that aspect of your life**

This is an example of a reflexive question. “Where do you see yourself” invites Dan to consider (talk about) himself in a new light – as having influence over anger. What is also reflexive about this question is that new ways of talking about himself may be used by
Dan as feedback, for example, subsequently translated into new ways of acting and responding. The entire session is permeated with reflexive questions focusing on the clients’ strengths and resources or possibilities for action and meaning.

The issue of “recipient design” (Sacks et al., 1974) is of relevance here. Recipient design implies that an utterance is produced to fit a particular addressee. Tomm could have produced his question more succinctly (e.g., “What are you going to do to better manage your anger?”). Dan, however, might have taken this question to imply that he needs to improve his anger management, which would have potentially invited more defensiveness from him. Tomm has already witnessed Dan’s becoming defensive in response to a proposal that others may find him intimidating. Possibly anticipating defensiveness from Dan, Tomm offers a description which Dan is more likely to find acceptable and, hence, potentially therapeutic. Tomm’s lexical choice of “greater competencies” implies that Dan is already competent in managing anger.

When examining question-answer sequences, of particular interest to me were the situations in which the clients refused to join propositions embedded within questions (as in the exchange below) and how Tomm’s ways of responding to this ‘resistance’.

Exemplar 3 (lines 13-38)

T: do you think that other people sometimes experience you as being intimidating when that's not how you experience yourself? >so that< is that one of the dynamics you think that operates here?
D: >Sure< Uh I don't know I haven't heard that as a complaint that I'm intimidating I don't know=

[“I see” and they get a bit overwhelmed then I guess]

D: [Yeah]

T: Okay
Tomm seems attuned with Dan’s emergent discursive preferences. (For example, he adjusts his descriptive language until Dan offers a stronger uptake.) In recognizing Dan’s preferences, Tomm uses them to shape his further contributions to discourse. Instead of reasserting his authority after Dan offers an answer that only *appears* to align with Tomm’s presupposition (“>Sure<” followed by disagreement), Tomm builds on Dan’s response to further co-construct an account that is genuinely co-shared.

*Yes/and structure.* Tomm used a *yes/and* strategy to both acknowledge the clients’ meanings and to offer something new. Most often he merged the clients’ talk with his account using an acknowledgement token *yeah* (Jefferson, 1984; Pomerantz, 1984) or an agreement token *for sure*; gist formulation; additive markers *and* and *as well*; or a contrast marker *but* (Schiffrin, 1987), as in these examples:

**Exemplar 8 (lines 36-40)**

J: And (0.7) so (0.8) you’re working out of that assumption but you're not sure if that’s really where >he’s coming from.< Am I understanding this correctly?=[so::]

T: =Yeah, [it’s ] partly getting there. And so then he might treat Fred in wa::ys (.)

Here Tomm marks Jen’s talk as incomplete by uttering “it’s partly getting there” implying that an elaboration of her understanding is relevant. He then provides that elaboration.

**Exemplar 8 (lines 11-18)**

T: (Yeah) (0.8) so so but you you're acknowledging that perhaps you're not giving him as much opportunity to (.) help you because you're such a private person •h•h•h so (.) so one challenge for you would be to (.) open up more to give him more access to your experience so he can (.) perhaps receive more from you. **But** I-I imagine there's some reason why you're (0.5) you're more private. I mean uh do you feel vulnerable to open up more? Do you (0.5) do you feel that he can honor and and respect your your vulnerabilities if you were to expose yourself mo:re psychologically?
In the exchange above, Tomm acknowledges what Jen said with a token *yeah* and a formulation of her discourse followed by a shift (with the marker *but*) to a new task, namely, co-exploration of the systemic dynamic accounting for Jen’s privacy.

*Exemplar 7 (lines 36-38)*

T:  

[Yeah.°]  

[•h More So I appreciate I appreciate you describing it and *yeah* (.) that’s quite accurate. •h And I think one of the dangers here is

*Exemplar 9 (lines 15-18)*

T:  

=For sure *hh so what I’d encourage you to do::: uh is if you could (.) develop a *habit* (1.0) *hh of listening to the other person’s *listening*, (0.6) to try to hear what they’re *hearing*. Because *hh if you (.) were more grounded in that experience, *as well as* your good intentions- then the chances of you making cho:ices (1.2) with respect to how to implement your good intentions would be (.) mo:re likely to be successful

Tomm bridges the previously co-developed account of Dan having intentions to be helpful to others with a systemic focus on the effects of Dan’s behaviours on Jen. In other words, Tomm emphasizes the value of attending to Dan’s good intentions “as well as” to how Dan’s responses, stemming from his good intentions, may impact others.

*Using obliqueness to manage delicate topics.* When delicate topics arose such as the topic of others’ finding Dan intimidating in the course of the session, Tomm used oblique or impersonal constructions, such as “people”, “men”, “others” (Aronsson & Cederborg, 1996; Potter, 1996a; Silverman, 1997). Here some examples of how these constructions featured in discourse and what they allowed the participants to accomplish.

*Exemplar 6 (lines 28-49)*

D:  

=No (.) um but I think *fear of me* ↑I if that’s what [(your question

T:  

[Well, *fear of your response* (.) not necessarily you as a person but (1.0) cause she mentioned sometimes you were quick to come with solutions and that’s not
what she wants.

D: Right.

T: And (. ) I guess she feels kind of (0.9) ummm you know when you do have a solution ( . ) >And I see with other people too a lot< that ( . ) that >And I see with other people too a lot< that ( . ) that one person has a solution and they think it’s a good idea so they tend to impose it right? The other person for whatever reason isn’t comfortable with that ( . ) but they can’t (. ) sort of easily (. ) you know uh articulate their discomfort and and effectively protest so they feel oppressed (. 5) and so that creates some fear (1. 1) in the dynamics of the relationship.

D: Well uhh (. ) yeah I mean that’s almost a caricature, and it’s almost a a male thing, and it’s almost a (0. 5) a sitcom type thing where *men go to solution and all they ever do is tell people how to fix things, they never spend the time to sit and listen whether it’s kids or (. ) their spouse.* And yeah I have a propensity that way [but]

T: [So do you think this caricature fits for your relationship (. )]

as a couple?

D: No I I don’t Jen isn’t she’s she is a very smart person,

At the end of this exchange, Tomm preempts the problem-talk from Dan, who concludes his turn with “but”. Tomm overlaps Dan to invite him into considering a relational perspective on the problem. Instead of directly inquiring whether Dan takes time to listens to Jen, Tomm approaches the issue indirectly by discussing the behaviours of some unspecified others. Similar to tentativeness, delicateness of a topic is the participants’ concern, visible in how they orient and respond to each other.

In the next exemplar, we notice how Tomm manages to save face for Dan by highlighting that Dan’s engaging in “intimidating practices” does not mean he is a bad person. Dan previously took issue with being described as “intimidating”. Tomm designs his talk in light of the feedback he received earlier from Dan. Overall, Tomm implies that intimidating practices are extremely common (“and I see with other people too a lot”), especially among men, and that such practices do not necessarily mean that a person who enacts them is bad.
T: And it probably contributes to the experience other people sometimes have of you engaging in ways of talking that they experience as intimidating so you resort to intimidating practices not that you are an intimidating person because your intentions are good but the effect is to (what's the word) to reinforce her positing of privacy and hesitance to sort of speak up and as as fully present in a conversation as she could be.

... T: And I think one of the dangers here is that as men we’re often socialized into positions of privilege and entitlement and I went through some of this myself in my own relationship with my partner not realizing how much I bought into patriarchal culture, assumptions about gender and so forth right and was hard for me to see what I couldn’t see because I was blind to my male, dominant position you know in relationship and I was blind to my blindness I couldn’t see that I was blind °right? °

D: That’s the way it is when you’re blind= By adding “as men we’re” and engaging in self-disclosure Tomm aligns with Dan, implying that he and Dan are ‘in it together’, having been socialized to inadvertently engage in intimidating practices.

Constructionist practitioners and researchers argue that one aspect of collaborative discourse is that therapists’ meanings are introduced in ways that invite contestability of such meanings from clients (Anderson, 2001; Gergen & Kaye, 1992; Kogan & Gale, 1997; Miller & Silverman, 1995; Weingarten, 1991). This applies not only to what is said by therapists but also how it is said. I have identified a number of strategies Tomm used to introduce his knowledge in ways that displayed his orientation to what clients did with it and how he could further influence them in ways they are likely to experience as helpful.

Eliciting and Responding to Client Feedback

I will discuss the range of strategies and devices that Dr. Tomm relied on, jointly with the clients, to involve the clients more in evaluating his interventions. One of these
strategies was Tomm’s attending to minimal agreements from the clients by modifying, slightly or entirely, his versions of events to reflect better the clients’ preferences.

*Orienting and responding to weak agreements from clients.* The clients continuously oriented to Tomm’s efforts to involve them in developing meaning that would work for all parties. They accepted Tomm’s invitations to evaluate his proposals, acceptance most visible in their efforts to contest his ideas. Faced with disagreements, refusals, and minimal agreements from the clients, Tomm modified his subsequent contributions to talk – thus providing conversational evidence of his concern with developing meaning that is mutually preferred. In other words, rather than proceeding in interaction irrespective of what the clients offered in response, Tomm persistently extended their meanings in collaboratively developing descriptions that the clients showed were more acceptable.

In the exemplar below, Tomm downgrades (Heritage & Raymond, 2005) his offerings in light of Dan’s asserted meanings. Building on Dan’s response, Tomm offers possible descriptive language, which Dan subsequently accepts (with an overlapping *Yeah*).

*Exemplar 3 (lines 13-38)*

T: do you think that other people sometimes experience yo:u as (0.9) as coming across as being intimidating when (. ) that's not how yo::u (. ) experience yourself? (0.6) an:::d-um (0.7) >so that< (0.4) is that one of the:: dynamics (you) think that operates here?

D: >Sure< (0.7) Uh I don't know (0.5) I I haven't heard that as a complaint that I'm (0.6) intimidating I don't know=

... 

T: ["I see"] and they get a bit overwhelmed then I gue[ss ]

D: [Yeah ]

T: Okay
Tomm modifies his talk after receiving feedback from Dan that such understanding did not adequately reflect his perspective. Tomm is visibly open to being corrected by the client. Specifically, he changes the description of others in Dan’s life as being “intimidated” by Dan to being “a bit overwhelmed”. Dan finds the description of others as “overwhelmed” rather than “intimidated” by him to be more acceptable, as evident in his more agreeable response following Tomm’s modification. It is only after witnessing some evidence of Dan’s acceptance of his formulation (“Yeah” and “intimidating not intentionally”, exemplar 3, lines 38 & 40) that Tomm proposes to move to the next activity or topic (“Okay (can I) shift a bit here in terms…”, line 48).

In the next exchange, Tomm attends to weak agreements (disagreements) from Jen (Kitzinger & Frith, 1999; Pomerantz, 1984). Weak agreements allow signaling that Jen does not fully accept what Tomm proposes. Tomm’s orientation to the weakness of Jen’s agreements is evident in his responsive efforts to repackage his talk to elicit a more solid uptake from her.

**Exemplar 4 (lines 36-45)**

T: Are you *afraid of him* and his response °or°?
(0.9)
J: Um
T: Are you *intimidated by him* sometimes?
(4.4)
J: Sometimes yeah.
T: Do you ( ) with the *what forcefulness of his-s his beliefs and (.) solutions* and (1.5) is it that what you find intimidating or what?
(3.4)
J: U::h (0.9) partly *that*. Sometimes just not (.) not being understood.

In the last line, Jen marks Tomm’s descriptions as “partly” accurate or acceptable. Her turns contain weak agreements displayed through substantial delays (from 0.9 to 4.4 seconds) and various particles and hesitations (“um”, “sometimes yeah”, “u::h (0.9)
partly that”). Tomm attends to Jen’s responses as her refusal to join more solidly in co-developing a relational account of the problem. Tomm uses yes/no questions (Raymond, 2003) and candidate answers (Pomerantz, 1988) to invite Jen to join in the relational perspective on the couple’s difficulties, proposing a shift from a more dominant intrapersonal account, which locates the problem within Jen.

Some may argue that the yes/no question format constrains Jen by limiting the range of answers she can produce in the next turn (Raymond, 2003). By examining this exchange, however, we notice that Jen manages to work around these interactional constraints. (It is possible that Tomm’s displayed tentativeness at the end of his questions leaves things open for Jen to respond as she sees fit.) She resists joining Tomm in his proposed explanation of her experience. As I mentioned earlier, yes/no questions allow for eliciting an answer from Jen to the question of whether she feels intimidated, without crediting to full authorship for an answer to her (Pomerantz, 1988). She is placed in the position of simply agreeing or disagreeing with Tomm’s proposal that she is intimidated by Dan. Thus, yes/no questions can be used to elicit experiential descriptions from family members who hesitate to voice their concerns in their relations with others in their family.

Or in a tag position. Sometimes Tomm ended his contributions to discourse with or. He used this marker to offer space for the clients to disagree with what he proposes. This is evident in weak or minimal (uh, sometimes yeah, uh, mm) uptakes by the clients of his offerings (Kitzinger & Frith, 1999; Pomerantz, 1984). In other words, or allowed Tomm to mark his understandings as open to revision from the clients.
Exemplar 4 (lines 29-31)

T: And you you experience him as open and receptive and (. ) reflecting on comments you make or (. )
J: Yes (. ) most of the time yeah

Exemplar 5 (lines 36-41)

T: Are you afraid of him and his response °or°?
J: Um
T: Are you intimidated by him sometimes?
J: Sometimes yeah

Exemplar 5 (lines 50-54)

T: And do you you sometimes um (1.3) articulate that, and say to him “Listen (. ) Dan I don’t think you’re understanding me.” (1.2) Um and to make a claim for more space to to express your experience more fully. (2.6) Have you been able to do that or
J: Mm

Exemplar 5 (lines 43-45)

T: is it that what you find intimidating or what?
J: U::h (0.9) partly that.

In the two latter exchanges the clients display hesitance to take up Tomm’s offerings. Tomm’s use of or in a tag position, accompanied by the clients’ responsive assessments of his prior talk, displays the participants’ mutual orientation to producing descriptions collaboratively.

Directly requesting feedback. Sometimes Tomm openly requested the clients’ feedback on the value of his professional conclusions and interventions (Buttny, 1996), as in the segments below. In these segments, he observably found it relevant to elicit confirmation or agreement from the clients regarding his understandings and proposals.
Exemplar 1 (lines 46-47)

T: **(Does that) answer your question?**
J: °Yeah (yeah) (. ) I think so° hhhh

Exemplar 2 (lines 24-27)

T: So so you you've become aware of …. **Is that what you're saying?**
D: Yes.

Exemplar 7 (lines 25-28)

T: So can-you (0.9) appreciate what I’m trying to say or can you see:: this through my eyes in addition to your own eyes? (1.0) Does it make sense to you? =
D: =Yeah (. ) it does (. ) I think.

Exemplar 1 (lines 48-51)

T: If other questions come up (. ) about me and my role in this by all means (. ) feel free to bring them up. (1.0) **Okay?**

J: **Okay**

The example above is a good demonstration of how *okays* are multifunctional, necessitating a context-sensitive approach to their interpretation (Beach, 1993). Jen issues an *okay* to grant Tomm’s previous-turn request (Okay?) for a confirmation or agreement (Fillipi & Wales, 2003). As Wittgenstein (1969) points out, “knowledge in the end is based on acknowledgement” (No. 378). Tomm needs clients’ confirmations (*okays*) for him to know that they are understanding each other in common and can proceed.

*Candidate answers strategy.* I found candidate answers strategy being used to indirectly elicit the clients’ preferences for moving forward in interaction (Arminen, 2005). The participants relied on the candidate answers strategy to coordinate and negotiate mutual ways of talking and relating. Through the use of this strategy, Tomm invited the clients to endorse (or refuse) his ideas and proposals. By selecting and
responding to one of the options from Tomm’s list, the clients extended meaning implementing their wishes for how to ‘go on’ in interaction.

Exemplar 1 (lines 8-16 & 26-27)

T: >do you have any questions you want to ask me?< About me, my work, what I do:::, why I’m he:::re (0.9) >or anything?<
D: Why are you here?
T: (why am I here?) Uh (.) at this particular moment, in this room, or do you mean (.) in Calgary ( )?
D: (Well) take it as you as (hhh) you li(hh)ke.
...
J: I’m curious about literally why are you here today

In the fragment above, the insert “or anything” with a rising intonation marks the open-endedness of what may count as appropriate questions from the clients, not just the candidate options for asking that are offered by Tomm. Inserting this expression is a way to involve the clients – by asking a question and thus placing them in the position of having to respond – in negotiating the proposed direction of a conversation.

Exemplar 1 (53-56)

T: …do you feel like (0.5) um (1.0) you're getting (0.7) you know (.) what you would like in terms of (1.0) our work with you he:::re, or you're not, or some things happening that (0.8) uh you wish weren't happening, or some things that are not happening that you wish were happening?

By proposing as candidates both options for the clients to pick from and emphasizing not (getting from therapy what they would like), it is possible that Tomm legitimizes the version that the clients are not benefiting from therapy at the centre. If Tomm had presented only one option (“do you feel like (0.5) um (1.0) you're getting (0.7) you know (.) what you would like in terms of (1.0) our work with you he:::re”), the clients would likely have oriented to the implicated preference for agreement. However, if their experience was that they were not finding therapy helpful, it would have been
challenging for them to voice their concerns when faced with Tomm’s yes/no question (Raymond, 2003). Tomm (1993) refers to reflexive questions containing branching of alternative meanings as “bifurcation questions” (p. 67). While obviously ‘loaded’ (rather than being directionless), these questions can be helpful in co-constructing greater awareness of alternatives.

Exemplar 4 (lines 3-23)

T: Like do you see her as (0.6) a as a m-major (1.1) uh contributor to:: developing greater skill and competence, or do you see her as someone who yo::u (0.5) you struggle with and and (.) it becomes uh more of a liability than an asset?
(1.0)
D: Overall more of an asset. (0.8) Um but (1.0) looking at the track record (0.7) again both things are there. •hh She's my best friend. Jen is is um (1.5) °you know° my confidante, there isn't anything I don't talk about with her and (0.8) um (1.8) we:: (. ) have a lot of (1.5) (kind of) value-based directions in our life and we share values. (0.6) So (. ) there's lots of alignment to touch base with there (0.8) um just in terms of intention, what we would like to do, and why we would like to do it, and how important it is to us [(.) ] in the things that we do.
T: [°Okay°] (>Just a second) let me check something out with her<. Do you experience yourself being (. ) a resource to him that that he sees you that way?
(1.2)
J: I definitely see myself as being a resource to Dan. Whether he always sees me that way (. ) >I don't know< (.) (Hh)uh (. ) sometim[es, sometimes.

In the exchange above, Tomm asks Dan if he sees Jen as a resource or a liability in his relationship with his anger. Dan proceeds to unpack his description of Jen as an asset and is presumably about to begin describing Jen as a liability. Preempting a potential shift to the problem-talk, Tomm interrupts Dan and proposes to give the conversational floor to Jen. He then issues another candidate answer (“Do you experience yourself being (. ) a resource to him”) while addressing Jen. Overall, Tomm issues a series of “optimistic questions” (MacMartin, 2008) with presuppositions focusing on Jen’s strengths and resources. When Dan ‘drifts away’ from Tomm’s optimistic or solution-
focused agenda, Tomm responds by attempting to negotiate a speaker change (Gale, 1991). It appears that Tomm’s talk is not directionless. His questions imply the domain of legitimate response and his candidate answers embed a specific set of (systemic) presuppositions. He opens up space in the conversation for a specific construction or explanation (Tomm, 1992), into which the clients can step, should they wish. When Tomm witnesses a refusal from the clients, we observe him transforming his talk to better reflect clients’ preferences and understandings, rather than expecting that clients accommodate to his perspectives.

Although there is an agenda behind Tomm’s offerings, the clients are not inherently constrained by it. For example, I noticed that Dan later (exemplar 6) returns to his interrupted intention to describe “Jen as a liability”. At that time, Tomm once again issues a therapeutic interruption (Gale, 1991; O’Hanlon & Wilk, 1987) to facilitate a shift away from problem-talk toward solution-talk. Couture (2005) discusses therapeutic interruptions as a way for therapists to prevent clients from talking themselves into unhelpful corners or from generating descriptions to which other family members may potentially object. Interruptions may be a way for therapists to invite clients to transform their descriptions from less mutually blaming to more mutually affirming.

Tentative turn design. Throughout the session, Tomm marks his talk as tentative and uncertain. Kogan and Gale (1997) in their micro-analysis of therapy identify the therapist’s use of a strategy of “reciprocal editing”. Reciprocal editing refers to the tentative and uncertain packaging of ideas by the therapist in order to invite the client’s reciprocal editing of the therapist’s talk. Goodwin (1987) similarly shows how displays of uncertainty operated as requests to ‘knowing’ participants to collaborate in the
production of an account or description. Tomm presented his ideas as food for thought (Anderson, 2001), without having a final say on the clients’ meanings. By showing tentativeness and uncertainty, he was able to be interventive while remaining less authoritarian (Guilfoyle, 2003; Kogan & Gale; Roy-Chowdhury, 2006). To mark his talk as hesitant and uncertain, Tomm used a variety of devices, including uncertainty markers (“maybe”, “I guess”; Lobley, 2001), pauses, false starts, and hesitations such as *uh or um* (Kogan & Gale; Pons Borderia, 2006).

The purpose of CA is to examine how people design their turns in talk, where these turns occur, how they are linked to prior turns, and what implications they pose for subsequent talk (Hutchby & Wooffitt, 1998; ten Have, 1999). When it comes to the notion of reciprocal editing, I found it difficult to show how the clients treated Tomm’s tentativeness and uncertainty. While many of Tomm’s turns were marked as downgraded, I struggled to credit his cautious packaging of his discourse for the clients’ responsive upgrading of their talk – their subsequent efforts to edit or contest his ideas. Nevertheless, let me give some examples of tentative turn delivery used within this session, without firmly claiming its interactive function.

*Exemplar 3 (lines 37-38)*

T: [°I see°] and they get a bit overwhelmed then I*guess*[ ]
D: [Yeah]

*Exemplar 4 (lines 32-33)*

T: °Oh good°. So* sounds like you've gotta (. ) fairly good partnership then in that regard (. ) in terms of (1.1) being able to collaborate.

These examples, as well as Tomm’s lexical choices in the exemplar 7 “what I see here” (line 1), “I think” (lines 3, 5, 15, 18), and “a view from myself” (line 27), display his efforts at downgrading his expert status. He owns his ideas and offers them as
observations (what he hears or sees) rather than presenting them as objective truths. Tomm states what he “thinks” is happening but designs his offerings as provisional (Miller & Silverman, 1995) and as yet to be determined. By producing his ideas as tentative and contestable, Tomm welcomes the client’s input, thereby facilitating the co-construction of a shared perspective.

It may be argued that subjective offerings or tentative observations coming from a person in an elevated social position (White, male, educated, etc.) will not necessarily be taken as such. Clients may take the therapist’s “I think … ” as an expression of objective truth. To respond to this valid point, I would highlight that the clients in this session actively contested and undermined Tomm’s conclusions and proposals, even in situations when he formulated his offerings less tentatively. The results of my study confirm the view of power as relational, contestable, and dynamic (Proctor, 2002). Speakers with lower social status also exercise power – they disagree, reject, and undermine descriptions put forth by those in elevated positions, asserting or upgrading their descriptions. This observation challenges the notion of social status as an invariable property of individuals, disconnected from the context and the actions of individuals. Below I offer other examples of a tentative packaging of ideas.

**Exemplar 3 (lines 13-18)**

Tomm: Mm hmm •hh Do you do you relate to:: Jen’s experience of (1.0) of uh struggling with (1.3) how safe it is to:: (0.5) to be open in raising things? (3.4)

Dan: S-safety isn’t an issue I I don’t think.

**Exemplar 3 (lines 1-6)**

T: •hhh (            ) do you think that other people sometimes experience you::u as (0.9) as coming across as being intimidating when (.) that's not how yo::u (.) experience yourself? (0.6) an:::d-um (0.7) >so that< (0.4) is that one of the::
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dynamics (you) think that operates here?
D: >Sure< (0.7) Uh I don't know (0.5) I I haven't heard that as a complaint that I'm (0.6) intimidating I don't know=

Exemplar 5 (lines 11-20)

T: (Yeah) (0.8) so so but you you're acknowledging that perhaps you're not giving him as much opportunity to (. ) help you because you're such a private person *h hh so (. ) so one challenge for you would be to (. ) open up more to give him more access to your experience so he can (. ) perhaps receive more from you. But I-I imagine there's some reason why you're (0.5) you're more private. I mean uh do you feel vulnerable to open up more? Do you (0.5) do you feel that he can honor and and respect your your vulnerabilities if you were to expose yourself more psychologically?
J: Um (4.3) depends what we're talking about.

Exemplar 5 (lines 42-45)

T: Do you ( ) with the what forcefulness of his-s his beliefs and (. ) solutions and (1.5) is it that what you find intimidating or what?
J: U::h (0.9) partly that. Sometimes just not (. ) not being understood.

In these examples, it is possible that Tomm’s downgrading practices aided the clients in offering the responses that they preferred (disagreements), even though they were expected to produce agreements on a structural level. Tomm invited the clients join him in the “empowerment pattern” (Murphy et al., 2006) – the therapist’s downgraded statement followed by the client’s upgraded statement. The clients, in response, joined Tomm in this pattern by upgrading their offerings. In analyzing this session, I noticed that the issues of packaging or turn design was the participants’ own ongoing concern and was a significant aspect of collaborative, constructionist counselling.

The idea of tentative turn design is consistent with a stance of “not-knowing” promoted within collaborative language systems (CLS) approach to counselling (Anderson & Goolishian, 1988, 1992). The concept of not-knowing has often been
misunderstood as a technique, method, ignorance, withholding of knowledge, avoiding of suggestions, or forgetting of knowledge (Anderson, 2001). For Harlene Anderson, one of the developers of CLS approach, not-knowing implies that therapists move away from collecting clients’ stories in order to fit them within therapists’ favoured theories and agendas to understanding such stories from the clients’ frames of reference (Anderson, 2005). CLS practitioners recognize the inevitability that therapists will be prejudiced, yet prefer to give primacy to clients’ meanings and biases, including how clients utilize and make sense of therapists’ professional knowledge (Anderson).

Thus far, I have described communicative strategies and devices used in the session to co-construct mutually preferred descriptions or accounts. However, the participants in the interaction appeared to also orient to the importance of working out mutually acceptable ways of talking.

**Co-constructing Shared Language of Intentions**

I observed that the participants relied on *pre-sequences* and the discourse markers *okay* and *well* to coordinate transitions within and across activities. I also noticed that the clients made explicit requests of Tomm and he subsequently granted these requests. Let me demonstrate how shared language of intentions for how to ‘go on’ in interaction was developed.

**Using Pres to Prefigure Actions or Activities**

I observed that Tomm and the clients relied on a range of devices to move collaboratively across activities or topics in a conversation. One of these devices is a *pre-sequence* or *pre* (Schegloff, 1980), commonly used by speakers to prefigure the upcoming action. Pre-sequences can take a variety of forms (pre-questions, pre-
announcements, pre-invitations). Below, you will find some examples of Tomm’s use of

*pres.*

T: **I just wanted to mention** … (exemplar 1, line 1)

T: **What I’d like to start with** (wait) **before I do start**… (exemplar 1, lines 9-10)

T: **Well let me begin then and ask you** … (exemplar 1, line 57)

T: **Can I shift a bit here in terms of ask you uh a general question** (exemplar 3, lines 53-54).

T: **Can I ask?** To what extent… (exemplar 4, lines 1)

D: …it’s easier [to talk, but to draw out of Jen

T: [**Can I (interrupt for a second)?** Do you) think … (lines 22-24)

T: **So what I’d encourage you to do::: uh** is if… (exemplar 9, line 13)

T: **Before we wind up for today**… (exemplar 10, line 48)

Instead of launching initiatives that are disjointed from what was said previously, Tomm introduces them with *pres.* Inserting *pres* displays the speaker’s recognition that his or her subsequent contribution constitutes a departure from the previous discourse. As such, they demonstrate the speaker’s interest in honouring what has been co-developed so far through the joint efforts of the participants (Peyrot, 1995). Moreover, the therapist’s extensive use of *pres* might be a way to provide the conversational space for the clients to challenge the proposed direction of a conversation. For example, the ‘recipient’ of a *pre* may interrupt the speaker during or following a *pre* to assert a preference to go back to the previous activity or topic. This may be more difficult for the recipient to do in the absence of some preliminary talk. The use of *pres* is reminiscent of what family therapists called “transparency”, which is the therapist’s openness about his or her methods of work, beliefs and values, and experiences that may inform therapy (Roberts,
2005; Roffman, 2005). It is obviously neither possible nor helpful for therapists to be open about *everything* they do in relation to clients (Weakland, 1993). However, making therapeutic goals and tasks known to some degree might be one way for therapists to encourage client involvement in creating an interaction that these clients are likely to find helpful.

*Coordinating Transitions Using Okay and Well Markers*

To collaborate with the clients around the transitions from one topic or activity to another, Tomm also relied on the discourse markers *okay* and *well* (Beach, 1993; Gardner, 2001; Schiffrin, 1987). Redeker (2006) describes discourse markers as attentional cues to transitions in discourse. Let me offer some examples of how this was done.

*Exemplar 1 (lines 59-58)*

T:  (Does that) answer your question?
J: °Yeah (yeah)[(.) I think so° hhhh]
T: [Okay (.)] If other questions come up (.) about me and my role in this by all means (.) feel free to bring them up. (1.0) Okay?
   (1.9)
J: Okay
T: Well let me begin then and ask you like (.) from your point of view how is the therapy going?

*Exemplar 3 (lines 10-14)*

D: What did I do? (.) °>you know<°
T: [°Okay°]
D: [ Why ] is he acting like that? (0.9) •hh So (. ) I'm sorry. (0.9)
T: •hhh ( ) do you think that…

*Exemplar 3 (lines 59-63)*

D: to (0.7) a decision they feel comfortable with it that they've got (1.7) the:: [ f]ocus (and enough)
T: [Okay]
D: background and they can (1.5) [debate it with me or or
T: [•hhhhhh Okay (can I) shift a bit here in

*Exemplar 4 (lines 17-19)*

D: and how important it is to us [(.) ] in the things that we do.
T: [°Okay°] (>Just a second) let me check something out with her<. Do you experience yourself …

In the exchanges above, the participants jointly accomplish movement to the next topic or activity. It is important to mention that, from a discursive perspective, Tomm does not unilaterally create a conversational shift. Rather, he offers the change-of-activity token *okay* (Gardner, 2001) to invite the clients to join him in a proposed course of action while attending to how they respond to his proposals. Through the use of *okays* the participants can choose to co-construct a shift in discourse from one activity or line of talking to another. With *okays* the clients are invited to join Tomm in alternate ways of talking about their situation. The clients’ responsive affirmations, in turn, signal their collaboration with Tomm’s proposals.

Therapists can use *okays* and *wells* to invite clients into coordinating shifts within discourse and to orient and respond to clients’ use of these markers in order to progress in interaction in mutually preferred ways. In the next fragment of talk, Tomm uses *okay?* to prompt Jen for feedback (her responsive *okay*) regarding his proposal. In a way, Tomm needs Jen’s *okay* to ensure that she is ‘on board’ with his proposed plan. Seemingly insignificant markers like these allow the speakers to coordinate talk to reach and sustain mutual understanding or common ground (Clark, 1996; Clark & Brennan, 1991).

Marking descriptive terms of accounts as shared is a continuous process. Descriptions indexed as shared can subsequently be taken for granted. Deictic markers (e.g., this, that) (Schiffrin, 1990) are a good example evidence of this sharedness of understanding.
Exemplar 1 (lines 44-47)

T: If other questions come up (.) about me and my role in this by all means (.) feel free to bring them up. (1.0) Okay?
(1.9)
J: Okay

I found one example of okay being used differently. In the exchange below, Tomm issues two okays to acknowledge his receipt of the client’s disagreement.

Exemplar 4 (lines 21-30)

T: [So so is it a surprise to you to hear him say today that that he does see you as (.) as more of a (.) resource than a liability “in that regard”?
J: No not really.[(.] It's not a surprise today [(.] I think that (.) hh
T: [Okay] [Okay]
J: we spend a lot of time (.) talking about some of the challenges that he faces, just personally and at work, and I (.) try to (.) give him feedback from a different perspective (.) >you know<
T: And you you experience him as open and receptive and (.) reflecting on comments you make or (.)

Granting Clients’ Requests

The last strategy I will mention that was used to move forward in mutually preferred ways was the clients’ making of requests (e.g., for clarifying or confirming their understandings) and Tomm’s granting of such requests, as in these examples:

Exemplar 8 (lines 22-24)

J: >Can you t-tell me that treacherous thought idea again- because I didn’t [(.)<
T: [Okay.]

> A treacherous thought is…

Exemplar 8 (lines 38-40)

J: < Am I understanding this correctly?= [so::]
T: =Yeah, [it’s ] partly getting there.

By using the range of strategies and devices I discussed in this chapter, Tomm performs his constructionist approach to counselling. He displays “an ongoing invitation
to the clients to define and evaluate the meanings attributed to accounts, experiences, and the unfolding story in the session” (Gale & Kogan, 1997, p. 9). I dedicate the next part of this chapter to highlighting conversational outcomes of Tomm’s work with this couple – changes in the clients’ accounts and ways of articulating them. As I mentioned earlier, my interest did not end with describing the process of collaborating around goals and tasks of therapy; it extended to the immediate or more global conversational outcomes emergent through this process.

**Conversational Outcomes**

In their study of narrative therapy, Coulehan, Friedlander, and Heatherington (1998) found that families who experienced more positive relational outcomes following therapy named three themes as essential for bringing about transformation in their relationships. Following successful sessions of therapy, clients reported that they had improved their ability to: (a) recognize multiple perspectives on the problem, (b) change or soften their affect, and (c) attribute positive meaning to one another. Coulehan et al. maintain that in successful sessions, family members moved from intrapersonal to interpersonal descriptions of the problem. Once the family members’ perceptions expanded, softening of affect occurred, and family members were also able to perceive one another more positively. In contrast, those sessions in which participants were unable to expand their perspective to see alternative explanations, to change their emotions, and to attribute positive meaning to other family members were reported as being unsuccessful. On the basis of these results, the session I analyzed can be classified as successful. Let me describe changes I noticed taking place in the course of the sessions.
Recognizing Multiple Perspectives

As the conversation progressed, I noticed both clients offering more interpersonally oriented constructions as compared to their earlier intrapsychic explanations. Dan began the session by proposing that Jen is too private and withdrawn and, therefore, would presumably elicit frustration and anger from anybody interacting with her. As the session progressed, however, Dan started describing himself as unintentionally intimidating with his “to the point” and “abrupt” approach to communicating with others. I thus observed the change from Dan’s continuous refusal to entertain alternative perspectives to his taking up of his co-participants’ points of view. Overall, what was proposed to Dan is to engage with Jen and with others in his life in ways more mindful of their experience. Dan’s initial refusal to join in developing this perspective is evident when examining the exchanges below.

Exemplar 3 (lines 13-23)

T: •hhh ( ) do you think that other people sometimes experience yo:u as (0.9) as coming across as being intimidating when (.) that's not how yo::u (.) experience yourself? (0.6) an:::d-d-um (0.7) >so that< (0.4) is that one of the:: dynamics (you) think that operates here?

D: >Sure< (0.7) Uh I don't know (0.5) I I haven't heard that as a complaint that I'm (0.6) intimidating I don't know=

J: =what about this ‘walls of fe(hh)ars and complexity’ [ hhh

D: [That's not fear, that's(hhh)my(hhh)boss=

J: =I know but that's how other people hear you (hhh) right?

D: (hhhhhHHhhhhHHhhhhhh)

J: That's pretty intimidating (hHHH) (sorry) This was a comment ( )

Exemplar 6 (lines 1-7)

T: Mm hmm •hh Do you do you relate to:: Jen’s experience of (1.0) of uh struggling with (1.3) how safe it is to:: (0.5) to be open in raising things? (3.4)

D: S-safety isn’t an issue I I don’t think. Uh-um-and this reluctance to share I don’t think it stems from (0.7) °you know° (-) fear of me and and and
sharing. I Jen has been a person who uh (0.9) is hidden, and doesn’t know her own thoughts

Exemplar 6 (lines 42-50)

D: Well uhh (. ) yeah I mean that’s almost a caricature, and it’s almost a a male thing, and it’s almost a (0.5) a sitcom type thing where *h men go to solution and all they ever do is tell people how to fix things, they never spend the time to sit and listen whether it’s kids or (. ) their spouse. And yeah I have a propensity that way [but

T: [So do you think this caricature fits for your relationship (. ) as a couple?

D: No I don’t Jen isn’t she’s she is a very smart person, she can think very well

Jen similarly offers an account of the problem as her being private. She initially hesitates to join Tomm’s relationally oriented descriptions and queries, as in these examples:

Exemplar 5 (lines 1-8)

J: that's been one of (. ) mmy biggest challenges is I am extremely (. ) private person (0.7) very shy person and *hh so I don't (. ) Dan (. ) he'll just go on and tells tells me everything like in detail all of what's going on. So *hh (. ) there's lots of opportunity for me to give him feedback. I'm less like that and probably is more like (. ) you really have to draw it out of me sometimes to get me to speak. And so I know that's a frustration for him. I think it has been and (. ) maybe still is. (1.0) But I also am (1.0) ( ) lo:sing I forgot what your question is but anyways (hh) I

T: Mmy my question is >what is [what is it you'd like from him]<

J: [The areas ( )

T: (Yeah) (0.8) so so but you're acknowledging that perhaps you're not giving him as much opportunity to (. ) help you because you're such a private person *hhh so (. ) so one challenge for you would be to (. ) open up more to give him more access to your experience so he can (. ) perhaps receive more from you. But I-I imagine there's some reason why you're (0.5) you're more private. I mean uh do you feel vulnerable to open up more? Do you (0.5) do you feel that he can honor and and respect your your vulnerabilities if you were to expose yourself more psychologically?

(1.6)

J: Um (4.3) depends what we're talking about. Sometimes I you know Dan …

Exemplar 5 (lines 25-52)

T: [(is it) You don't want him to solve your problems.=

J: =No.
T: You just want him to be able to reflect on ( ) (1.1), give you the space to:: (0.7) make your own choice (1.2)
J: Yah. uhh (2.1) but also (1.0) some of the times I just don’t feel like (0.9) I do •hh ITS'S A BIG RISK FOR ME TO DO THAT SO WHEN I DO TAKE THE RISK OF “Okay I’m gonna (.) talk about (something) here that (1.0) really means something to me”•hhh (.) yet I often (1.5) >well< (1.4)
T: How come it’s such a risk?=
J: =I don’t know. That’s just my (.)
T: Are you afraid of him and his response °or°? (0.9)
J: Um
T: Are you intimidated by him sometimes? (4.4)
J: Sometimes yeah.
T: Do you ( ) with the what forcefulness of his-s his beliefs and (. ) solutions and (1.5) is is that what you find intimidating or what? (3.4)
J: U::h (0.9) partly that. Sometimes just not (. ) not being understood. (0.7) So maybe that’s and again I always (. ) sit and think “Well is it just me not being able to communicate well enough what it is that I’m (.) feeling, or is it (2.4) Dan hearing something different from what I’m saying, or
(1.5)
T: And do you you sometimes um (1.3) articulate that, and say to him “Listen (.) Dan I don’t think you’re understanding me.” (1.2) Um and to make a claim for more space to to express your experience more fully. (2.6) Have you been able to do that o:r
J: Mm (1.3)
T: And if you did, would he (. ) hear that, or would he (1.2) you know b-be (. ) able to uh (. ) back off and give you the m-more space? (0.7)
J: Well you know I guess it depends on what it is we’re talking about.

Constructionist writers propose that change in therapy is about assisting families in transforming intrapersonal constructions of the problem to interpersonal or relational constructions (e.g., Buttny, 1996; White & Epston, 1990). The following exchanges, representing latter parts of the session, show Dan and Jen taking up this relational point of view.

Exemplar 8 (lines 31-57)
J: Excuse me can I interject, cut in there before I forget cause I this happens I might lose my train of thought. • h I think that’s very perceptive because I think that’s a pattern in how we parent and how even (1.3) we relate to Fred in get into these conflict situations I think the thought is good 'Fred is capable' and maybe I’m not understanding totally. Fred let’s take that thought and and take it to Fred. Fred is capable of understanding what you have to say and understanding the reason you're acting on it. (0.9) And (0.7) you’re working out of that assumption but you're not sure if that’s really where he’s coming from.< Am I understanding this correctly?=

T: Yeah, [it’s ] partly getting there. And so then he might treat Fred in ways (.5) where <his (. ) expectations of Fred's competence are imposed upon Fred and Fred perhaps can’t realize those possibilities. (0.8) And so the relationship between him and Fred suffers as a result and so the thought does treachery (. ) to the relationship (1.0) you know that he values. >You know< as a father-son relationship and it betrays him as a father (. ) because it disrupts (. ) ( ) wellness and well-being in the relationship. (1.2)

J: Yeah I think that that’s I think there’s a pattern there actually. Yes that’s what I’m thinking is that (. ) again it’s like uh (2.7) the intentions and this is I think are the biggest struggle we have is the intentions are good (0.8) but somehow between intention (. ) and this communication and the other person (1.4) everything goes haywire in the in (. ) not the intention but in the (0.5) how it’s communicated, how it’s done.

Exemplar 7 (lines 16-39)

T: Uh and so I I’m trying to connect the treacherous thought (.7) >what I am calling a treacherous thought< which is I think an assumption you have about her and her experience •hh uh which I think (. ) probably doesn’t serve you as well as you think it does. (0.8) And it probably contributes to the experience other people sometimes have (0.5) of you engaging in (. ) ways of talking that they experience as intimidating so you resort to ( ) intimidating practices not that you are an intimidating person (. ) because your intentions are good but the effect is to (what's the word) to reinforce her position of privacy and hesitance to to sort of speak up and as as fully present in a conversation as she could be (. ). So I am trying to offer this to you as a view from myself ... So can-you (0.9) appreciate what I’m trying to say or can you see:: this through my eyes in addition to your own eyes? (1.0) Does it make sense to you?=

D: Yeah (. ) it does (. ) I think. I you know if if I was to recap it (.9) and be blunt on characterizing how (.9) that might be maybe it’s just uh (3.3) I am doing something that I’m not intending to do that ends up being almost like (1.2) uh whatever (. ) dominant type behavior (.8) uh a:nd and I’m blind to it

T: Yeah

D: a:nd instead of uh (. ) being Jen’s friend and helping her grow and instead
of seeing the world as it is myself and taking her feelings into account (.) the
[way I] want to °I am (3.4) I'm missing it.° [(   ) (1.2)]

Exemplar 9 (lines 1-7)

D: In other words it’s it's uh if you put in simple (.) kinda blunt way (0.7) which
may be not accurate and it’s painful I mean to think about it. (0.7) And I'm (1.1)
focused on it as if it’s true but it's not what I do (0.6) you know what I do, it's a
good thing or it's (0.9) the right thing to be doing but it's how I do it, the
way I manage to::: (0.7)
[ ( ) (work with people) and implement the intentions
T: [implement your good intentions.

Exemplar 10 (lines 21-37)

D: There's a lot of room to grow
N: [Okay]
T: "Absolutely (.) absolutely (.) and I’m glad you can see that (0.6) I’m really
pleased that you can see that (1.8) I find it very moving actually.
(4.5)
N: "Uh huh"
D: "As an agent (.) (of change) I feel like (1.1)° A BUUL(HHH)DOZER IN
A FOREST (hhh) you know (I don't) have the controls, I’m not sure where
they are.

What can be noted from these exchanges of talk is that Dan appears to have
realized something important about himself, namely that his actions, though well-
intended, are counterproductive and are out of sync with his objectives in communication
with others. He comes to recognize that, while he tries to be helpful, the actual effect of
his actions on others is to intimidate. In the last exchange, Tomm orients to Dan’s
utterance as a significant and positive “realization” or as something Dan sees that he did
not see before. Tomm responds by strongly affirming Dan’s newly acquired insight into
the dynamics in his relationships with others (“I’m glad you can see that (0.6) I’m really
pleased that you can see that (1.8) I find it very moving actually”).

From a discursive perspective (Edwards, 1997; Edwards & Potter, 1992), Dan’s
“realizing” and “acknowledging fault” are interactive achievements, contingent upon all
participants’ intertwined contributions to discourse. When approached discursively, insight and enhanced awareness ‘in’ Dan are viewed as communal and practical accomplishments rather than as solitary and private events, as they are commonly presumed within mainstream psychology. Overall, the participants in this interaction treat Dan’s account of the effects of his actions on others as the project of mutual concern. Once again, Dan initially ‘resists’ joining his co-participants’ version that others might find him intimidating. However, Dan’s account eventually transforms in response to the modified descriptions offered by Tomm.

Not only is the clients’ descriptive language transformed, but also their ways of relating or offering meanings. In addition to acknowledging that he might have unintentionally hindered Jen’s self-expression in their relationship, Dan begins talking in ways that give space for the existence of alternative perspectives. He packages his talk more tentatively than in the initial stages of the session. No significant change is observed in Jen’s articulation of her ideas. She continues to design her contributions to discourse tentatively and cautiously.

**Change in Affect**

Dan’s initially co-constructed goal to experience a feeling other than anger was eventually met, as evidenced in the following two exchanges.

*Exemplar 2 (lines 24-28)*

T: [o:kay] So so you've become aware of of the the amount of anger you deal with aand even though you've been able to harness some of it to apply yourself, you'd like to:↓ liberate yourself from (0.7) anger as it (it worth) so you can express other emotions more↑ Is that what you're saying?
D: Yes.

*Exemplar 10 (28-37)*
D: °As an agent (.) (of change) I feel like (1.1)° A BUUL(HHH)DOZER IN A FOREST (hhh) you know (I don't) have the controls, I’m not sure where they are.

N: °Huh° (6.1)

T: •hhhh You know that I-I presume you’re feeling a bit of sadness at the moment. (0.6) And I want to honor that and draw to your attention the value of that (1.0) because um (0.8) what you’re touching on now emotionally is probably a reflection of something that is a growing itch…

Tomm orients to Dan’s within-turn pause as signifying sadness. The session began with Nancy and Jen highlighting that Dan felt frustrated. Dan, in response, produced a description that justified and legitimized his anger. At the end of the session, we notice the softening of emotion in Dan, which is a realization of his initially articulated objective to diversify his emotions.

Making Positive Attributions

Dan is observed to shift blame away from Jen to taking responsibility for his responses in their interaction, as reflected in the next two exchanges.

Exemplar 6 (lines 1-22)

D: Safety isn’t an issue I I don’t think. Uh-um-and this reluctance to share I don’t think it stems from (0.7) °you know° () fear of me and and and sharing. I Jen has been a person who uh (0.9) is hidden, and doesn’t know her own thoughts, and can be troubled, and to talk I’m no professional and to talk with somebody who seems troubled, or () or withdrawn, and to trying to understand what’s going on, and what’s wrong. I I’ve had to spend uh (1.4) lots of time () stopping everything

T: [Okay]

D: [and ] trying to focus and trying to () fish that out because it’s not [°

T: °Yeah°

D: talking with her. And and even to get there it’s not like 'she’s hiding it she knows what’s bothering her, but but she’s just not gonna share it with me because she’s afraid'. It’s more like 'she’s not sure' and if we don’t talk and is this? is it that? did it start here? or when did you feel that way first? If we don’t go through stuff like that, uh (0.6) Jen’s kind of gone underground with her feelings. (1.3) And and so (0.8) yeah there’s a a frustration uh in terms of () for me >°I don’t know why°< it’s easier [to talk,
but to draw out of Jen

*Exemplar 7 (lines 36-39)*

Dan: *and instead of uh (.) being Jen’s friend and helping her grow and instead of seeing the world as it is myself and taking her feelings into account (.) the [way I ] want to °I am (3.4) I’m missing it.° *(1.2)*

In this chapter, I have summarized the result of my conversation analysis outlining specific devices and practices used by the participants in one session of couple therapy to co-construct therapeutic discourse collaboratively. I have also highlighted the conversational shifts I observed taking place in the clients’ ways of talking and relating.

In the next chapter, I examine the results of my analysis in light of the literature. I identify implications of my results to research, practice, and theory of counselling. I conclude the chapter by outlining the limitations of my inquiry and offering recommendations for future research.
Chapter VII: Discussion

The purpose of this dissertation was to examine how joint or collaborative construction of interaction was accomplished in one session of family therapy and the immediate, conversational outcomes of the therapist and his clients collaborating with one another. Drawing on the tradition of discursive research, notably discursive psychology (Edwards, 1997; Edwards & Potter, 1992) and conversation analysis (Sacks, 1995; Sacks et al., 1974), I examined the micro-details of how the therapist shared his expertise in interaction with a family in ways that acknowledged and incorporated the family’s preferences and understandings. In this chapter, I discuss the study’s overall contribution to the field of constructionist counselling and proceed to highlighting its implications for counselling theory, training, and supervision. I conclude this chapter and dissertation by identifying potential limitations of my study and by offering suggestions for future research.

Contributions of the Study to Constructionist Counselling

Although constructionist therapy literature speaks clearly to the significance of working with clients collaboratively (Anderson, 1997; McNamee & Gergen, 1992), it does not tell therapists how such collaboration can be accomplished in interaction – how the prefix “co-” in co-constructing or co-sharing meaning can be achieved in actual practice. As a practitioner, I was left on my own to figure out what “being reflexive” or “being collaborative” entailed. What was partly responsible for my ambiguity, and presumably that of others, was the lack of research examining actual interactions between constructionist practitioners and their clients. To date, no systematic examination of collaborative therapeutic relationships in postmodern therapies has been conducted.
My research shows how a constructionist therapist co-constructed therapeutic meaning with clients or how he offered his knowledge while attending to and incorporating the clients’ understandings and preferences. My microanalysis of therapy interaction challenges the common perspective on clients as docile and passive recipients of therapist knowledge. It further points to the significance of examining therapists’ and clients’ actions in interaction as adjacent rather than disjointed. Most research examining therapist interventions focuses on therapists’ influencing efforts without attending to the context in which interventions are implemented, including the clients’ preceding and subsequent responses. My analysis highlights that such a unilateral and decontextual approach to understanding therapy is limited, because it overlooks how clients are active shapers of therapists’ interventions and responses and vice versa. In my study, the participants observably adjusted their talk in light of the preferences of their co-participants. For example, Dr. Tomm kept “repairing” his talk until he witnessed a more solid uptake of his proposed discourse from the clients. I also showed how the clients actively and resourcefully negotiated the descriptive realities they preferred. They objected, in more or less subtle ways, the therapist’s proposals and invitations when such therapist offerings did not fit. Overall, based on the results of my study, I have argued that a more dialogical and dynamic approach to conceptualizing and studying therapy is needed that will take into account the reflexive and negotiated (on the spot) dimension of the participants’ actions, in which all parties’ contributions are treated as significant and interrelated.

My analysis “revealed” a constant dialectic or tension between the speakers advancing their preferred meanings while attending to the discursive preferences of their
co-participants (Bakhtin, 1981). This dialectic was visible through the very details of how talk was designed. Bakhtin’s (1986) distinction between dialectics and dialogics is of relevance. Dialectics presumes that differences in meanings will ideally get worked out or that two opposing perspectives will merge to create one unified account. Dialogics, on the other hand, presupposes multiplicity and unfinalizability of meaning. When applied to counselling practice, a conversation of therapy is not about creating a singular explanation but about recognizing that polyphony is a feature of a truly dialogical interaction. Instead of speakers contributing distinct perspectives (as in monologues), each participant’s discourse is likely to feature traces of multiple voices and perspectives.

In my study, Dr. Tomm invited the clients to join him in this polyphonic interaction, bringing forth particularly marginalized voices, both in the conversation as a whole and in each participant’s discourse. For example, he continuously invited the husband to incorporate as a part of his discourse his wife’s experiential reports. Similarly, Dr. Tomm worked with the wife encouraging her to entertain alternative, under-examined explanations of ‘her’ privacy. My study did not only point to the existence of these tensions in understandings and preferences, it also showed how such tensions were continuously attended to and dealt with by the participants. The study also demonstrated how working out mutual ways of moving forward (i.e., collaborating) was each participant’s observable concern and project.

Karl Tomm did not only bring forth or invite interpersonal constructions from clients (in place of more familiar intrapersonal descriptions), but also adjusted his subsequent theory-laden contributions in light of the clients’ asserted preferences and understandings. This agrees with those constructionists who assert the importance of
therapists being open to changing their understandings and ways of talking, rather than being focused exclusively on facilitating change in clients. In his writing, Tomm (1988) mentions this distinction between the therapist’s orienting and influencing intents. Orienting means therapists orienting themselves in clients’ constructions of their predicaments and situations, while influencing is about therapists proposing alternative meanings for clients to consider.

In practice, Tomm’s orienting did not stop at eliciting clients’ understandings and descriptions of their concerns in order to move toward the treatment phase. Tomm conducted his ‘assessment’ throughout therapy, not just in the initial phases of consultation. His assessment efforts largely entailed eliciting the clients’ feedback to the usefulness, accuracy, and relevancy of his ways of making sense of what they had offered to him. In other words, rather than assessing the clients, Tomm assessed whether his constructions adequately reflected the clients’ preferred ways of construing their lives. Similarly, his influencing was not just about offering new ideas irrespective of clients’ wishes and understandings, but was grounded in their familiar constructions. In general, Tomm influenced to orient and oriented to influence. From a discursive perspective, it appears that assessment and treatment merge to comprise an evolving process of meaning construction and negotiation.

I noticed that Dr. Tomm’s reflexive uses of language over time translated into the clients’ taking up his invitations to participate in their relationship with him in more ‘agentic’ ways – asserting their ideas and preferred directions for and in talking, even when these ideas disagreed with his proposals. Overall, my analysis points to the clients being actively engaged in creating a therapeutic conversation that they see as helpful and
meaningful. My study thus offers a unique conception of the therapeutic relationship as dynamic-interactive endeavour and of the client as an active negotiator of preferred meaning.

My analysis reveals a number of therapeutic outcomes of Dr. Tomm’s reflexive use of language (the clients’ use of language was also reflexive – shaped by and shaping of Tomm’s contributions to discourse). For example, over a period of time the husband became observably more receptive to his conversational partners’ articulated constructions. His wife was heard to assert herself more in relationships with others (e.g., interrupted other speakers’ talk to insert her own ideas, ‘opened up’ in interaction with Dr. Tomm). My investigation focused primarily on between-system alliances (between the therapist and each client) (Pinsof, 1995) because most talk involved client-therapist dyadic interactions. Nonetheless, it is possible that outcomes of this session could subsequently generalize to contexts outside of therapy. Future research may further explore how within-system alliances (between the family members) transformed in the course of therapy and interrelations between within-system and between-system alliances.

**Implications for Theory Development**

In this dissertation, I offered not only a relatively novel way of examining the therapeutic relationship, but also an unconventional conceptualization of this relationship. Instead of outlining what therapist variables account for therapeutic collaboration, I examined “how a sense of equality is constructed in social interactions” (Miller & T. Strong, 2008, p. 621). Thus, rather than treating collaboration as an inherent feature of
constructionist therapists’ or therapies, my research pointed to collaboration as the concern and interactive achievement of therapy participants.

My study further challenges the perspective on therapy as a delivery of pre-packaged interventions or attitudes by the therapist irrespective of what clients offer in response. Instead, I argued that therapy is a process of coordinating and negotiating understandings and intentions and that it is this process of working out how to proceed together in interaction that constitutes and accounts for the quality of therapeutic collaboration. Research confirms this assumption and suggests that therapists and clients mutually display “other-orientation” (Linell, 1998) as they interact. For example, Beutler, Consoli, and Lane (2005) maintain that therapists decrease their directiveness when client ‘resistance’ is high and visa versa. Similarly, Santisteban, Suarez-Morales, Robbins, and Szapocznik (2006) highlight that therapists tailor therapy to the specific needs of the family. Duncan et al. (2004) argue that therapist responses that best foster the therapeutic alliance vary from client to client. These writers maintain that effective therapists sensitively adjust their interventions in light of the preferences and priorities communicated by clients.

There are methodological and practice-related implications of adapting this performative-interactive lens in theorizing therapeutic relationships. For example, if the alliance is viewed as a relational, rather than individual, accomplishment, researchers are required to adjust their methods of inquiry to reflect this relational conception (e.g., alternative units of analysis may need to be selected). Therapists inspired by the relational perspective on the alliance may need to be more attentive to clients’ moment-by-moment displays of alliance-fostering and alliance-breaching cues and be more vigilant in
adjusting subsequent interventions in light of those cues. Below, I discuss these and other implications in greater detail.

*Implications for Therapy Research*

There are three implications of this study to therapy research that I wish to highlight. First, my research is responsive to the recent developments in psychotherapy research. The therapy research literature delineates a shift in focus – many researchers are moving away from identifying effective treatments or effective therapy relationships to deriving *principles of change* by examining specific interventions as enacted by specific therapists in relation to specific clients in particular contexts. Despite these changes, the field seems to be at a loss as to how to implement this new program of research, partly due to a shortage of suitable research methods. My discursive analysis of therapy exemplifies how emergent questions and concerns of therapy researchers may be addressed. Second, I propose to investigate therapy by focusing on a currently under-examined unit of analysis – sequences of actions in interaction. Finally, the client’s contributions need to be taken into account when examining therapists’ interventions. Let me reiterate these points in greater detail.

*Investigating Principles of Change*

By micro-analyzing the interaction between a couple and a constructionist therapist, I identified and described a principle of effective couple therapy – the transformation of mutually objectionable ways of responding into more mutually acceptable lines of communication. In my study, Karl Tomm helped the couple to replace formerly inadequate understandings and communications with methods that promote more acceptable relational coordination, so that the partners can potentially use these new
methods in conversations beyond the session. If therapy is viewed as a conversational art or talking cure, it makes sense to investigate interactions between therapists and clients in order to understand how talking leads to change. CA provides the means for showing how each speaker’s turn in talking can be consequential for the overall trajectory of a conversation. Researchers and theorists need to attend to this level of detail, primarily because clients and therapists themselves, as my analysis has shown, find this level of detail significant as they design their contributions to discourse and interpret the contributions of others. CA offers a unique and valuable lens through which to view therapeutic change as the participants’ concern and accomplishment. The participants in my study designed their contributions as “alternatives” – the ways in which ideas were formulated displayed the speakers’ recognition that what they were about to offer was different from or even disagreeing with others’ preferred or familiar understandings. Therefore, my study is a novel way of understanding and researching “doing therapy” endogenously, that is, from the participants’ frame of reference. Instead of applying researchers’ theoretical concerns and priorities, CA allows for a focus on the concerns and projects of the ‘insiders’ to the therapeutic interaction.

Effective therapy practice involves balancing client preferences and the therapist’s judgment – based on available scientific and clinical evidence. Since the application of research evidence to a given client is not guaranteed to produce desired outcomes, monitoring of client progress and adjusting treatment as needed are required. Little research has been done examining how the therapeutic relationship/interaction and actions of the therapist contribute to positive outcomes (APA, 2006). Also, I have argued
that analyzing client-therapist relationships using an interactive framework is a sound and fruitful alternative to the traditional intrapersonal approach.

*Examining Sequences of Actions in Therapy*

The unit of analysis in family therapy should be the *interaction* between the therapist and the client and that such interaction is an ongoing, circular feedback process. In this dissertation, I have argued in favor of thoroughly examining the evolving, interweaving discursive contributions of both the therapist and the client so as to generate a comprehensive account of what it means to collaborate or be aligned in therapy (Sutherland & Couture, 2007). In approaching the study of therapeutic collaboration I chose a rather non-conventional, within counselling, research unit of analysis (Russell, 1998) – sequences of actions or chaining of speaking turns. I examined the communicative conduct of each participant as reflexive, shaped by and shaping of the contributions of others in discourse (Heritage, 1984). As such, I distinctly examined therapy as a non-linear and dynamic process, consistent with the assumptions of systemic practitioners and the concerns of family therapy process researchers (Couture & Sutherland, 2004; Rogers et al., 1985). Interestingly, this “systemic” or interactive approach to the study of family therapy is only marginally implemented. As I have mentioned, mainstream research tends to be intrapsychically oriented, even when interactions in the context of systemic practice are examined. It is my impression that projects of the kind I conducted are much needed, not only due to their theoretical compatibility, but also because they exemplify a completely different reflexive and micro-focused way of thinking about and practicing therapy. Discursive research invites researchers, theorists, and therapists to enter into the realm of the micro-processes of how
problems, solutions, relationships, and identities are created \textit{in} therapy by the participants themselves away from generalities and decontextualized conclusions \textit{about} therapy produced by observers.

\textit{Rhetorical Construction of Therapy}

My study demonstrated that the clients actively negotiated and contested the therapist’s interventions and proposed descriptions. As researchers we need to examine the rhetorical construction of meaning in therapy and attend to how clients manage to steer interaction in directions they prefer, despite such preferences being at odds with therapists’ conversational efforts. By using CA I addressed many shortcomings of currently utilized research methods. My approach to research allowed me to generate a description of how language use in therapy is conjoint, variable (multifunctional), contextual (reflexive), and rhetorical.

\textit{Implications for Counselling Practice, Training, and Supervision}

Although counselling research has been identified as “a necessary component of the highest ethical practice and a fundamental aspect of psychotherapeutic service” (Lambert, 1991, p. 1), therapists have been largely unable to systematically incorporate research evidence into their practice. The major complaint of therapists is that most counselling research is insufficiently specific to be relevant to clinical practice (Morrow-Bradley & Elliott, 1986; Rennie, 1994). Professionals are continuously faced with the reality of having to make immediate decisions about how to proceed in their interactions with clients. Most existing studies, commonly focused on generalities, have been of limited value in helping therapists resolve this practical dilemma. My micro-analysis of therapy can be useful to therapists who are deciding how to respond at a particular
junction in interaction. It can aid therapists in expanding their ability to read interaction in such a way that there are always openings for collaborative therapeutic conversations.

My study can help constructionist therapists take into account the previously taken-for-granted aspects of therapeutic talk and to begin attending to similar micro-details of talk in their own communication with clients. I offered a range of strategies and devices that practitioners can use in their own work with clients to join similar conversational developments in new, more collaborative ways. Constructionist practitioners emphasize the importance of discourse; however, they may not have the necessary training or time to conduct rigorous, fine-grained analysis of therapeutic interaction meant to generate ideas for improving their practice. The research described in this dissertation was initiated precisely for this reason, to provide much needed empirical examination of what happens at the micro-level of interaction that might account for collaborative movement toward change.

Therapists can draw on the results of my analysis to co-construct therapeutic meaning in ways that their clients are more likely to experience as therapeutic. Specific practices that therapists may ‘try out’ in their own practice can include deliberately using continuers and silences, eliciting the client’s perspective prior to offering therapeutic formulations, overlapping to co-complete clients’ turns, packaging ideas tentatively, inserting okay to propose a transition in talk, and using oblique descriptions when

34 Practitioners of more ‘traditional’ approaches to counselling can also benefit from language-focused readings of therapy. However, it may be argued that, unless the constructionist assumption of the constitutive nature of language is endorsed, the usefulness of a constructionist reading of counselling may be questioned (Avdi & Georgaca, 2007).
addressing delicate matters. The results of this analysis can also assist practitioners in developing sensitivity to clients’ articulated preferences. Therapists may be able to reorient to their talking with clients. For example, they may be able to attend more to certain aspects of clients’ talk and, hence, make more deliberate choices in their responses. To state it differently, my study can assist therapists in becoming more attuned to their clients’ in-session feedback or their conversationally displayed preferences.

Therefore, through exposure to the results of this study, therapists can sensitise themselves to opportunities for strengthening alliances with clients (and between clients) and to client feedback indicative of breaches in alliances. This research demonstrated how an avowed collaborative therapist oriented and responded to clients’ within-session feedback. Practitioners who wish to enhance the collaborative potential of their work may benefit from attending to the circular nature of their discursive positioning in relation to clients, that is, to how their moves in discourse shape their clients’ moves and vice versa. This study may assist them in developing these self-monitoring skills (Gale, 2000). T. Strong (2003a) argues that discursive research can assist counselling trainees in sensitizing themselves to the content and effects of their actions in interaction with clients. For example, by recording, transcribing, and micro-analyzing their own talk, trainees can assess consistency between their intentions in responding and the actual effects of those responses on clients.

Thus, both novice and experienced practitioners can transcribe and micro-analyze segments of their own work or that of their colleagues. They may sensitise themselves to places in talk that offer opportunities for change and learn how to make use of these places in ways that are likely to bring about healing and wellness for clients. Therapists
may also form hypotheses about their favored interventions in talk and examine displayed evidence of their effects on clients (Gale, 1996). Detailed examination of discursive skills utilized with one client may be beneficial for work with other clients (Gale, 2000).

Discursive research can inform and be informed by counselling theory and practice. For example, my study is grounded in the assumptions and concerns of constructionist practitioners. I hoped to assist constructionists in expanding their practice, or ways of conceptualizing practice, by empirically investigating collaboration and providing specific ideas about how therapists can contribute to their dialogues with clients in ways more mindful of these clients’ preferences. Through applying the results of this study, therapists and theorists can generate new insights and practices that can subsequently inform researchers’ interests and frameworks. Compatibility in concerns and assumptions of constructionist research, theory, and practice can assist in narrowing the gap between practice/theory and research (Avdi & Georgaca, 2007; Couture & Sutherland, 2004: Miller & T. Strong, 2008).

**Critically Inspired Reading of the Data**

In the field of counselling, human behaviour and experience are commonly understood with reference to inner mental processes or stable structural properties inherent in relationships. Social constructionists re-conceptualize conflict among people and the resolution of that conflict as socially constructed phenomena (Sinclair & Monk, 2004). They argue that people’s understandings are historically and culturally specific (Gergen, 1999). Since people interpret and act from a particular socio-historical location, when examining human subjectivity and relationships, attention should be paid to the role
of community-specific discourses and patterns of behaviour (Guilfoyle, 2005; Hare-Mustin, 1994).

Positioning theory (Davies & Harré, 1990) has much to offer when it comes to examining the role of culture in the production of human subjectivity and relationships. “Positioning” refers to how people are located in conversations as active participants in constructing reality. People position themselves, or are positioned by others, in relation to various cultural discourses. Dominant discourses tend to exert a constraining effect on what people can say or do in relation to each other (Foucault, 1980; White, 1991); however, people are still capable of exercising choice in relation to discourses and may resist being normalized and totalized (Guilfoyle, 2001). Since there are multiple cultural resources available for describing reality, conflict may transpire and people may speak from competing discursive positions, with each advancing distinct understandings and values.

Critically inspired discourse analysts focus on how cultural discourses function in certain conversational contexts. They attend to how power manifests at the level of everyday discourse and how it shapes and constrains human action and understanding. Although CDA and CA practitioners’ stances on how to examine power and social-cultural context are incommensurable, a critical reading of the interaction after it has been micro-analyzed using CA can still be offered. My study reveals that Dan tended to speak from a discursive position that presupposed gender equality in self-expression. He described Jen as fully capable of speaking her mind, but as choosing to not do so in their relationship. Dr. Tomm, jointly with Jen, invited Dan to consider that he might be “blind” to his masculine privilege and to the effects that his dominant behaviours have on Jen’s
self-expression. In observing Jen’s engagement in this session, one will note how she continuously joined Dan’s totalizing description of her as inherently “withdrawn” and “private”. Jen displayed hesitancy to speak ‘her mind’. She seemed focused on how her withdrawal has been the problem in the relationship. Dr. Tomm invited Jen to shift from a relationally-conscious to an individually-focused position (e.g., what is it that you want from him?). Overall, therapeutic change in this session was afforded by the therapist’s bringing forth of a more traditionally masculine discourse in Jen’s talk, inviting her to further develop her own (autonomous) voice in the relationship. He also worked with Dan, generating a more traditionally feminine (relationship-oriented) perspective in Dan’s discourse. My analysis further shows how Karl Tomm adapted a critical or reflexive position in his interaction with clients (Hoffman, 1992) – how he deconstructed socio-cultural discourses such as “men don’t cry”; explicitly challenged assumptions and behaviours that sustain gender inequality; and acknowledged his own male privilege. Overall, Dr. Tomm used a range of strategies to challenge dominant explanations and develop marginalized descriptions.

Some writers challenge the idea that it is possible for therapists to completely abdicate their position of power or to speak from the position of “non-experts” (Guilfoyle, 2001, 2005; Luepnitz, 2002). Guilfoyle (2001) distinguishes between local and global levels of power operation in therapy. He argues that, even if therapists’ attempts to locally challenge dominant professional discourses are successful, at the macro-level these therapists may still remain psychotherapists or experts to clients.

I prefer a perspective on power as dynamic, discursive, and socially distributed. I also believe it to be important that as therapists we recognize that our efforts to position
ourselves as collaborators and to invite clients into an egalitarian relationship may not always be successful. Karl Tomm’s distinction between the intent behind an action and the action’s effect on the other illustrates this point (McNamee, Lannamann, & Tomm, 1983; Tomm, 1988). As a therapist, I may think that I am collaborating with clients, yet the clients may experience our interaction quite differently.

This may happen when therapists, for example, attend to clients’ preferences in interaction while the clients are still expected to accommodate therapists’ professional agendas and priorities for interaction. Sampson (1993) helpfully sums up this point by describing the traditional, within psychology, perspective on the client’s voice. He states that “this understanding of voice tends to be an accommodative, add-on strategy that continues serving the interests of the dominant groups rather than being a genuinely transformative response to those who seek to have their own voices count” (p. 1218). In my study, I showed how the therapist not only invited collaboration from the clients around his proposed goals and tasks, but also how he attended to the clients’ own agendas for interaction, thus transforming his conduct to better reflect the clients’ agendas.

Limitations of the Study

Critics of my discursive approach to the analysis of therapeutic collaboration may question why the therapist’s and the clients’ own understandings and impressions of the alliance were not obtained after the session. Would not they, as the ‘insiders’ to interaction, have something valuable to say about their own experiences of their relationship? Although this question is legitimate and has already been addressed by prior research (e.g., Bachelor, 1995; Beck, Friedlander, Escudero, 2006; Bedi, Davis, & Williams, 2005; Halstead, Wagner, Vivero, & Ferkol, 2002), the focus of my study is
different. Arguably, eliciting the *a posteriori* constructions of the alliance is not the same as accounting for behaviours that produce in-the-moment relationships or alliances. The alliance is characterized by adjustments in actual conduct that ongoingly and reflexively take into account co-participants’ behaviours. Retrospective reports, although valuable as potential objects of empirical scrutiny (Zimmerman & Pollner, 1970), are not the best means for understanding how the alliance is built in a conversation, turn-by-turn.

Critics may further ask, what can the analysis of one session say about practices of other constructionist practitioners or even about Dr. Tomm’s engagement with other clients? It may be argued that sessions of other constructionist practitioners could have been examined to develop a more comprehensive account of how collaborative relationships are accomplished in the context of constructionist therapy as well as to contrast and compare devices and practices across various discursive approaches to counselling. Collaborative practices used in therapy could have been further compared with practices used in other institutional contexts (educational, legal, medical) or those deployed in everyday informal interactions. This could offer therapists insight into practices unique to therapeutic conversations and also provide more general suggestions for speakers to use in everyday conversations to collaborate with others.

My intent for this study, however, was not to generate a comprehensive list of devices and practices used by constructionist therapists. My focus was on *in situ* utilization by the participants in this particular session of *whichever* interpretive and interactive practices they chose to collaborate with one another (ten Have, 2004). Rather than identifying generalizable practices to be replicated by therapists, I offered possible ways to achieve and sustain collaboration in the context of therapy (Peräkylä, 2004).
Practitioners may orient to these collaborative practices as they respond to clients in their own practice and, through their application, may find these practices useful. I have provided a heuristic starting point from which practitioners may draw, so that they can increase their sensitivity towards collaboratively joining conversational developments in their sessions. Therapists can use the results of this study as an empirically-informed guide for collaborative practice. Obviously, there is no guarantee that the use of a particular device will produce the intended effects; however, it can be argued that certain kinds of initiatives lead to certain effects (Tomm, 1988). For example, when someone’s perspective is bluntly dismissed, as opposed to acknowledged and validated, his or her response in both cases is likely to be quite different. (Of course, it is impossible to predict ahead of time how a person will actually respond.)

Another potential limitation of my project relates to the transcription. To preserve time and to dedicate more time and effort to the selected, “collaborative” parts of the session, I decided to transcribe 50 out of 80 minutes of the session. I identified collaborative moments of talk based on my theoretical conception of what such collaboration may entail. By not transcribing the entire session I might have missed important (to the participants) details of working collaboratively. Additionally, the technical quality of the recording was limited. There were occasional moments when I struggled to determine what was said and how it was said. I marked (bracketed) those moments in the transcript indicating my uncertainty regarding the participants’ conduct.

One more potential limitation of my analysis relates to deviant cases or situations when routinely used devices or strategies break down (ten Have, 1999). I was unable to identify many deviant cases in order to use them to further substantiate my analytic
claims about collaborative practices. Also, to examine deviant cases would have been to focus on how power was enacted or how the therapist showed limited efforts to involve the clients. Future research may continue examining power-related aspects of interaction in constructionist therapies. Contrasting and comparing collaborative and non-collaborative interactions may help to further expand practitioners’ understanding of what it takes to develop and sustain collaborative therapeutic relationships.

Lastly, although I closely examined para-verbal features of talk, I could have conducted a more fine-grained analysis of the participants’ non-verbal behaviours. The participants in interaction may attend to each other’s non-verbal conduct and use it to make sense of interaction (Heath, 2004). However, for the most part, I could not generate confident claims about the participants’ orientations to and interpretations of non-verbal features of their talk.

**Recommendations for Future Research**

This study yields a number of possible directions for future research. Future research may focus on examining how collaboration and power are accomplished in the context of each collaborative approach (e.g., solution-focused, narrative, collaborative language systems). Practitioners may wish to draw on research findings investigating concepts and practices of their preferred approach to counselling. The stance of narrative therapists on the issue of power corresponds closely to that of macro-oriented researchers, while collaborative language systems practitioners would probably endorse the assumptions advocated within the micro research camp. Solution-oriented therapists seem to endorse the view of power as dynamic and shared (O’Hanlon, 1993), similar to collaborative language systems practitioners. Macro-oriented practitioners could explore
the following questions: How do counsellors position themselves in relation to clients (as objective experts, conversational partners, liberators) and how do clients respond to such positioning and position themselves in return? What rhetorical strategies and cultural resources are employed in such accomplishments?

When CA is applied to the study of psychotherapy, further insights may be gained about how specific counselling models, their distinct concept and rituals, are produced and enacted in counselling; what normative expectations shape constructionist counselling; and how specific constructionist interventions (problem externalization, miracle questions, unique outcomes, etc.) are accomplished in talk. In my study, both clients were invited to take responsibility for their contributions to the couple’s relationship. I showed how responsibility was co-constructed in the course of the session. Future research studies may target other therapeutic possibilities for detailed analysis. For example, research may examine how hope, respect, motivation, agency, confidence, and other phenomena are co-constructed, turn-by-turn, as well as the processes hindering these constructions. When it comes to the study of collaboration, researchers may also examine how participants orient to and repair ruptures in the alliance.

Further discursive research may be conducted to explore various aspects of supervisory relationships and conversations. Relatedly, research can focus on how discursive inquiry can be used as a tool for counsellor training and supervision (see T. Strong, 2003a for specific ideas). Questions can be asked such as, How do counselling trainees’ perceptions of their practice shift following exposure to the results of discursive analyses of their own or others’ practice? How does trainees’ participation in counselling transform after exposure to discursive research? Finally, the effectiveness of therapy can
be tracked by examining how clients respond to (e.g., join or resists) therapists’ ideas and proposals and how therapists use these responses to inform their subsequent interventions.

Ethnographic researchers can generate descriptions of collaborative counselling practice as a socio-cultural phenomenon by observing the collaborative interactions between therapists and clients and by eliciting the participants’ reports of what it takes to collaborate with one another. These researchers may also attend to how institutional relevancies affect the relational bond. Phenomenological and existential scholars may analyze the participants’ descriptions of their experiences of being in and contributing to collaborative relationships. They may ask questions such as: How is the alliance experienced by the participants? What does it mean to collaborate? What is happening when the participants feel strongly aligned? What do they think hinders or fosters a sense of collaboration?

Conclusions

As a psychologist, I work with couples and families who often get stuck in unhelpful interactions characterized by totalizing descriptions of others as blameworthy (Sinclair & Monk, 2004). In this dissertation, I have offered some orienting ideas and practices which therapists can use to collaboratively engage clients in reflecting upon their relationships and in developing more mutually acceptable ways of relating and conversing. When therapy is regarded as a constructive activity, the focus of therapists shifts from uncovering the root causes of problems, to assisting families in re-negotiating their communications into more collaborative and less polarizing lines of talk.
I spoke earlier of constructionist practitioners promoting a rigour of a distinct, conversational kind (T. Strong, 2003b). Conversationally rigourous therapists orient to meanings or descriptions that are significant and relevant for clients and make use of such potentially therapeutic conversational openings. This rigour further entails paying attention to what clients do with therapists’ interventions, thus promoting client-directed, outcome-informed therapeutic practice (Duncan et al., 2004). This study shows how therapists can foster collaborative relationships with clients at the level of each conversational turn. It is in the immediacies of dialogue, as I have shown, where the key to building therapeutic collaboration lies.
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Appendix A: Invitation and Consent Letter Sent to Dr. Karl Tomm

Name of Researcher, Faculty, Department, Telephone & Email:
Olga Sutherland, Division of Applied Psychology, Faculty of Education, (780) 701-4259, oasuther@ucalgary.ca

Supervisor/Co-investigator:
Dr. Tom Strong, Division of Applied Psychology, Faculty of Education

Title of Project:
Collaboration in the Therapeutic Relationship: A Conversation Analysis of a Session of Family Therapy

Sponsor:
The Social Sciences and Humanities Research Council of Canada

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

*The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.*

Purpose of the Study

I would like to invite you to participate in a study exploring the conversational micro-dynamics involved in the establishment and maintenance of collaborative client-therapist relationships. Clients and therapists have their preferred theories/philosophies and ways of responding in interaction. Both parties’ contributions to the interaction require articulation, coordination, and reconciliation. This potentially collaborative process of meaning constitution and negotiation is often therapeutic in itself. It is my understanding that you prefer to interact with clients collaboratively, or in ways sensitive to clients’ diverse and emergent needs, preferences, and understandings. It is my intent to make evident and understand the *hows* of this collaborative engagement and examine not only your contributions to your interactions with clients, but also clients’ responses to your interventions as shown in a videotape of your work with them. In other words, I plan to investigate how you responded to and engaged with the clients’ expressed and enacted meanings, including the interactional consequences of such responses.

What Will you Be Asked To Do?

You will be asked to select and provide me with a copy of a previously video-recorded family therapy session that you consider to be representative of your therapeutic work. Clients present on the tape must have (a) signed the Calgary Family Therapy Centre consent form indicating their permission to be videotaped and for tapes to be used for
research purposes and (b) signed the cover/consent form created specifically for this study (included in this package). Upon receipt of the videotape and a signed copy of this letter, I will transform the tape into an audio format to simplify the transcription process and to ensure clients’ anonymity. A professional transcriber from the Edmonton area will have temporary access to the audio-recorded version of the session and will be asked to transcribe the session. I will subsequently add more symbols to capture micro-details of talk, such as pauses, rising or falling of intonation, changes in speed or volume of speech. Two research assistants (graduate counselling psychology students) will be asked to verify the accuracy of the transcription by comparing the transcript with the verbal conduct of the participants appearing on the videotape. Finally, I will use the qualitative research method of conversation analysis to analyze the transcribed data.

I am attaching a copy of the cover/consent letter which I would ask you to send to the family appearing on the videotape. You are asked to inform the family about who was present during the session. You can do this by writing down the names of participating family members in the section titled “Signatures” in the cover/consent form addressed to the family prior to sending the letter to them (I have bolded the lines where you may insert their names). Two pre-stamped envelopes are also included in this package: one to be sent to the family for them to return the signed consent form to me and one for you to return this consent form after you sign it – should you agree to participate in this study. In the event that you give your consent to participate in this study, I will get back to you regarding the clients’ decision about consenting to participate in the study. It is possible we may need to do this a few times before finding a consenting family.

Your participation is voluntary and you may refuse to participate altogether. Moreover, you and the family (and any member of that family) have the right to withdraw your consent to participate in this study (and all contributed information) at any time, for any reason, and without being penalized in any way. If you or any family member present on the tape should express a wish to withdraw from the study, new participants will be sought and all information contributed to this point by all participants will be destroyed immediately. The audio/video tapes will be erased and transcripts deleted permanently from Dr. Strong’s and my firewall-protected computers. The final draft of the dissertation will be made available to you and the family upon request after a successful oral defense of the dissertation. Your approximate time commitment will be 30-60 minutes for reading this letter, selecting the videotape, and obtaining the permission from the family (from those members who appear on the tape) to use the videotape for the purposes of this study (via mailing them the attached cover/consent letter).

What Type of Personal Information Will Be Collected?

No personally identifying information will be used in this study, and client participants shall remain anonymous. The family members’ (and your anonymity, if you wish) will be ensured via the use of pseudonyms in the transcriptions. You have the option of disclosing your identity to the readers of the results of this study or to remain anonymous (as “the therapist”). Actual names and other identifying information will be removed from the audiotape prior to giving it to the transcriber. Research assistant(s) responsible
for ensuring the accuracy of the transcription will have temporary access to the videotape of the session. Research assistants, being counsellors in training, adhere to a professional code of ethics for counsellors and are ethically liable for violating the confidentiality of research participants. Pseudonyms (for family members and you should you so wish) will also be used in publications and conference presentations that may evolve from this study.

**Are there Risks or Benefits if I Participate?**

There are no known risks associated with this study (other then you possibly feeling uncomfortable with being asked to have a tape with your participation analyzed). The most immediate benefit for you is the opportunity to contribute to the identification of collaborative practices in therapy. The results of this study are expected to assist therapists, who prefer collaborative conversations with clients, in identifying their own practices involved in the joint constitution of meaning and collaborative action in counselling. Such practices might foster mutual respect and partnership in therapy, which I believe to be so essential for generative and effective therapeutic work. You may also benefit from enhanced exposure among professionals to your distinct style and approach to working with families.

**What Happens to the Information I Provide?**

The videotaped and transcribed conversational data will be stored on the firewall protected computers of Dr. Strong and me for a period of five years. Video/audio tapes will be stored in a locked filing cabinet in Dr. Strong’s office. The audio/video-tapes will be erased and the transcript deleted permanently from the laptops in five years after a successful oral dissertation defense.

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**Signatures**

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant’s Name: (please print) ________________________________

Participant’s Signature: __________________________ Date:________

Researcher’s Name: (please print) ________________________________
Researcher’s Signature:_________________________________ Date:________________

I wish to remain anonymous (as “the therapist”): Yes: _____ No: _____
You may quote me and use my name: Yes: _____ No: _____

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Olga Sutherland, Applied Psychology/Education, (780) 701-4259, oasuther@ucalgary.ca
or Dr. Tom Strong, Applied Psychology/Education, (403) 220-7770, strongt@ucalgary.ca

If you have any concerns about the way you’ve been treated as a participant, please contact Bonnie Scherrer, Associate Director, Research Services Office, University of Calgary at (403) 220-3782; email bonnie.scherrer@ucalgary.ca.

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.
Appendix B: Invitation and Consent Letter Sent to the Family

Name of Researcher, Faculty, Department, Telephone & Email:
Olga Sutherland, Division of Applied Psychology, Faculty of Education, (780) 701-4259, oasuther@ucalgary.ca

Supervisor/Co-investigator:
Dr. Tom Strong, Division of Applied Psychology, Faculty of Education

Title of Project:
Collaboration in the Therapeutic Relationship: A Conversation Analysis of a Session of Family Therapy

Sponsor:
The Social Sciences and Humanities Research Council of Canada

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you would like more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

Purpose of the Study

My name is Olga Sutherland and I am a PhD Counselling Psychology student in the Division of Applied Psychology at the University of Calgary and a practicing psychotherapist. I am presently conducting a research project entitled "Collaboration in the Therapeutic Relationship: A Conversation Analysis of a Session of Family Therapy" under the supervision of Dr. Tom Strong, an Associate Professor at the University of Calgary. The project constitutes my dissertation research, one of the requirements towards a PhD degree.

I am planning to analyze communications between Dr. Tomm and members of your family. I am interested in exploring the various ways in which Dr. Tomm responds to the diverse ideas and wishes of family members that emerge in the course of a clinical interview. I will look closely at how Dr. Tomm shares his professional knowledge collaboratively and conversationally, in ways that acknowledge and incorporate your personal understandings and preferences for mutual work. Professionals who wish to better recognize and respect the wisdom and expertise offered by families may benefit from exposure to the results of this study. They might develop sensitivity to, and an ability to modify, their own ways of responding to clients’ ideas in therapy in order to improve the collaborative nature of therapeutic relationships with clients.
What Will You Be Asked To Do?

I asked Dr. Tomm to select a videotape of one counselling session representative of his collaborative approach to working with families. If you are reading this letter this means that Dr. Tomm hopes to use a session where you participated with him, in helping me with my research. Upon receipt of the videotape from Dr. Tomm, I will transform it into an audio-only format. A professional transcriber from the Edmonton area will have temporary access to the audio-recorded version of the session and will be asked to transcribe the session. I will then transcribe important specifics beyond those recorded by the transcriber. Two research assistants (graduate counselling psychology students) will be asked to verify the accuracy of my transcription by comparing the transcript with the information on a videotape. Finally, I will use a qualitative research method of conversation analysis to analyze my transcription of your session with Dr. Tomm. A detailed account of what transpired in the course of the interview will constitute the final product of this research.

Your approximate time commitment will be 15-30 minutes for reading, signing, and returning to me this letter (a pre-stamped envelope is included). Your participation is voluntary and you may refuse to participate altogether. Any member of your family appearing on the tape has the right to withdraw his or her consent to participate in the study (and all information he or she contributed) at any time, for any reason, and without being penalized in any way. If anyone on the tape expresses a wish to withdraw from the study (something that can be done by contacting me via my contact information on your copy of this letter), new participants will be sought and all information contributed to this point by all participants will be destroyed immediately. The audio/video tapes will be erased and transcripts deleted permanently from Dr. Strong’s and my firewall protected computers. The final draft of this research for my dissertation will be made available to you upon request after a successful oral defense of the dissertation.

What Type of Personal Information Will Be Collected?

No personally identifying information will be collected in this study, and all participants shall remain anonymous. Your anonymity will be ensured via the use of pseudonyms in the transcriptions. Actual names and other identifying information will be removed from the audiotape prior to giving it to the transcriber. Research assistant(s) responsible for ensuring the accuracy of the transcription will have temporary access to the videotape of the session. Research assistants, being counsellors in training, adhere to a professional code of ethics for counsellors and will be ethically liable for any violation of your confidentiality. Both research assistants and a transcriber will be asked to sign a confidentiality agreement.

Are there Risks or Benefits to Participation?

There are no known risks associated with this study. The most immediate benefit for you is the opportunity to indirectly contribute to the identification of collaborative practices in therapy. Professionals who wish to better recognize and respect the wisdom and expertise
offered by families may benefit from exposure to the results of this study. They might develop sensitivity to, and an ability to modify, their own ways of responding to clients’ offerings in therapy in order to improve the collaborative nature of therapeutic relationships with clients.

What Happens to the Information Provided?

The videotaped and transcribed data will be stored on my and on Dr. Strong’s computers for a period of five years. Video/audio tapes will be stored in a locked filing cabinet in Dr. Strong’s office. The audio/video-tapes will be erased and the transcript deleted permanently from the laptops in five years after a successful oral dissertation defense. In addition to being available to me, the data will be made available to Dr. Strong for his own use/dissemination (e.g. articles, presentations at conferences). No identifying information will appear in articles or presentations.

Signatures

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You will not be able withdraw your data after June 1, 2007 (upon the completion of the data analysis). You should feel free to ask for clarification or new information throughout your participation.

All members need to approve of this research and this might require extra explanation for children. Children are asked to show their assent (agreement to participate) in the spaces provided below, something you, as their caregiver are asked to initial as having witnessed. In the event that any family member's consent or assent is unobtainable, your family would not be asked to participate in the study.

Participant’s Name (Parent 1): (please print) ______________________________
Participant’s Signature _____________________________ Date: ____________

Participant’s Name (Parent 2): ____________________________________________
Participant’s Signature ____________________________________Date: ____________

Participant’s Name (Child 1):  ______________________________________
Participant’s Signature ____________________________________Date: ____________
Participant’s Name (Child 2): _____________________________________________
Participant’s Signature ____________________________________ Date: ____________

Participant’s Name (Child 3): _____________________________________________
Participant’s Signature ____________________________________ Date: ____________

Participant’s Name (Child 4): _____________________________________________
Participant’s Signature ____________________________________ Date: ____________

Participant’s Name (Child 5): _____________________________________________
Participant’s Signature ____________________________________ Date: ____________

Researcher’s Name and Signature ____________________________________ Date: ____________
Witness’s Name and Signature ____________________________________ Date: ____________

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Olga Sutherland, Applied Psychology/Education, (780) 701-4259, oasuther@ucalgary.ca or Dr. Tom Strong, Applied Psychology/Education, (403) 220-7770, strongt@ucalgary.ca

If you have any concerns about the way you’ve been treated as a participant, please contact Bonnie Scherrer, Associate Director, Research Services Office, University of Calgary at (403) 220-3782; email bonnie.scherrer@ucalgary.ca.

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.
Appendix C: Confidentiality Agreement Form Sent to Transcribers

Name of Researcher, Faculty, Department, Telephone & Email:
Olga Sutherland, Division of Applied Psychology, Faculty of Education, (780) 701-4259, oasuther@ucalgary.ca

Supervisor/Co-investigator:
Dr. Tom Strong, Division of Applied Psychology, Faculty of Education

Title of Project:
Collaboration in the Therapeutic Relationship: A Conversation Analysis of a Session of Family Therapy

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If you are a transcriber, you will be asked to transcribe an audio-taped counselling session. It is very important that the information contained in the tape remains confidential. While actual names and other identifying information will be removed from the audiotape prior to giving it to you, you are still asked to maintain confidentiality of the information you transcribe.

Signature
Your signature on this form indicates that you agree to not to reveal any of the contents of the tape.

Transcriber’s Name: (please print) __________________________

Transcriber’s Signature: __________________________ Date: ____________

Questions/Concerns
If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Olga Sutherland, Applied Psychology/Education, (780) 701-4259, oasuther@ucalgary.ca
or Dr. Tom Strong, Applied Psychology/Education, (403) 220-7770, strongt@ucalgary.ca

If you have any concerns about the way you’ve been treated as a participant, please contact Bonnie Scherrer, Associate Director, Research Services Office, University of Calgary at (403) 220-3782; email bonnie.scherrer@ucalgary.ca.
A copy of this agreement form has been given to you to keep for your records and reference. The investigator has kept a copy of the agreement form.
Tomm: And I just wanted to mention that Nancy did fill me in about her work with you, so that... um, I have some background. I don't have all the details.

Jen: A bit of a review. (laughs)

Tomm: Yeah, because there’s... I understand that you've been coming for some time, you saw (Lisa) for a while. And then saw Nancy and so forth. So what I'd like to start with right away, before I do start, do you have any questions you want to ask me? About me, my work, what I do, why I'm here anything?

Dan: Why are you here? (laughs)

Jen: (laughs)

Tomm: (laughs) Uh, at this particular moment, in this room, or do you mean in Calgary, or...

Dan: Well, as you like. (laughing)

Tomm: I, um, actually grew up in Calgary. And when I finished my psychiatric training at (name of the) University I came back to visit my father here, and was here for a new job. So I started this program about thirty-five years ago, and running it ever since.

Dan: It's a good thing.

Tomm: Good. Do you have any questions you want to ask?

Jen: Well, I'm curious. I guess I'm curious about, literally, why you're here today. Like, I think Nancy is finding us to be a challenge I guess, I'm assuming that's why another person is here.

Tomm: Well, Nancy can comment on that too. But my understanding is that Nancy wanted me to sort of review the therapy together with you and her, and to think of some possible directions in the therapeutic process. Do you want to add to that?

Nancy: Yeah. I think partly because... I would basically summarize it that way, because also our last interview was so difficult, and it seemed like we were getting stuck in the mud so to speak, that I thought it would be good to get some additional input. Because we've been working together quite some time. So I thought it would be advantageous to get some input.

Tomm: Yeah. Yeah, we do this quite often with families who have been in therapy for some time. Because we like to get, you know, other points of view and so forth. It's a way to review the whole process and to set new directions if necessary.

Jen: And uh... Does that answer your question?
Tomm: If other questions come up, about me and my role in this, by all means bring them up. Okay. Why don't we begin then, and ask you like... from your point of view, how is the therapy going? Do you feel like um... you're getting... you know, what you would like in terms of our work with you here, or you're not, or some things happening that you wish weren't happening, or some things that are not happening that you wish were happening? So I'd like to get each of your perspectives on the therapy to date.

Jen: Well, I think from the start, you know when we first came, we've made quite a bit of progress from way back with (Lisa). We've, I think... she was helpful to us. We got some good insights about our family dynamics, 'cause we had the kids... In the last little while it's been Dan and I coming for... whatever, a couple of months now. And we were really struggling, especially with our teenage son. And I think we've made some huge progress with him in terms of, uh, he's... we now understand that he's ADD, which we didn't realize, so he's been able to get medication for that, and he's in a new school, and he's doing really well. Which is—

Tomm: That's xx.

Jen: Which is a total turn-around for him.

Tomm: Uh, what medication is he on?

Jen: Dr. Smith, our family doctor.

Tomm: Concerta.

Jen: Yeah.

Tomm: And who's prescribing that?

Jen: Dr. Smith, our family doctor.

Tomm: Alright. So he's doing better.

Jen: So -- He's doing much better. That was a really, a big cause of stress, just the fact that we knew he was capable but he wasn't able to perform in school, and that was causing a lot of friction at home with us, both Dan and I. Probably more so with Dan, I think, than in... in terms of conflict. Dan and Fred --

Dan: He was defiant and I probably had more trouble handling him than Jen did, but yeah. That was a big part of the equation.

Jen: So that since the beginning, how things have been going from that perspective, things have improved considerably. School-wise and performance wise, which has made our relationship a little bit smoother. But we still have a lot of issues with conflict with Fred, but parts of it have improved.

Um, I think between Dan and I, I don't know. I think things are coming up more, that we might need to be working on that I didn't realize at the beginning but now it's becoming
clearer that we actually have some things in our relationship that I think are part – are related to our parenting, and how we parent, and different views on that. And um... so we've come, I guess we've come to that realization, so that's been a positive thing. In terms of working out these issues. I don't think we're there yet. I think we're just sort of still identifying what it is that's causing conflict between us.

Tomm: Okay. What would... How has therapy gone for your point of view, Dan? I'd like your perspective on that.

Dan: Well, uh... It was clear that we needed some help, and we wanted some...family dynamic. It needed improvement. And it's so important to us that we reached out for help for that. Because personally we reached out for some help before, too. Jan had been in counselling and I put myself in counseling, individual, one on one with a psychiatrist.

Tomm: That was before you came to family therapy?

Dan: Yes.

Tomm: I see.

Dan: But I could tell from what was going on in the individual that it wasn't enough, in terms of getting a focus and an understanding on key relationship, which was the family, and with Jen. So coming to family therapy, it's been very good. It's been a huge step. Because the kids, and what we felt for along time, stigma with going for therapy, and didn't go. And just went forward to manage on our own. But we – we came to, you know, think otherwise. Uh and... And the family. We, we really thought that it would be a good thing, and we had to focus and bring the kids in. Their attitude to coming was quite... They were reluctant. And then they became more engaged, and it became productive. Um...

And then coming to therapy, uh, has been a chance to get agreement, just by coming. But there is issues to work out that it would be, that it's useful to talk. And that it's good to talk with neutral, uh, observers, who guide with questions and comments, and... It got more participation issues out on the table. Uh, and... The kids' feeling supported. The kids' feeling... like they're getting a peek into the mystery of what's going on and why, you know, how we're all placed together. And I think the realization on Fred's part, too. There's some issues that needed to be dealt with that were his issues. It wasn't just a blame situation, that other people were responsible. And for Julie that has been a... probably a comfort, to understand that other people can have issues.

They do impact her, and it's her chance to talk about what
that impact is and to make it sort of more apparent to us.

What the impact is.

Tomm: So the kids' have become more accepting, then, of therapy involved? It sounds like they were quite reluctant initially.

Jen: Yeah. Well, I think Fred might be coming around more.

Tomm: So the kids' have become more accepting, then, of therapy involved? It sounds like they were quite reluctant initially.

What the impact is.

Tomm: So the kids' have become more accepting, then, of therapy involved? It sounds like they were quite reluctant initially.

That they've become more accepting as time has gone on.

Tomm: So the kids' have become more accepting, then, of therapy involved? It sounds like they were quite reluctant initially.

Jen: xx. I did suggest maybe, that he might want to come with us again sometime. I think he was a bit reluctant but uh, things are going well.

Tomm: So, going back though, to how therapy has gone for you.

Where do you see things at now, Dan, from your point of view?

Dan: Well, from my point of view, I guess, to start... inside, and then work out. On my side I've got personal work that I'm doing with a psychiatrist and whatever. We're still... I've worked with somebody before, and then I stopped working with them, because of their point of view on issues that were family issues. And it was incongruent with what other people were thinking or experiencing in that direction there. So that relationship ended. And I have a new psychiatrist I'm working with, and we're just kind of getting to know each other, but the focus for me was to the... the drivers were sort of anxiety and depression. And...

Tomm: Are you getting any medication for anxiety and depression?

Or...

Dan: Sleeping pills. I've probably had a decade where I didn't really sleep well. And then I got the pills, and I've been having a good night's sleep for probably three, four years now.

Tomm: What do you take?

Dan: xx.

Tomm: Okay.

Dan: And... one tiny pill, whatever how many milligrams those are. So I'm a dia-insulin dependent diabetic, and that's a big stress for me. Monitoring and managing my life, what I eat, when I eat. That job that I have... I took a new job two years ago. I've been seventeen years with a previous employer. And I was unhappy, and felt... whatever. And—

Tomm: What kind of work is it that your in?

Dan: I'm a xx, and I was doing... work inside a company. So corporate legal work, and my areas were, whatever.

Finance, securities, disclosure, board of director support, governance, that kind of thing. But the new job that I've had for the last two years, it's broader. I have more commercial... buying things. Doing deals, planning thing, as well as the other areas.
To mm: Is this an oil industry?
Dan: Yeah. Oil field service, in the new job. In the previous job it was pipeline. xx pipeline company, you know xx.
Tomm: I see.
Dan: But oil field service we're xx
Tomm: So do you feel a lot of pressure at work then, in terms of your job?
Dan: Yup. It's huge. It's huge, just the change and the stress, and what goes on. And I work... I worked with a pipe line utility-like culture. Very top-driven, controlled organization. Very hierarchical. And that's where I've been for seventeen years and after awhile when it was a smaller company that I joined, it was more fun. I had a broader scope of job. And whatever more hope, I thought, for a more interesting job in the future's time, I'd buy it. My job scope got very deep, but narrower, and that was less satisfying to me. And also my relations with the people, I just didn't believe that I was... whatever, up for a promotion for a more interesting job. And... that's the way the work world goes, sometimes you go forwards, sometimes you don't. Where I am now, I went back to a younger organization. Smaller, less centralized, and more in need of what I thought were some of the systems and the processes that I was so familiar with, with growth. But it's a xx organization, it's a very decentralized, very bottom-driven. Where...
Tomm: You enjoy your work better, there?
Dan: Well, the culture, yes. But work includes a huge swack of sort of... disorder, from a... You know, if a business person thinks that they can centralize and get efficient and be more effective by doing that, then there's a tug; 'cause this organization doesn't centralize, it decentralizes. And if something's done in a variety of different ways, if it works for the field people at the low level, on the front lines, great. There's no need to centralize.
Tomm: Mm hmm.
Dan: And a lot of legal things, like risk management or contracts, they lend themselves to standard processes, to centralizing.
Tomm: And I expected I would be able to bring, from the outside service acquire some staffing, build a department and go forward. Well the bosses have a very different view which never came out in the interviews. And also with—
Tomm: You're still the only xx?
Dan: Yeah.
Tomm: Oh, wow.
Dan: He's, uh...
Tomm: Listen, we don't... I don't want to drag this too much into
your work situation. I know there's probably a lot you can
tell me there, but... Jen, do you work outside the home, or...
Jen: I... No, I... Not for pay. I work for a church. I work like,

somewhat, probably like a day, a day and a half a week.
Tomm: Okay, so...
Jen: So I'm...
Tomm: So you do volunteer work about twenty percent of the time?
Jen: Mm, fifteen.
Tomm: So did you have a career before? Did you have a...
Jen: Um.. Well, I'm educated as a xx. And I have a xx degree
and I've worked, before I had... We had three children, and
our youngest is xx. Before Lindsay was born, I was
working for xx. Managing their xx. So I... I worked there
for three... three years, and then when I had Lindsay I stayed
home again.
Tomm: Okay.
Jen: (laughs) Sometimes it would be nice to have the... xx.
Tomm: xx
Jen: Depends on how you look at it. But yeah, work, xx I guess.
Tomm: Um, okay. Going back, then, to the current situation, then.
What do you see are the issues that Nancy could work with
you most effectively at this point? I mean, sounds like both
of you have individual resources. I'm not so clear... Are you
seeing somebody individually as well?
Jen: Yes.
Tomm: Who do you see?
Jen: Dr. Jones
Tomm: Green
Jen: Dr. Jones.
Tomm: Okay. Okay. She's hard to see though, when she's xx.

Jen: Yeah, that's right. Yeah, she works three days a week now.

Tomm: Okay.

Jen: She does work three days a week.

Nancy: Three and a half days a week.

Tomm: Okay. So you're seeing her fairly regularly, are you?

Jen: Uh, once a month.

Tomm: Oh, okay.

Jen: Something like that.

Tomm: Are you on medication, or...

Jen: Yeah, I am. I take Clonazepam.

Tomm: How much do you take?

Jen: Um... 1.5... I think that's a pill and a half. Milligrams, does that sound right?

Tomm: How often do you take it?

Jen: Once a day. In the, in the evening.

Tomm: So, back to my question about what issues you feel that it would be useful for Nancy to orient herself towards? Or do you feel like you've got a good relationship with Nancy. A good working relationship? Or is it... problematic for you in any way?

Dan: Yeah, it's not good, I think it's excellent. I think Nancy's very helpful in steering us towards... Probably, principally, uh, conflict resolution and parenting styles. And then sorting out... uh... I was going to say some of the weaknesses that show up in our individual understanding of each other's points of view or communication of... We often hold the same priorities or beliefs, but different how we approach doing that. And end up in conflicts on points where we're aligned underneath. So Nancy teased a lot of that out with us, by getting us to talk, and I think going forward... The key things are probably with Jen and I having a more conflict free, um, parenting style in the home. Nancy's been very helpful too, with Fred and with Julie, to draw them into what's going on in the family, what parents do and what kids seem to be prone to resist. And what kids do as they grow up. You know, it's kind of confirmed, the stages they go through, to them. But for us it's been kind of a bridge for the communication with the kids. Before Fred was diagnosed with his ADD, he... he was really quite defiant. And really... hurting himself at school. We'd go to parent teacher meetings and there'd be half a dozen hostile teachers, like headhunters, ready to, uh, have it with us, over Fred. And it was a shock to go to parent teacher interviews sometimes and he'd... he'd... his approach was he could care less. It didn't matter. He's going to fail school, so what? It
was a real defiant... trying to get him engaged with what his own good is. Trying to help him understand we as parents have a sense of that we're trying to work with him to build that. So we've come over sort of a huge mountain with him.

Tomm: Okay.

Dan: And then the diagnosis has been a huge help. And then the new school is xx, designed to focus on people with the kind of learning xx he has. Another huge help.

Tomm: Okay, so it sounds like you're very pleased with the relationship that you've been able to forge with Nancy. How do you feel about the relationship?

Jen: I feel very good about it. It's been, um... A lifesaver for us (laughs) in a lot of ways. You know, I think Nancy has been a big help. Um, again just some of the things that we've done. I'm just thinking of some of those interviews where we were role-playing each other and that kind of thing was helpful. Just, Nancy's been pretty supportive and available.

Tomm: Okay. Well, lets... Do you want to ask them...

Nancy: Can I clarify something?

Tomm: Sure.

Nancy: Because I experienced both Jen and Dan, at some times is frustrated with them. And so it might help for me to just clarify a little bit about... Because they've been open about that though, which I would say is probably constructive for them to let me...

Tomm: They're not saying that they've been frustrated with you. xx Nancy: I'm a little surprised by that, to be honest

Jen: (laughing) I didn't talk about that. I didn't talk about...

Nancy: Yeah. Yeah. Because like last time, Dan seemed quite angry with me, actually. And I hope he sees my good intents in the questions that I ask, but at times I've experienced he was very frustrated with me, or Jen has expressed—

Tomm: They said that you thought it was excellent.

Nancy: (laughing) Yeah, I know. So I'm like, "Oh!" You know?

Tomm: So where does your concern then, Nancy? Do you think that they are not... um, you know... giving you the whole picture, or that there's...

Nancy: Well, I don't know, I don't know. Because it could be that in going away from the discussion, then...

Tomm: They thought about it —

Nancy: There might be second thoughts...

Tomm: I see.

Nancy: And, you know, further exploration on their own, right? But I wouldn't be aware of that necessarily. So...

Tomm: Do you think that they're trying to make you look good, some xx.
Nancy: I don't know. (laughing) I don't know.

Tomm: Do they know that I'm your boss?

Nancy: Oh yeah, they know that.

Tomm: I see, I see.

Nancy: I xx what frustrations you'd expressed to me. xx. And I've apologized before and stuff like that, so... Because it's okay, I'm human, right? So...

Tomm: xx useless.

Nancy: Yeah.

Jen: Even when Nancy... I think it was something like... I think one time after a session I called you, because I was upset about what happened. But it's really the way you respond is to listen, to say, "Okay, yeah, you know. Those are valid...that's a valid thing for you to say." So for me it's gone. That's why... If you had said, forget it, I'm sorry but you're wrong and I'm right, then I would be dissatisfied. But... I mean, you know, we're relating, so if we resolve things, as far I'm concerned then that's a good thing, right?

Tomm: Yeah, sure.

Jen: We all have different ideas and approaches. And I think even Dan and I... I mean, last time was heavy duty. We were like going at it, and Nancy was trying to get in there and say, "Okay, wait a minute, lets find common ground." I think that's the sense I had. You were trying to help us find common ground so we could start somewhere and go somewhere, but we just kept going at it in terms of... we got pretty into argumentative and, you know, kind of extremist statements and all that kind of stuff.

Nancy: All or nothing kind of remarks, say.

Jen: And I think...

Nancy: I was wondering, actually, if you were feeling maybe upset about last time, and wouldn't want to talk about it after.

Dan: Well, you know, I...

Nancy: Or felt... Like, I'm obviously feeling... Because you were so quick to agree to have Dr... You're Dr. Tomm right?

Tomm: Yeah

Nancy: It seemed like... you felt frustrated, because you were just so, "Okay, lets get him in there and lets see what he has to say." It's sort of how I thought we'd have things last time.

Dan: This is... therapy is a big exploration for me. And it's one of those things where I've learned to not expect to come in and have a calm discussion and a tea party. I mean, you're talking about the issues that impact your life and your key relationships. So you tap a lot of emotions. So mine show sometimes. And I have... just from my individual therapy, I
know I've got way too much lightning rod to the anger emotion that gets me focused, doing things, accomplishing things, being disciplined. Just as a person. Whether I'm angry at my dad as a kid so I'm going to stand on my own two feet and go forward in school and pursue my own career and wall him out and rid my life... I'm angry there. Whether I'm angry at work, I'm just overwhelmed with so much stuff to do that I just get into gear and... Even at university, if I just struggle with someone and it's gets me going, I get going and I get things done. I have that mode. So there's too much of that anger. And I need more of a different emotion. And a different feelings.

Tomm: Okay. So you've become aware of the amount of anger you deal with. And even though you've been able to harness some of it, to apply yourself, you'd like to liberate yourself from anger as it were, so you can express other emotions more? Is that what you're saying?

Dan: Yes. And when we're in therapy here, and we're talking, if personal things come up, we're not in a comfort zone, and on the sidelines watching the game. We're in the playing field. And sometimes it's playing a game. And sometimes that's where the action is, that's where the out-of-comfort zone engagement is going on. And if Nancy puts her finger on a topic where it's pretty clear we need some focus and some inquiry and some understanding because we're coming at it all wrong, then some of those feelings come up. Last week was unusually bad. And there's lots of stresses in life. Last week wasn't a great week. There were a lot of things at work going on. I... uh, my dad had a... He was hospitalized, he had bleeding. He's xx. He was... My sister was taken by the state in for an assessment on her condition, she... xx, she's... she can be like a street person the way she approaches life and thinks, but she's thirty-five and under my parent's care. She's divorced and... I had two MRIs that week...

Nancy: You had two MRIs? Oh.

Dan: Acoustic xx... Like uh... I had something in my ear that was bugging me, and...

Nancy: xx talked about that.

Dan: And it turns out it's like a nerve growth. Yeah. Yeah. And then I have huge stress at work. There's big projects in the goal, and... (laughs) That's what's going on.

Tomm: Wow.

Dan: We had so many things...

Nancy: xx
Dan: But and it's an end of day, you know, mid to late afternoon thing. You know, I'm diabetic, and whatever. My sugars were probably starting to drop towards dinner. My morning insulin's finishing off, I've got all these other patterns in my life there... The insulin is another emotional thing to deal with, because your feelings do change depending on your blood sugar. How you are feeling. And the way you react. So...
Tomm: 'Kay.
Nancy: Really, did that really change the, effect the content? Or wasn't the content good last week? What we discussed and where we went?
Dan: It was, yeah. I'm just saying...
Nancy: You know, like...
Dan: ...That's probably why it was more raw and there was more emotion showing than maybe is usual. And it isn't hostility to you or criticism as much as it is blame in process. And I hate to say that. If I'm focused in on my work, with a group of people, and I'm to the point and abrupt and focused on something, they're going to experience exactly what you're experiencing. Kind of, wow, you know? What did I do? Why is he acting like that? So, I'm sorry.
Tomm: Can I... Can I ask you, do you think that other people sometimes experience you as coming across as being intimidating when that's not how you experience yourself? And um... so that... Is that one of the dynamics you think that operates here?
Dan: Sure. Um, I don't know. I haven't heard that as a complaint, that I've... intimidating, I don't know.
Dan: That's not here, that's my boss (laughs)
Jen: I know, but that's how other people hear you, right? That's pretty intimidating. This was a comment, that...
Dan: My boss has a grade xx education but he's probably worth xx million in terms of investment with the company and more in his personal investments. He's come a long way.
xx And he's this guy who’s used xx all his life. All of a sudden I'm his first xx, and I think what he wanted me to do, and what I do, don't kind of match. Like, I've had two decades of experience doing work inside a corporation, with that environment. Big departments, all kinds of people, all kinds of needs. And he might think I should be his personal presence, his... whatever. xx And...
Tomm: You think he expects too much of you?
Dan: Well, I think... he expects different things. Yes and no. Um, Of me he's actually a great leader in what he says, in terms of being people focused and taking services and thinking about helping other people do things, letting them feel, feel and know, that they're in charge and leading the projects and doing things, and I’m helping them do things. That's a really good service focus to have. The reality is it's more like we're partners. 'Cause I'm not an outside xx, I'm a company side, and I'm working with people as an officer of the company, I have an interest in the sensible for the company, not just this guy’s view of a sensible outcome. But I've got my own and trying to work with that. But the boss can see me, even now, explaining things, delve into detail and then start with a tree, start filling the branches in with the detail and give him a picture that's so complete that it's just, in his words, in anger once, he tells me, "I can create a wall of fear and complexity" when he's talking to me, or trying to work with me on something. And to me, I'm too open with my mental processes in running through... What I’m trying to do is give somebody, they say what should I do, and I say, “Here are your choices.” But I give them, “Here are your choices and here's what's behind them. Here are your choices, here's what I'd recommend and here are the reasons why.”

Tomm: And they get a bit overwhelmed then.

Dan: Yes.

Tomm: Okay.

Dan: And... So, intimidating, not intentionally. I'm not trying to do that. I'm not trying to blow somebody away because I've got the big giant eagle and I've got to let everybody know how smart I am. Maybe there's a part of that in there that's subconscious, it's going on. But I'm really not. I'm trying to be helpful. I'm to make them come to a decision they feel comfortable with it. They've got the focus and a rounded background, they can debate it with me, or...

Tomm: Just shift a bit here, in terms of ask you a general question. Like, given that you recognize and acknowledge that your relations with frustration and anger is a challenge for you, in your life in general, at work, as well as at home... Where do you see yourself as sort of working, personally, to develop greater competencies in managing, you know, that... that aspect of your life. And... It's possible to distinguish two general domains of... of skill, development and competence. And one is to work in the area of managing the frustration and anger well when it's aroused, and developing greater skills in handling it and processing the things and so forth.
There's a whole cluster of things that can be done there.

There's another domain which is less obvious but is also extremely important, and that is, uh, dealing with the wellsprings of frustration and anger, in terms of looking at the conditions that, you know, determine your vulnerability to become frustrated and angry, right? And sometimes people can do some useful work in deconstructing some of the presuppositions or assumptions they have about various situations that leave them vulnerable to become... you know, frustrated and angry quite easily. Now, which of those two domains would you say you’ve been working on the most, and you feel you've made more progress in?

Dan: Oh, I know I have both, as you were describing them. On trying to break it down and deconstruct, I spend a lot of time, in the last couple of... well, maybe the previous two years, two and a half years, really focused on assumptions.

Listening. Communicating. Hearing what other people are communicating and not running on an assumption but working more into clarifying, to understand their point of view, to tap into their feelings and then to take account into my impulse to think or react one way or the other, their point of view. And to temper what my impulse would be and to shape it differently. To have a better outcome with them. So work to try and do that. The deconstructing on that communication and the... the feelings side, getting more focusing...

Tomm: Okay, so you're work both, both domains.

Dan: Yeah.

Tomm: Can I ask Dan, to what extend to do you see Jen as a resource for you in your personal development in relation to anger in both domains. Do you see her as a... as a major contributor to developing greater skill and competence, or do you see her as someone who you struggle with and becomes more of a liability than an asset.

Dan: Overall, more of an asset. Um, but looking at the track record, again, both things are there. She's my best friend. Jen is, is... my confidant, my... there isn't I don't talk about with her. And... we have a lot of... of value-based directions in our life and we share values. So there's lots of alignment to touch base with there. Just in terms of intention, what we would like to do and why we would like to do it and how important it is to us. Those are the things that we do.

Tomm: Just let me check something out with her. Do you experience yourself being a resource to him, that he sees you that way?
Jen: I definitely see myself as being a resource to Dan. Whether he always sees me that way, I don't know. (laughs) Uh, sometimes.

Tomm: So, so is it a surprise to you to hear him say today that he does see you as more of a resource than a liability in that regard?

Jen: No, not really. It's not a surprise to me.

Tomm: Okay.

Jen: I think that we spend a lot of time talking about some of the challenges that he faces, just personally and at work, and I try to give him feedback from a different perspective.

Tomm: And you experience him as open and receptive and reflecting on the comments you make, or...

Jen: Yes... most of the time. Yeah.

Tomm: Oh, good. So sounds like you've got a fairly good partnership then, in that regard. In terms of being able to collaborate.

Jen: Well I think... I think that I, you know, that, xx Dan doesn't perceive himself that way, this way, or... but I feel like I'm a great support to Dan in terms of listening to what's going on. Because he has a lot of anxiety and a lot of struggles with relationships at work and trying to understand what they're... Why they are the way they are, or why people respond the way they do. Or even with the kids. So I listen to what Dan has to say and I try to give him insight and feedback. I don't always feel like that's a two-way. Like I don’t feel like I always get ... not that I'm looking for an even balance, but I always get what I give. I feel... I wish that Dan was more supportive of me. But I – Or more willing to just sit and listen and give me feedback and that kind of thing.

Tomm: What would you like support in, though? In what respects?

I agree it's nice to have a balance in the partnership, so it's clear to me that you're giving a lot in terms of, you know, open to discuss various situations that he's having to face. But what is it that you would like from him that would make it feel more balanced for you?

Jen: Um... I guess some more listening and time to discuss things that... that are... My mind is very different than Dan's but I still have things that I’m trying to do outside of the home. Like I have church related stuff, so lots of relationships there. And just… the challenges of my everyday life, things that I’m doing. And you know... I can say... And I wanted to sort of finish what I said earlier by saying that I want more of that but I also know that that's been one of my biggest challenges, is I am extremely private person. Very shy person. And… So I don't... Dan, he'll just go on a xx.
Tells me everything in detail. All of what's going on. So
there's lots of opportunity for me to give him feedback. I'm
less like that. Probably is more like, you really have to draw
it out of me sometimes to get me to speak. So I know that's
a frustration for him. I think it has been, and maybe it still
is. But I also... I'm losing, I forgot what your question is.

But anyways. (Laughs) I...

Tomm: My question is what is it you'd like from him.

Jen: The areas...

Tomm: Yeah. So you're acknowledging that perhaps you're not
giving him as much opportunity to help you, because you're
such a private person. And so... so one challenge for you
would be to open up more, to give him more access to your
experience so he can perhaps receive more from him. But I
imagine there's some reason why you're more private. Do
you feel vulnerable to open up more? Do you feel like he
can honor and respect your vulnerabilities if you were to
expose yourself more psychologically?

Jen: Um...Depends what we're talking about. Sometimes I... you
know, Dan is... cuts right to the advice, or right to the, “Do
this, do that.” You know, and that's really not what I'm
looking for. I'm really just looking to have a discussion with
him about... whatever it is.

Tomm: You don't want him to solve your problems.

Jen: No.

Tomm: You want him to reflect on it, give you the space to make
your own choice.

Jen: Yeah. And also... some of the times I just don’t feel like.. I
do... It’s a big risk for me to do that, so when I do take the
risk of, okay, I’m gonna talk about something here that
really means something to me... I often, well...

Tomm: How come it's such a risk?

Jen: I don’t know. That’s just that I...

Tomm: Are you afraid of him and his response?

Jen: Um…

Tomm: Are you intimidated by him sometimes?

Jen: Sometimes, yeah.

Tomm: With the forcefulness of his beliefs and solutions,
and... is that what you find intimidating or what?

Jen: Uh... partly that. Sometimes it’s just not... not being
understood. So maybe that’s... and again, I always sit and
think, Well, is it just me not being able to communicate well
enough what it is that I’m feeling, or is it... Dan hearing
something different from what I’m saying, or…

Tomm: And do you... you sometimes articulate that, and say to him,
“Listen, I don’t think you’re understanding me.” To make a
claim for more space to express your experience more fully.

Have you been able to do that, or…

Tomm: And if you did would he hear that, or would he, you know…

be able to back off and give you more space?

Jen: Well… You know, I guess it depends on what it is we’re talking about. If we’re talking about family and parenting issues, or something like that where I have, you know, a strong feeling about how Fred. is being dealt with, then it’s… it’s a scary thing to have a discussion. Because we will end up fighting for sure. And I think… but if it’s more just my experiences, or me wanting to get feedback from him about how something went that I did, or you know, he was there and saw it or something like that… Then, uh… I don’t know. For me, that’s scary, somehow. I don’t know. I’m not being very… articulate here.

Tomm: Mm hmm. Do you relate to Jen’s experience of struggling with how safe it is to be open and raising things?

Dan: Safety isn’t an issue, I don’t think. And this… reluctance to share, I don’t think it stems from fear of me and sharing. I… Jen has been a person who is hidden, and doesn’t know her own thoughts and can be troubled, and to talk… I’m no professional. And to talk with somebody who seems troubled, or withdrawn, and to try to understand to try to understand what’s going on, and what’s wrong… I’ve had to spend lots of time stopping everything…

Tomm: Okay.

Dan: …And trying to focus and trying to fish that out. Because it’s not talk of mine, talking with her. And even to get her, it’s not like she’s hiding and she knows what’s bothering her, but she’s not going to share it with me because she’s afraid. It’s more like she’s not sure. And if we don’t talk, and is it this, is it that… did it start here or when did you feel that way first… If we don’t through stuff like that, Jen’s kind of gone underground with her feelings. And, and so… yeah, there’s a frustration in terms of… For me, I don’t know why it’s easier to talk, but to draw out Jen…

Tomm: Can I interrupt for a second? I think I’m misinterpreting what your saying. Because it struck me that she was expressing some, you know, hesitance based on fear. And you’re saying, “No no, that’s not the way it is.” So do you think I’m misunderstanding her?

Dan: No. Um, but I think… Fear of me… if that’s what the direction…
Tomm: Well, fear of your response, not necessarily you as a person, but… ‘cause she mentioned sometimes you were quick to come with solutions and that’s not what she wants.

Dan: Right.

Tomm: And I guess she feels, kind of… um, you know, when you do have a solution… And I see with other people too a lot, that one person has a solution and they think it’s a good idea, so they tend to impose it, right? The other person for whatever reason isn’t comfortable with that. They can’t sort of easily, you know, articulate their discomfort and effectively protest, so they feel oppressed. So that creates some fear in the dynamics of the relationship.

Dan: Well… Yeah. I mean, that’s almost a caricature, and it’s almost a male thing, and it’s almost a sitcom type thing. Where men go to solution and all they ever do is tell people how to fix things. They never spend the time to sit and listen, whether it’s kids or their spouse. And yeah, I have a propensity that way. But—

Tomm: So do you think this caricature fits for your relationship as a couple?

Dan: No. I don’t… Jen is a… she’s a very smart person. She can think very well. And if I’m outlining a reason for something… and there’s a discussion to engage. She – she doesn’t hesitate to reason or discuss on… on engagement, on issues that… whether it’s fear sometimes, or…

Tomm: Can I interrupt you again? Sorry to keep interrupting but I have to, if I’m going to to do my job I have to introduce things from time to time, ‘cause if they’re not introducing a difference, then there’s not really going to be much value to you xx conversation. So again, I’m sorry to keep doing this. This idea that you have, that you seem to… that you’re expressing right now, that Jen doesn’t have any difficulty because she’s very bright and articulate and stuff like that. That thought troubles me. Do you have any idea why that troubles me?

Dan: Yeah. I’m not denying that she doesn’t have fear. I guess I’m… I’m thinking fear of me, I’m thinking Jen’s had some other things in her past that she’s had to dealt with that have left a stamp on her. And…

Tomm: And I’m sure xx has to work out.

Dan: Uh, that she’s been doing some personal work on. And… sometimes she’s locked up on things.

Tomm: Okay. Can I go back, though? Why do you assume… It troubles me when I hear you saying that she’s got no reason to be afraid. Like, why does trouble… why do you assume that that troubles me?
Dan: I think it troubles you as much as it might be my sense of your direction of questioning. And that’s maybe an issue that I have. That’s defensive.

Tomm: Well, let me defend my troubles—

Dan: Feel targeted, whatever. And, and… you know, that is… I can acknowledge that’s a part of… I have a lot of fear that triggers that kind of a thing, where you’re discussing with Jen and I’m involved. And then it crops up, where I feel like I have a bull’s-eye painted on me and it’s time to target me. It feels that way. I know we’re actually, it isn’t that way, but I have a feeling. So that enters into it. But sure, Jen has fears.

Tomm: You feel that I’m targeting you right now?

Dan: The suggestion that Jen’s fears of me and me being intimidating and the line of questioning you went down. Are you, do you see yourself as intimidating to others, and then we switched over to Jen, how is it relating to Dan, why are you reluctant, do you fear… do you fear Dan. It seemed kind of going that way.

Tomm: Okay. Well, I think you’re very perceptive in that regard. And I think you’re right to a certain extent. Um, you may not be fully in touch, though, with my intention in this process. And that is to try to help you see something that maybe is not that obvious to you. Um, and hopefully you can see it through my eyes. What I see here, Dan, is a... what I sometimes refer to as a treacherous thought. That… that you have a certain thought about her and her competencies, which I think that you believe is a true perception, and because it’s true you entertaining and you believe it serves you well. Um, but you’re not, I don’t think, aware of the way in which that though in fact betrays you. And that’s how and why it becomes treacherous. Because when you believe, and honestly believe that she is, you know, very bright and articulate person and can speak her experience just fine, that view then tends to minimize the degree to which, um, you will sort of, uh, give priority to what’s happening moment to moment in her experience. Because you have the confidence that she will speak up and… and say what has to be said. And because you….

you’re not worried about that, that tends to bias you to go ahead with whatever good ideas you have. Which I think is what creates the experience of intimidation. Uh, and so I’m trying to connect the treacherous thought, what I call a treacherous thought, which is I think an assumption you have about her and her experience which I think probably doesn’t ser you as well as you think it does. And it probably
contributes to the experience other people sometimes have, of you engaging in ways of talking that they experience as intimidating. So you resort to, can we describe it as intimidating practices. Not that you’re an intimidating person, because your intentions are good. But the effect is to… to sort of, as a word, reinforce her position of privacy and hesitance to sort of speak out and be as fully present in the conversation as she could be. So I’m trying to offer this to you as a view from myself, who doesn’t really know you very well, of course. But just take the benefit of, you know, Nancy’s comments, and this hour we’ve been talking together. But, and it of course is ties into the work with individual families a lot, and seeing this on different occasions. So can you appreciate what I’m trying to say, or can we see this through my eyes in addition to your own eyes? Does it make sense to you?

Dan: Yeah, it does. I think. I… you know, if I was to recap it and to be blunt on characterizing how that might be… maybe it’s just a… I’m doing something that I’m not intending to do that ends up being almost like, whatever. Dominant type behavior, and I’m blind to it.

Tomm: Yeah.

Dan: And… instead of being Jen’s friend and helping her grow, and instead of seeing the world as it is, and myself and taking her feelings into account the way I want to, I’m… missing it.

Tomm: Yeah. And I appreciate… for you to describe xx, and that’s quite accurate. And I think one of the dangers here is that as men we’re often socialized into positions of, of privilege and entitlement. And I work through some of this myself in my own relationship with my partner. Not realizing how much I bought into patriarchal culture, assumptions about gender and so forth, right. And it was hard for me to see what I couldn’t see because I was blind to my, you know, male dominant position relationship, and I was blind to my blindness. I couldn’t see that I was blind, right?

Dan: That’s the way it is when you’re blind. (laughs)

Tomm: Well, it’s some people when they’re blind, they know they’re blind, but some people don’t know they’re blind, right? And in my case I didn’t know I was blind. But I gradually was able to begin to see myself through the eyes of others, which is how people who are blind to their blindness begin to see. And if they allow themselves to see through the eyes of others, and they can see then what they previously couldn’t see before. So if they open themselves to that. And um… my impression is, that this could be a
significant growing edge for you. And I don’t know
whether it’s coming up in your current work individually or
not. It might be hard to address there because, you know,
your partner’s not there, right, to… to bring in the other
perspective, right? Because it’s often a very mature
relationship phenomenon. Can I just check in with you, Jen,
does this resonate with your experience? What I’m saying,
or am I right out to lunch here?

Jen: Um… I’m not sure I’m following it all, to be quite honest.
It sort of sticking, stay with it. But uh… it’s an
interesting though I guess. I’m trying to… I’m thinking
about what you’re saying. I hadn’t really thought about this
whole idea of… um… that what you were just suggesting, to
my understanding… I can’t remember the word you used to
describe it.

Dan: The treacherous thought—

Jen: The treacherous thought…

Dan: —And the assumption that I have…

Jen: Yeah… There’s something there.

Tomm: Because xx take after all, right?

Jen: Yeah, that’s right. There’s something there that is actually,
it kind of rings true to me, and I’m trying to think of it as a
pattern in other things. Like even last week. Remind me
again, that this… Can you tell me that treacherous thought
idea again, because I didn’t xx…

Tomm: Okay. A treacherous thought is a thought that we hold and
we think it’s true, and therefore it’s a good thought. It’s
good to have that idea. But we don’t realize how living
according to that thought that we’re thinking actually
doesn’t serve us well, because of the consequences are
negative. They have affects that we don’t really intend.
And so it ends up betraying us. Right?

Jen: Excuse me, can I interject, cut in there before I forget,
‘cause I just have this and I might lose my train of thought.
I think that’s very perceptive, because I think that’s a pattern
in how we parent and how even… you relate to Fred and get
into these conflict situations… I think that the thought is
good, Fred is capable… And maybe I’m not understanding
totally. Let’s take that thought and take it to Fred. Fred is
capable of understanding what you have to say, and
understanding and using and acting on it. And so you’re
working out of that assumption but I’m not sure if that’s
really where he’s coming from. Am I understanding this
correctly?

Tomm: Yeah, it’s partly getting there. So then he might treat Fred
in ways where his expectations of Fred’s competence are
imposed upon Fred, and Fred perhaps can’t realize those possibilities. And so the relationship between him and Fred suffers as a result. And so the thought does treachery to the relationship that he values. You know, as a father-son relationship. And it betrays him as a father, because it disrupts, around you minds and wellness and well-being in the relationship.

Jen: Yeah, I think that there’s… I think there’s a pattern there. I think that’s actually… yes, that’s what I’m thinking. Is that, again, it’s like a… the intentions… and this is, I think… the biggest struggle we have is the intentions are good but somehow between intention and this communication and the other person, everything goes haywire in the… Not the intention, but in the how it’s communicated, how it’s done. So if you have the good thought, which I guess can be the treacherous thought, right, if I’m understanding this correctly…

Dan: In other words, it’s uh…if you put in simple kind of blunt way, which may be not accurate and it’s painful for me to think about it. And um… and I’m focused on it as if it’s true but it’s not what I do, or what I do. That it’s a good thing, or the right thing to be doing, but it’s how I do it. The way I manage to…

Tomm: Implement your good intentions.

Dan: Work with people and implement the intentions, where there is some big tripwires. Yeah. I’m… it’s painful to think, and it’s a shock, maybe earlier, to be realizing, with frustration that I’m not reaping what I think I’m sowing. And it’s such a strange experience. And, and… and so… It’s kind of discouraging, de-motivating, crushing. Because intentions can be good but…

Tomm: For sure. So what I’d encourage you to do is if, if you could develop a habit of listening to the other person’s listening. To try to hear what they’re hearing. Because if you were more grounded in that experience, as well as your good intentions, then the chances of you making choices with respect to how to implement your good intentions would be more likely to be successful. Because it’s when… You know, people get so grounded in the good intention, and they’re out of touch, or somewhat out of touch with the actual effect of, of the way in which those intentions are implemented. That often things get confusing and go awry, right? And so one way to mitigate against that is to develop a disciplined habit of always trying to listen to the listening of the other. To try to hear what they’re hearing as you’re communicating with them. Because then you can adjust
your conversation with them to fit with what you intend, and what they find meaningful, right? So for instance in your work situation, like when you are being helpful and lay out all this detail, right; that if you listen to their listening and heard their overwhelmed experience and how that was confusing and making it hard for them to think clearly, then you know, you would obviously say to yourself, “Well listen, there’s no point in me doing that right now because that’s not going to be helping, you know, the communication that’s going on here right now.” Follow me? Now that can be applied in, of course, all kinds of domains, in your relationship with Jen, and your relationship with Fred, and so forth. And so it’s a concept that if you can get a good handle on it, can be applied in a lot of different domains. And I think would probably help to diminish the inadvertent, you know, negative effects of sometimes coming across as intimidating. Which is clearly something that, you know, you don’t want to identify with. You don’t want to be that kind of person.

Jen: Can I interject something here too, ‘cause I think a perfect example of this at home with Fred would be something that just happened last week. You went downstairs, Fred’s watching television, it’s late. Dan says, “Fred, it’s eleven o’clock, turn the TV off, go to bed.” But the intention is, “It’s late, you need to get up in the morning, you’re going to be tired and you’re going to feel lousy if you don’t go to sleep.” And then that’s why you’re telling him that. His reaction then is, “blah blah blah,” a bunch of swear words, take off, go to bed and xx. And then you leave and that’s the end of the conversation. What is he hearing? He’s hearing you controlling him, telling him what to do. He’s not really hearing that you care that he’s got to get up in the morning and all that other business. And I’m not to say that I always communicate better, but often when I go down to talk to Fred, I say, “Fred, it’s ten, did you know it’s ten o’clock? Okay, good. Okay.” And that’s it. “You might want to think about going to bed soon,” or something like that. Just leave it with him. And I have a better reaction from Fred. Because I’m not telling him, “Fred, it’s ten o’clock, go to bed.” I’m just saying, “Fred, it’s ten o’clock, you might want to think about… you know, you gotta get up, you gotta get the bus, blah blah blah in the morning.” I think we both have the same intentions, we want Fred to go to be because we know he has to get up and it’s late and he’s watching CSI for the fifth time (laughing). It’s just a crazy
show, but anyway. I think... is that not an example of
listening to how...

Tomm: It is for me.

Jen: ...To what they’re hearing. Because what Fred hears when
he says, when you say that to him, is, “Oh gosh, here comes
Dad. He’s going to tell me what to do, control me,” and so
his automatic reaction is he’s defensive before you open
your mouth. And as soon as you tell him what to do, he
just...want to tell you to fuck off.

Dan: Yeah. I don’t, I don’t, I have... some experience with that.

Jen: You’re tone isn’t...

Dan: I’m using that listening to what other... I’m trying to read
their reaction to what I would say, and even anticipate
actions...

Tomm: Can I just throw in a quick comment about this example,
though, just to maybe enrich it a bit. Could also be that
Fred’s experience is that when his father comes down and
tells him that, that he experience the transaction of one as a
demand for obedience, and that means he feels like he’s
been growing down, as towards to being a younger. And his
job is to grow up, to be more capable of making his own
choices and so forth; which is of course the job of the
parents, is to raise children to be autonomous, right? And so
he necessarily, then, has to protest. You know, if he’s going
to be true to his, you know, purpose to grow up, he has to
protest his dad, and his dad’s good reminder to go to bed so
he can be in better shape to learn the next day or whatever.
So I think that it’s important to realize to inner the process
within Fred too. That his experience is being growing down
into the, expected to be the mindless, obedient child, is what
probably contributing to his rebellious response. Or protest
or whatever it is, right? But it doesn’t come across that way,
because then, you know, Dan feels it as defiance, disrespect
to whatever, right? Which of course just gets his hackles
going up. So these are very complex communicative
dynamics that we’re talking about here. But in terms of an
overall strategy, in terms of... given that you can recognize
and acknowledge that you do have a challenge here, and a
lot of men can’t by the way, that is to your credit that you
can see it so clearly. The next step is to develop the
strategies that will enable you to grow greater skill and
competence in, you know, communicating more effectively
so you diminish, you know, the inadvertent negative effects
that we were talking about. So anyway... This is... I don’t
know if this important, but I think this is one area that could
be very useful to explore further in terms of the issue of
carefully teasing out the difference between good intentions and actual effects.

Jen: And problematic effects.

Tomm: Yeah. Because there’s sometimes... the intended effects are not... don’t match up with the actual effect. Sometimes they do, which is great, right, and things go smoother, right. I’d like to move ahead. But when the actual effects don’t match up, then often that leads to a block. Things stop moving, and actually sometimes regress.

Jen: I think that, there’s one more thing that I have to say, to xx here, I know I think Dan’s reaction maybe that, yes, this is one part of the piece of the puzzle, but I’m a piece of a puzzle to. And so today Dan would say we focused on his reactions, but I think that Dan feels pretty strongly that I play a fairly big role in the dynamics, positive and negative, in our house too. Or the patterns that have been created. And so I think last week, you seem to feel pretty sure that I was a big part of the problem too. Do you know what I mean? It wasn’t just all you, it was... I don’t know, when Nancy was asking you questions like... xx

Dan: Yes, I felt that, and I gotta say that I, whatever. With my fear and my anxiety, and all the... my propensity to focus on what’s wrong and what’s negative and to fix it in my job, or in any authority position I seem to have, I do seem to go there. So, constantly focusing on what’s wrong and then finding out, you know, whatever, all my efforts to fix are just a problem in themselves. Just get dug deeper into feeling like, Okay, I’m the problem here. Period. And... and uh... You know, that might... an element of that might be true. I’m not xx think I want to fight a mental problem.

Tomm: Could I just encourage you to try to entertain another thought, which I think is in contrast I think to you treacherous thought, and this would be a very friendly thought. And that is to separate yourself from what you described as your propensity to notice problems and focus on problems, right? So if you can see that as a propensity, right, that that’s a habit you developed in your living, and your lifestyle to identify problems and solve them, which has strengths in a place where it does a lot of good, right. But when you can see where that propensity is not working for you, right, then you can then develop a counter-strategy to that strategy, right? Then you as a person are an agent that can choose which strategy you’re going to adopt, or which habit you’re going to try to foster, and which habit you’re going to try to escape. For instance you can try to
develop a counter habit of noticing the positive rather than
the negative, and commendate on the positive.

Dan: You know how it works? 'Kay, it’s like, what is and what
ought to be are there, and the difference between the two is
in focus, and it’s painful.

Tomm: But it doesn’t have to be painful if you could shift your
focus to identify opportunity. Because opportunity and
possibilities are enlivening, right?

Dan: Can I do that? Like is this, you think this is behavior and
it’s a pattern, and I can teach myself another one. As
opposed to, this is like, Dan is… got hazel eyes.

Tomm: No, this is… This is something that you’ve learnt in your
socialization. I don’t think you… It’s not in your jeans.

You’re not born with that. I mean, sure, we’ve got genetic
predispositions but it’s through lived experiences that
develop habits of thought and ways of thinking and seeing
things and behaving and so forth. And habits can be
changed. And that’s why I’m trying to xx you to consider
this idea of, Dan is not the same as his thoughts or his
habits. Dan is a person who can be an active agent in
making choices about what patterns of thought he entertains
and enters into, and if they’re treacherous thoughts he wants
to abandon them, escape them, and he wants to look for
other thoughts. If there’s one habit that’s a problematic
habit, okay, wants to find a counter-habit, right? So you can
be an active agent and separate… We talked about this as
externalizing. Externalizing certain thoughts or behaviours
from persons, right? ‘Cause then you’re freer to do
something about it. If you collapse those onto you, “I am,”
you know, “someone who’s always seeing the negative. I’m
always a negative focused person.” Well, then how can you
change yourself, right?

Nancy: Can I give an example of that? Because one of the things
I’ve noticed about Dan is he can be quite compassionate to
people. In fact I’ve mentioned that to you in our
conversation, and if… if he’s thinking that he’s a negative
person he might not, sort of…

Tomm: Realize his potential, yeah.

Nancy: Yeah. He might not grab onto that as a resource that he
could use with his kids or with Jen, right?

Tomm: Exactly.

Nancy: Because to me, that’s a huge resource for him.

Tomm: Yeah, absolutely.

Nancy: The desire to help other people.

Tomm: Yup.

Nancy: Yeah. Does that make sense to you?
Dan: What you say makes sense. How to do it… (laughs).
Nancy: Okay.
Tomm: Absolutely. And I’m glad you can see that. I’m really pleased that you can see that. I find it very moving, actually.
Dan: As an agent of change xx, I feel like a bulldozer in a forest.
But I don’t have the controls or I’m not sure where they are.
Tomm: You know the… I presume you’re feeling a bit of sadness at the moment. And I want to honor that and draw to your attention the value of that. Because what you’re touching on now emotionally is probably a reflection of something that is a growing itch. Um, and because I don’t know if you…
You’re familiar with the grief model of loss, right?
Tearfulness is obviously something that is accompanied with loss. And if you’re at the point of losing a bad habit, losing a pattern of thought that’s not a good way of thinking, that’s a good place to be. And if that’s where we’ve come to now, then I think it’s… it’s good to be at that place. And I think if you’re able to, you know, become sensitized to your own experience of that sadness and go there with your own reflection, don’t avoid it. Seek it out. It will be that growing edge. ‘Cause… ‘cause people when they’re in that space… We don’t know yet what’s going on in terms of our neurosystem. That makes it possible from one frame of reference to another. Like, at what point in life you live and act as if this person’s in your life, and is there, or she’s there, or whatever. And then suddenly they’re not. And you have to shift your whole way of thinking. Well, that’s a huge shift, right? And we know that it is accompanied with grief. We apparently can see that, right? The same happens in terms of subtle dynamics of habits, of ways of thinking, of assumptions and so forth, right? So I think you’re coming to a place where you’re relinquishing, you’re beginning to let go of some things that you’re beginning to realize are not serving you well. And so to me, that’s a good place to be. And if you can embrace them, those emotions, and see them as a… as a positive thing, then I think that could accelerate your movement. A lot of men feel very uncomfortable with those emotions. ‘Cause they feel it’s not very manly to become tearful and to weep and so forth. But I think that restrains their possibilities. You know, and they, uh… get stuck in that. Listen, we should probably wind up. But um… do either of you have any questions you want to ask me? Before we wind up for today?
Well, what we do here as a group is really important for the group and the set of relations of the family. Um… How do we productively involve the kids? I just keep thinking of Fred. Should he be in counseling too? He’s a lot of years with the negative. Head-butting and defiance and me with a pattern that brings that forward. And then, just in terms of directing personal counseling, should… the priorities need a match, I think. And I think it’s a natural match, but how do you do that?

Well, I appreciate you wanting the kids to be involved, and I think it would be good.

And I think that that’s fine.

Because I think Fred could benefit from being exposed to this kind of conversations. How much he can take in, of course, depends on, you know, what’s going on for him and his inner experience. But I think that you might be able to make a contribution to him, you know, being an advantage in terms of his way of understanding and thinking about relationships, compared to what you experienced when you were growing up. So he might not have to go through the same kind of difficulties that you’re going through now, when he comes to be a young man. So I think there’s some wisdom in that suggestion, the kids being involved. And if you’re open enough to be… to share these thoughts and feelings in front of them, even though they may not be involved all the time, they can learn by observing, you know, the process and make sense of things. So that’s a possibility that could be enriching for them.

If… if… that would be a piece of a strategy, other elements of a strategy. Like I just feel there’s a rift of healing that’s needed. Again something that needs to bridge with Fred and me, and I don’t know how to coax somebody who’s running the other direction to stop and try to work with me in the same direction.

Well, once… one possibility could be, I mean if he were here and he could see your… the sadness that emerged and the tenderness that comes with that. I would predict… I don’t know Fred, I’ve never met him. But I would predict that he would respond more positively towards that. He’d want to approach that. He wouldn’t want to escape it.

They’re more cynical. I think they… if they have a negative experience, it pushes him so far away that if I apologize or tell him I’m sorry, and I am, and try to… they, they just…

The apology is different than this experience. Your apology is different.
Tomm: See, it could be that they’re struggling with the hangover of past events, so that’s left them with a bias. So it may take a little bit of work to deconstruct that so they can meet their father as he is now, not the way he used to be. So that could take a bit of work.

Nancy: What was it that you noticed is the difference that might have a different effect on the kids? That you’re experiencing right now?

Jen: Well, I think that sometimes I think that saying “I’m sorry,” can almost be an overuse. You know, once you’ve said it enough times, people start thinking, “Does he really mean it,” or… Or does this person really mean it or not? Are they going to change, or they just going to keep going into this same pattern over and over. I think if this was a heartfelt moment, where as… Not that, that when you say sorry it’s not a heartfelt, but… at least in your own heart it’s not, but I’m not sure it’s always communicated. So to the kids sometimes it’s just like, “Oh. Sorry again.” Or, “it’s another apology, but things are going to continue on as they used to be.” I generally mean that it’s just, they’re… it gets to be repetitive and have less meaning.

Nancy: Would they be surprised if they saw Dan tearful?

Jen: Surprised? Maybe, yeah. Compassionate, I think definitely. Is I think both kids have a deep ability to be compassionate, for each other and in circumstances, different circumstances. It’s just whether you kind of get them into the right space of mind first.

Nancy: Would his tears tap their compassion? Do you think they’d be more appreciative of Dan as a father, as a person?

Jen: Yeah. Because it’s an honest, it’s something about completely honest. As opposed to, sometimes they’re not always sure if you’re… I mean, I even feel that way, you know. When an apology comes, I’m not totally sure if that’s… If it’s a duty or if it’s a real, genuine, “I really feel upset about this.”

Tomm: Yeah. There are different apologies, of course. The excuse apologies, the… I’m sorry, you’re late because I was got caught up in traffic, right? That’s an excuse apology. But there’s other apologies that are more and more genuine, and uh… and there’s lot of different kinds of apologies. How to… Real apology and sincerity and quite a significant achievement actually.