Discursive Analysis: A Research Approach For Studying The Moment-To-Moment Construction Of Meaning In Systemic Practice

Jerry Gale

Department of Child and Family Development, The University of Georgia

The purpose of this paper is to present introductory steps for conducting discursive analysis in examining the systemic creation of meaning. Incorporating both conversation analysis (CA) and the post-structural variant critical discourse analysis (CDA), various analytical skills are presented. A social constructionist theoretical framework for understanding and conducting discursive analysis of clinical discourse is presented, including a discussion on the discursive and relational construction of identity and the negotiation of truth. Three features of talk (patterned structures, how individual accountability is achieved, and how talk-in-interaction positions participants with particular moral characterizations) are presented, as well as important skills for discursive analysis. Exemplars are provided to explain and demonstrate this research approach.

Keywords: Discursive analysis, clinical discourse; critical discourse analysis; social constructionism; construction of identity, moral accountability, positioning theory, mindfulness.

Introduction

Discourse analysis (DA), as a broad term for various analytical approaches, has become an important research tool in psychotherapy. Avdi & Georgaca's (2007) review of DA and psychotherapy cite numerous discourse analyses (and its variants) examining the transformation of meaning, the construction of subjectivities, how therapists shape clinical talk, and investigations of

power in therapy. While Avdi and Georgaca's review and other studies have presented the benefits of doing DA of clinical talk, there are still few articles informing clinicians how to actually carry out a DA. The purpose of this paper is to present the benefits of discursive analysts for systemic practitioners and offer introductory steps for conducting discursive analysis, applying analytic tools from conversation analysis (CA) and critical discourse analysis (CDA).[1]

In order to make discursive analysis as user friendly as possible, the first section of the paper, Discursive Analysis, distinguishes CA from CDA, presents a brief historical account of CA and presents the value of discursive analysis for systemic practitioners. The next section of the paper, Theoretical Considerations, will cover developing a critical and non-judgmental attitude for analysis, social constructionism and the relational construction of identity and the negotiation of truth. The third section of the paper, Discursive Analysis and the Study of Talk-in-Interaction presents introductory steps to conducting discursive analysis including selecting a segment for analysis, transcribing, and analysis. Three features of talk (patterned structures, how accountability is achieved and relational positioning with moral characterizations) are presented with exemplars.

Discursive Analysis: CA and CDA

CA and CDA compared

Antaki, Billig, Edwards & Potter (2003) note that while discourse analysis has had a major impact on social sciences, there are very different approaches (and tensions) regarding the purpose and practice of discourse analysis. While CA is often considered a key component of discourse analysis, another major approach for conducting discourse analysis is CDA. The difference between CA and CDA is the "extent to which analysts are justified in using information from outside a particular text in order to analyze that text" (Antaki et al, 2003, paragraph 3). For analysts doing CDA and often employing postmodern and post-structural Foucauldian thinking (e.g. Fairclough, 2005; Hodge & Kress, 1993; Kogan & Gale, 1997; Wetherell, 1998) it is important to consider the socio-political-historical context of the speakers' talk and how talk, embedded in cultural discourses, is involved in the negotiation of meaning and

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1. I am using discursive analysis (Edwards & Potter, 1992) as the umbrella term for incorporating ideas and practices from CA and CDA. While there is a rich scholarly literature (and disagreements) on distinguishing these and other discourse analytical approaches, it is beyond the scope of this paper to present these complexities.

consequences of interactions. There is an importance in viewing discourse as being a part of a larger network of power-relations attending to knowledge, materiality and history (Hook, 2001).

In viewing the difference between CA and CDA, as an analogy I cautiously present a comparison between solution focused therapy (SFT) and narrative therapy (NT) and two different premises guiding these approaches. While these two clinical models are both considered postmodern systemic approaches, they draw from different philosophers and theoretical orientations. Generally speaking, SFT in part is informed by Wittgenstein's concept of language games (de Shazer, Dolan, Korman, Trepper, McCollum, & Berg, 2007) that the clients bring into the session. The therapist typically works with the meanings and accounts that the clients introduce into the conversation and through questions, change the problem talk to solution oriented understandings and behaviors. Typically, SFT does not introduce cultural influences (gender, power, class, race, sexual orientation) unless the clients initiate one of these issues. NT on the other hand, begins with the premise that no conversations occurs independent of these dominant and normative defining cultural influences and therefore the therapist needs to attend to how these cultural practices influence the clients' talk (Foucault, 1980; Hare-Mustin, 1994). In viewing the clients' presenting information, the narrative therapist readily incorporate cultural discourses for understanding and intervening with clients' actions and meaning making.

Similarly CA and CDA are postmodern research approaches[2] that draw from different bodies of knowledge. My reason for using this analogy cautiously is not to imply that CA is best suited for analyzing SFT or that CDA is best for analyzing NT, nor does it mean that these two discursive analytical approaches are only applicable for examining postmodern practices. The point of this analogy is that CA and CDA offer useful and legitimate, but different strategies for analyzing discourse. CA and CDA have similar features as well as points of differences, they draw from different philosophical positions, some purists become passionately attached to one approach or the other, and some analysts integrate these approaches. For the purpose of this paper and offering practical skills for systemic practitioners, I am presenting aspects of both CA and CDA, which together, are referred to as discursive analysis.

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2. It should be noted that not all scholars view CA as postmodern.

Historical and key aspects of CA

Developed by Harvey Sacks (2000) in the 1960's, and historically predating CDA, CA draws from ethnomethodology and tends to focus solely on participants' own sense making of their talk, and does not consider the broader influence of cultural discourses. Ethnomethodology was developed by the sociologist Harold Garfinkel (1967) to explain and study how social order is constructed and maintained. For Garfinkel, it was crucial to consider "the common-sense world in which ordinary actors choose courses of action on the basis of detailed practical considerations and judgments which are intelligible and accountable to others" (Heritage, 1984, p.34). This view accepts that in any interactional setting all participants have methods for making sense of their context, displaying this understanding to others, and together co-creating a social order. Language and social interaction are the reality constituting practices that achieve identity, social institutions, and social order. This was a major departure from viewing human behavior and identity development as a function of social norms and social order. Rather, in order to understand human behavior, identity, and the creation of social institution, it is necessary to see how participants themselves interact and make sense of each other's communication (and their social reality) through practical interpretive practices (Garfinkel, 1967; Heritage, 1984). Hence, in any family system the members themselves jointly create, maintain or change their interactional patterns and meaning of identities.

CA and its variants were developed to examine talk-in-interaction[3] at the microscopic level of social interaction. As Sacks (2000) noted, when CA was being developed, even the smallest conversational detail (pauses, over-lap of talk, turn-taking sequence, ahh's and umm's, breath intakes, etc.) might be included as a designed and consequential feature of social action. Conversation analysts have demonstrated, all talk-in-interaction is a social practice which can be studied as a real-world phenomenon, with implications about the construction and maintenance of identity, interpersonal conflict and resolution.

While CA is a rigorous labor intensive research method, and one paper is clearly insufficient to cover the complexity and richness of the CA tradition (let alone the other discursive traditions), I believe that even preliminary involvement with discursive analysis can significantly benefit researchers and

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3. Schegloff (1980) coined this term to express that talk (verbal and nonverbal) includes social action and interaction.

clinicians (e.g. Gale, 1996, 2000; Gale, Templeton, Slater, Anderson, & Childs, 2004). Akin to mindfulness based practices, discursive analysis attends to the moment-to-moment arising and fluctuation of interactional meaning. The talk-in-interaction often transpires so quickly that the shared production of meaning goes unnoticed, leaving the emotional residue, moral accounts and personal characterizations as manifest and ontologically real.

The benefits of discursive analysis for systemic practitioners
In considering why and how discursive analysis can be useful, Potter (1996) notes, "Rather than treating construction as a taken-for-granted start point, [we] should consider construction and deconstruction as a central and researchable feature of human affairs" (p. 206). In other words, rather than responding to already taken-for-granted established and distinct psychological constructs regarding individual identity, there is value in attending to how these constructs are relationally achieved, maintained or changed. Additionally, attending to how the participants themselves (and this can include the therapist) co-create meaning brings into sharp focus the clients' knowledge base and practices and how dominant discourses (and therapist expertise) come into play.

Furthermore, clients often enter therapy seeking to recruit the therapist into an exacting understanding of the situation, as well as a preferred reading of each participant's moral accountability for blame or responsibility (Buttny, 1993; Stancombe & White, 1997; 2005; Stratton, 2003). Discursive analysis offer methods to examine how clients and families seek to persuade the therapist towards particular narrative structures[4] as well as the therapist's efforts to accept or change these accounts and characterizations. How well the therapist succeeds in responding to the clients' claims has tremendous influence on how clients view the trustworthiness and authenticity of the therapeutic alliance (Roy-Chowdhury, 2006).

As an example of how discursive analysis can help a therapist, a MFT student did a CA of about 25 minutes of her last session with a mother and daughter (Gale, Templeton, Slater, Anderson, & Childs, 2005). Her clinical goal was to convey to the mother the benefits to her daughter to include the ex-husband in therapy. While the daughter was actively involved with her father, the

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4. By narrative structure I am referring to how specific narratives have a plot, a specific sequence of actions, characterization of each participant with implied intentions, and moral implications for their actions.

mother had no contact with him. The therapist, in reflection after the session thought she had done a good job acknowledging the mother's concerns while successfully persuading the mother to include the father in treatment. Indeed, at the end of the session the mother agreed to have the ex-husband attend. However, the mother and daughter did not return for subsequent sessions. In prolonged CA of the session (viewing the video, transcribing, individual analysis and group analysis), the therapist's analysis demonstrated another account of the session and understanding of the therapist's talk-in-interaction. The therapist came to see how much she actually pushed her agenda on the mother. The analysis also suggested that the mother's agreement was not an acceptance, but a rhetorical response to stop the clinician's pursuit of her agenda.[5] While the analysis and implications of her own actions became obvious to the therapist in post-CA hindsight, this reflective awareness of the session went completely unnoticed by the therapist during the session, post-session and even after initial viewing of the video of the session.

In presenting strategies and guidelines for discursively analyzing clinical discourse, it is important to first present a theoretical framework for understanding talk-in-interaction. These theories not only present a conceptual framework, but also invite a particular relationship and way of being-with-language-in-use (Stancombe, & White, 1997). This is important to convey as doing discursive analysis requires a participation and gaze of the researcher that is not an aspect in many other research methodologies. In introducing these methods, three features of talk-in-interaction and exemplars are presented. These include 1) patterned structures and sequences; 2) accountability; and 3) relational positioning.

Theoretical Considerations

Developing a critical and non-judgmental attitude: Discursive analysis cannot be reduced to a set of techniques for examining talk. It is an attitude and perspective that invites a major shift to how we study and participate in interactions. There is no neutral or contextually independent position outside of talk-in-interaction to examine talk, and our efforts to study social interactions involves our own reflexivity in the construction of self, as well as responsiveness (the moment-to-moment shared construction) to the

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5. The later section in this paper on accountability and intention provides further clarification on how the therapist failed to attend to the client's talk.

communication of others. This happens both in our own conversations, but also in listening to, watching or reading the talk-in-interactions of others. The theoretical perspectives presented are to orient the researching therapist's gaze for analyzing discourse and not as an ideology for adopting any particular theory or model of therapy. Discourse provides us with "not just a way of seeing, but a way of constructing seeing" (Edwards, 1991, p. 523). Developing a critical and non-judgmental gaze for analyzing discourse is vital.

Stancombe and White (1997), noting that while both therapists and researchers cannot avoid forming practical judgments about the validity of clients' claims talk, suggest that researchers adopt Garfinkel and Sacks' notion of ethnomethodological indifference. This is a "self-conscious suspension of normative beliefs about 'therapy' on the part of the researcher" (Stancombe & White, 1997, p. 26). They also add that "Clearly, therapists cannot avoid forming practical judgments about the truthfulness of claims made by family members. However, in relation to research, such judgments should be suspended, with focus instead on the rhetorical work taking place within the encounter" (p. 38). An implication of this claim is that the therapist, actively involved in the shared negotiation of meaning, is also subject to the rhetorical influences of the participants as well as engaged in similar rhetorical practices of influence. Therefore, clinicians get caught up in particular narrative outcomes, and "can 'do' blamings just as effectively as families" though the therapist's attributions "may yield positive consequences" (p. 38). For discursive analysts however, it is important that they strive for this mindfulness indifference.

A key point to emphasize is that for each of us, as speakers/listeners in daily activities, it might seem that the skills used in everyday interactions are the same skills used when doing discursive analysis. This is not the case. As a discursive analyst it is important to critically and non-judgmentally consider how the participants achieve particular meanings and accountabilities of one another's actions. As the micro-aspects of talk-in-interaction pass so quickly they often go unnoticed and the routine attributing meaning and normative valuing is taken for granted and viewed as an intrinsically natural understanding. There is a need for a mindfulness practice[6] both in producing the transcription and conducting the analysis. While skills for developing this mindfulness practice

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6. In 1987 when classmates and I visited Robert Hopper at UT Austin with audio tape and transcripts in hand, he referred to the listening of the audio and reading the transcript as a meditation practice, with the repetition of the mantra, "how do you know that?" as we shared our analysis of the text.

(see Gale, 2008) will be presented later in the paper, the next section addresses a social constructionist understanding of communication and identity.

Social constructionism, language and the relational construction of identity

Social constructionism and other postmodern theories view communication and language as constitutive and generative of personal identity, relationships, and social institutions (Anderson, & Goolishian, 1992; Bakhtin, 1986; Brunner, 1986; Foucault, 1980; Drewery & Winslade, 1997; Gergen 1991, 1994, 1999; Sarup, 1993; Shotter, 1993). This is a paradigmatic shift from viewing words as simply representing an independent reality, to considering our meaning making interactions as constitutive of reality. For example, in the construction of an autobiographical account (Langenhove & Harré, 1993) the telling of one's history (e.g. constructing a genogram, revealing abuse, recalling the storied experiences of a first date, etc.) shapes both the individual and social identity of the speaker. The person is telling a story based on his/her inner talk/dialogue and emotional/somatic sensations (Greenberg & Angus, 2004) as well as constructing the story in dialogue with the therapist (based on questions and comments posed by the therapist) and other participants in session. It is not the historical events per se that define a person's self-story, but rather the re-telling (to self and others) and re-constitution of the narrative that contributes to identity construction.[7] Therapy, through participating in clients' interpersonal and intrapersonal talk-in-interaction,[8] helps them construct new understandings and expressions of their identity (e.g. accounts of resiliency, hope, capabilities, moral valuing, etc.).

In most psychological theories, communication is often reduced to simply being a medium of transmittal of psychological states and traits which are the fundamentally real and accurate constructs of identity. The shift of understanding presented in this paper is that "issues that have often been construed in individual psychological terms are a feature of social interaction" (Edwards & Potter, 1992, p. 52). Consistent with the ideas of Goolishian and Anderson (1992) and others who have described the postmodern shift in family therapy from cybernetic orientation to a linguistic understanding;

7. While it used to be viewed that there was neurological hard wiring associated with traumatic events, recent research suggests there is plasticity to these neurological pathways that allow for these structures (and consequently identity and personality) to change (Siegel, 2007).
8. This paper focuses on analyzing interpersonal interactions. While these ideas can be applied to inner (private) talk, which are a type of conversation as well, it is beyond the scope of this paper to fully discuss how interiority (intrapersonal discourse) is not independent of public and social accounts (see Bahktin, 1981; Sampson, 2008; Shotter, 2003) . This topic is briefly examined in the Accountability section.

an individual is not viewed as self-contained, insular and bounded by their body. Rather, the relational and discursive construction of one's identity also produces the phenomenon of agency and personal power: the **"I"** which identifies personal control (or lack of control) in an action.

The construction and maintenance of identity is achieved responsively at the micro-level of talk-in-interaction. Rather than seeing identity as a singularity and pre-existing static psychological core aspect of self, independent of talk-in-interaction, there are multiple possibilities of one's identity-in-interaction. My identity and experience of *myself and others* will be different when I am telling a story to my daughter at bedtime, caught up in a heated conflict with a colleague, enjoying dinner with my partner, or receiving a diagnosis of cancer from my doctor. These interactions can lead to very different scenarios of how I present and experience myself (loving, irresponsible, desirable, and hopeless, etc.) and how I respond and interpret the behaviors (supportive, oppositional, critical, etc.) of others. In other words, there is an incessant, generative recursive loop of cognition, emotions, bio/chemical activity, and social interaction within a social, cultural and historical context and one's construction (experience) of identity, moral character and agency is continuously achieved in the performance of this loop. Discursive analysis is the study of this cycle at the level of social interaction, and analyzes the manifestation of identity and moral accountability.

This is not to say there are not a 'Jerry' and other 'individuals' in these interactions. Each person in any interaction will have his or her centered (and preferred) viewpoint for making sense of the action. Discursive analysis examines how, at the micro-level of talk-in-interaction, various viewpoints are presented and contested thus offering an analytical perspective for demonstrating how the speakers (including the therapist) themselves define what 'really' happened in an event. *It is the participants themselves who determine what is real and true!* Through everyday social interactions people come to delineate one another, and attribute motivation and value to their own and others' actions. While consequential, these micro-activities that produce these achievements typically go unnoticed. Analyzing the talk-in-interaction shows how these co-created realities are accomplished. Talk-in-interaction is a relational activity that continuously re-produces (or changes) one's manifestation of identity.

The negotiation of truth
This philosophical orientation does not deny the ontological existence of a reality independent of language but questions if we can ever 'know' that reality

independent of language. As Potter (1997) notes, language (verbal and non-verbal) is a constitutive process for all of 'reality' and even material objects cannot be understood outside of language. This has implication not only to 'what is real' but also to 'how the real is created.' For example, professionals' gaze often do not attend to the micro-level of talk-in-interaction and the ongoing meaning making creation of identity, relationships, successes and problems. Rather, psychological processes and pathologies are often viewed as intrinsically real and located in the individual, and the talk-in-interaction is at best viewed only as a symptom of the underlying problem. Consistent with its philosophical premises, discursive analysis provides methods for examining the relational construction (and de-construction) of identities and pathology. The analytical focus then centers on examining how participants (and culture), through talk-in-interaction, negotiate what is real and true.[9] The psychological motivations and interpersonal moral characterizations achieved in conversation become as real and true as any physical object. It is relevant to note that this truth does not necessarily extend beyond the interaction. People do lie. One or more of the participants can communicate in a deceptive manner to present a particular truth and reality (fidelity, emotional commitment, events of the past, etc.) and it may be through subsequent talk-in-interaction (between the participants or with others) that new truths and realities are established. These changes can occur regardless if speakers are deceptive or not as new talk-in-interactions (e.g. conversations with parents or friends) can produce a very different understanding of previous interactions. For systemic practitioners it is important to be attentive to the possibility of outside interactions shaping in-session talk-in-interaction.

Discursive Analysis And The Study Of Talk-In-Interaction

Selecting a segment for analysis

While any segment of clinical talk -in-interaction can demonstrate how meaning is constructed, it can be useful to purposefully select a segment. In examining a colleague's or one's own clinical work, segments may be

9. For example, Madill & Doherty (1994) used DA to study personal agency, Avdi (2005) used DA to examine how a pathological identity was developed in a therapy session, Bartesaghi used CA to therapists' questions and forms contribute to shaping clients' self understanding, Stancombe & White (2005) used DA to look at blame and neutrality in therapy, Roy-Chowdhury (2006) used DA to examine how the therapeutic relationship is talked into being, and Meehan & MacLachlan (2008) used DA to examine the self construction of schizophrenia.

selected because of the occurrence of a problem, success, confusion, or even randomly.[10, 11]

When selecting a segment for transcription, it can be useful to add five or more minutes of talk-in-interaction on either side of the segment. It is not unusual to observe that the coordinated construction of various phenomena occurs earlier in the talk-in-interaction than at first noticed, and that some sequences extend longer than first realized. Examining longer segments, or multiple segments, can help the analyst notice patterns that repeat or cover multiple turns. Following the analysis of one segment may lead the analyst to view the rest of the session in a different way, noticing new aspects and features of the talk-in-interaction. This can lead to purposefully selecting other segments to analyze. For first time efforts, it is recommended to keep the analyzed segment to about 10-15 minutes.

Transcribing

In doing discursive analysis, transcribing is not a preliminary step to doing analysis it is a *significant element of analysis* and practice for developing a critical and non-judgmental attitude. The fact that transcribing is a slow and meticulous activity in part contributes to the benefit of the analysis. Having to listen carefully to hear each word, rhythm, and emphasis, pauses, interruptions, overlaps, repetitions, breath intakes/exhales, watching the video for visual cues and relevant movement, and repeating this many, many times immerses you in the talk-in-interaction.

Transcribing involves recording clinical discourse and typing out detailed transcripts of the talk-in-interaction. This involves learning and using transcription notations (see Table I) that while meticulous, are important for revealing details of how various phenomena are co-constructed.[12] It is also

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10. For a systematic and more prolonged research project, it is important to have clear criteria consistent with the research question(s) posed. Without having clear research questions to frame the scope of your analysis, analysis can seem never-ending with no demarcated finish.

11. Suggestions for additional questions one might pose include: How does conflict arise? How is conflict avoided? How is resolution achieved? How do participants repair prior statements? What types of accounts are offered to explain the nature of problems and relationships? What are the moral consequences of particular accounts (stories) and how do they position participants? Why are particular accounts told versus other possible versions? From whose (or what) point of view are ideas and facts presented? What moral implications are there with the presentation of particular facts? How do accounts of identity compete and intersect?

12. It is important to note there are various transcript notation systems used. The notation system provided in this paper is a modified version of one developed by Gail Jefferson.

important to number each line of transcript. Often extended silences are noted with their own line numbering, as they may indicate a contested moment in which a turn is negotiated. At this level of detail, many analysts find it takes 10 or more hours to transcribe one hour of interaction. Having good audio/video equipment and a machine (or computer program) for transcribing is very important. Such equipment allows you to easily control the start/stop and speed of talk, as well as go backwards and forward on the recording and accurately measure time duration. If there is both video and audio recording, it is useful to view the video to help with words difficult to understand and to add visual details to the transcript.

The immersion in the talk-in-interaction is a type of mindfulness practice requiring a re-centering of your gaze and attention. As any word, utterance, statement or interaction one hears can spark the analyst's own personal emotional and storied significance (based on our own historical experiences and preferred frameworks and outcomes of meaning) it is important to be attentive to one's responses arising through transcription. Notice[13] your visceral reactions, thoughts and stories that arise as you transcribe, without judgment, and let them pass, as you maintain a focus on the sounds and images of the recordings. As segments of talk are replayed multiple times, new aspects of what was said and how it was spoken are often noticed.

This type of mindfulness attention to transcribing means that it is a dedicated and rigorous practice. It is not unusual to find that the idea and anticipation of doing transcription can pose an initial barrier to wanting to do discursive analysis. It is time consuming and laborious. Yet, in the same way sitting to meditate can be both challenging and beneficial, transcribing also can produce rich results. Many students I have worked with doing discursive analysis of their own clinical work have consistently noted both a reluctance to do this work as well as important benefits and self-awareness afterwards (Gale, 2000: Gale, Templeton, Slater, Anderson, & Childs, 2005).[14]

Analyzing therapeutic discourse
Analysis begins with the first listening/watching of talk-in-interaction and continues with the transcription process. A main feature of doing discursive

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13. Though you may want to journal some of these responses as they may be relevant in analysis, at the stage of transcription strive not to become sidetracked with personal reactions.
14. While some researchers hire typists to prepare the transcript, in doing discursive analysis, it is important to do your own transcription.

analysis is attending to *how* participants' personal and relational outcomes are achieved. Additionally it is important for analysts to critically and reflexively attend to how they know that the analytical claims produced are actually grounded in the talk-in-interaction. This is where the continuous refrain, "how do I know this?" is repeated like a mantra as the analyst incessantly challenges each analytical claim of how they make sense of the participants' moment-to-moment construction of meaning.

This involves letting go one's preferred repertoires of interpretation and values based on particular theories, models of therapy and ideologies. It is learning to reposition one's point of view and being open to see and hear in a manner that privileges each speaker's orientation and meaning-making practices, centering on what each utterance mean to the speaker, in their context, not what it means to you in your context. How does each participant present, respond and position themselves to the talk-in-interaction? For CA this gaze maintains at the level of how each participants is responsive to the moment-to-moment action without attributing interior motivations. In CDA, while an additional gloss is added to place each utterance and word choice within a cultural/political hermeneutic framework, the analyst must also be vigilant not to attribute psychological motivation or intention to the participants.

As the analyst[15] develops particular claims about a segment of talk it is important to ground the claim in actual exemplars of the talk-in-interaction. This is where line numbering is crucial. Additionally, as the analyst refers to different lines of the transcript, it is useful to use existing literature to support interpretations.

An example of how analysts can present their claim is taken from Stancombe & White's (2005) study of how neutrality is produced and resisted in family therapy sessions. In this example, the authors are discussing the CA term of (re)formulation. Prior to presenting their clinical exemplar, the authors (pp. 338-339) cite relevant literature:

> Various authors have analysed the discursive function of formulations in talk in institutional settings (see e.g. Atkinson and Drew, 1979; Edwards and Mercer, 1987; Heritage and Watson, 1979; Yearley, 1981).

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15. While this section is presenting analysis as if it is an individual activity, there are important benefits to working with a colleague or team. Combining individual analysis with shared listening and discussion helps each person become clearer in how they present their findings. Also the team can pose questions and perspectives that can further inform and refine the analysis.

This work highlights what Potter (1996) calls the 'reflexive nature of formulations'. That is, formulations are not just neutral abstract summaries, they are also designed to 'package' preceding contributions to talk and 'prepare for future interaction' (Potter, 1996, p. 48).

The authors then present an exemplar from which their claim is derived (p. 339).

Extract 3: B. family interview
01 Fa: =Strived to do (1.0) and hopefully we've been successful (.) eh::m
02 maybe not quite as successful as that else we wouldn't be here. Ehm so
03 it's always been open. We've always been open. Whatever access one
04 another wanted or what the children wanted to do eh::m
05 Th: So it seems as if both of you that's May and Rick are feeling that there
06 may be some after-effects of the divorce as far as the children are
07 concerned but it's not easy for you to know what they are.
08 Mo: You could say that=
09 Th: =Is that right?
…..

Next, the authors present their claim (p. 339):

The therapist's formulation (lines 05–07) constructs 'both' parents as being 'concerned' that the children may be affected by the divorce ('... there may be some after-effects...'). It also depicts the parents having difficulty identifying exactly what these after-effects are (line 07: 'it's not easy for you to know what they are'). Thus it is not only a response to the father's preceding turn, but also packages elements from both parents' versions of their daughter's troubles. It invokes the father's description of the period around the divorce as 'a bit traumatic' and suggests that Clarissa's troubles are causally related, but it also incorporates aspects of the mother's account – that is, Clarissa 'bottles things up'. The therapist therefore attempts to make the parents' versions more compatible. She also seeds a relational version of the troubles – 'both' children need to communicate their feelings about the divorce to their parents.

Reading the discourse analytical literature[16] can help you notice other micro-features of talk-in-interaction. To further develop analytical observation skills, the following two sections (Patterned Structures and Accountability) present

16. While a reference list and suggested readings and web links are included in this paper, many more sources are available.

several CA features of talk (adjacency pairs, transition relevance place, and accountability) followed by the section (Relational positioning) presenting a CDA perspective.

Patterned structures

CA was developed to articulate and systematize the interpretive practices of talk-in-interaction and describes the orderliness, structure, sequential patterns and regularities of interaction. Violating these regularities and structures break social norms[17] and can lead to disruptions of social interaction, and negative attributions regarding the intention and character of the rule breaking person. The micro-patterned sequences are critical and necessary for producing shared meaning as they allow us to anticipate and trust that particular preferred responses will follow our own actions. However, these patterns typically go unnoticed until violated.[18]

Two examples of structured orderliness are adjacency pairs and turn taking sequences. Adjacency pairs are rule based behaviors that require at least two turns, and that speakers typically view as normative. These pairs can include question/answer, greeting/greeting, offer/acceptance or rejection, accusation/ denial or acceptance, request/acceptance or denial, and assessment/ agreement or denial. The speaker has an expectation and accountability for how the recipient should respond to the first part of an adjacency pair. While preferred responses can sometimes include denials ('did you call to make the appointment?'/'no'), there is a limited selection of acceptable responses in adjacency pairs. Not responding to a question (or greeting, accusation, offer, etc.) such as through silence or changing topics is a response that typically requires accountability and sorting out by the speakers on each and every occasion. Analyzing the sequence of these exchanges leads to a display of how the speaker interprets non-preferred responses and attributes motive and other characteristics to the other person.

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17. Garfinkel had his student do 'breaching exercises' in which they would break social norms by facing backwards in an elevator, negotiating prices in a grocery store, or asking people to carefully explain what they really mean when asking 'how are you?' The responses included surprise, confusion and anger (Heritage, 1984).

18. Shotter (2003) presents Wittgenstein (1953) view that when we follow the rules of language games, one does not choose to obey, but rather, obeys the rule blindly. Shotter adds that even earlier, George Herbert Mead (1934) stated that the "mechanism of meaning is present in the social act before the emergence of consciousness or awareness of meaning occurs" (p. 440).

Exemplar I (see Table I for a description of the transcription notation)
1 W: Did you call to make the appointment?
2 H: No.
3 W: Can you call now?
4 H: Sure

Exemplar II
1 W: Did you call to make the appointment?
2 H: No.
3 (4 second silence) (W continues to look at H)
4 H: I'm sorry I forgot (.5) I was busy.
5 (3 second pause)
6 H: DAMN IT. Why do you keep nagging me about this? I sa::id I was sorry.
7 W: What do you mean? I didn't say anything. Why are you:: so defensive?

Exemplar I demonstrates a coordinated exchange of two adjacency pairs between W and H. H's response of 'No' (line 2) is accepted by W who adds a follow-up question, with an affirmative response from H. Also, H's prompt responses demonstrate that he accepts her requests as legitimate and reasonable.

In Exemplar II, the four second silence (line 3) is a long pause and violates a preferred response sequence. This might indicate to H that his response is not acceptable or sufficient, which is demonstrated as he first offers an apology and excuse to repair his non-compliance of making the appointment (line 4). Then, after a ½ second pause, and W still not responding, H provides a new explanation for his non-compliance ("I was busy"). This is followed by a three second silence. On line 6 H breaks the silence with a loud expletive followed by a negative attribution (nagging) of W's behavior (silence). He poses this attribution in a question (why do you nag me?) repeating that he said he was sorry, suggesting that this excuse should be sufficient in mitigating his accountability. W's response (line 7) negates H's interpretation of the exchange and his attribution of what the silence means ('I didn't say anything'). W then attributes negative motivation about H's behavior accusing him (emphasizing 'you::') as being 'defensive'. In clinical settings, this brief exchange could be the start of a long sequence of escalating conflict for the couple as they cast blame and moral character deficits at one another. It is important for a systemic therapist to appreciate these patterns, as they open up possibilities for observing their genesis, the expectation of preferred responses, and how breaches of patterns can lead to cascading problems. They also provide

opportunities for clinical change through interrupting patterns (Haley, 1973; Keeney, 1983).

Another example of patterned structures in talk is turn organization. Turn organization is how two or more people coordinate who gets to speak, when they speak, and how long they speak for. Sacks and his colleagues (Sacks et al, 1974) referred to a transition relevance place (TRP) as the moment in a conversation when participants recognize a potential end of a turn and a possible transition to a new speaker. This might include a completed utterance (which can be one word, a phrase, or an extended story), a pause, or the speaker selecting the next person (verbally or non-verbally). Heritage (1984) notes that 'adjacent position of utterances is the major means by which individual speakers exert local influence on the conduct of co-speakers" (p. 265). Adjacency pairs, as noted above, present a TRP with the request for a response at the completion of the first turn of the sequence.

In Exemplar II, TRP's occur with the extended silence on lines 3 and 5. These are both moments when W can respond to the H's statements which he had presented as complete responses. Even the brief ½ second pause (line 4) is a TRP that is not taken up by W.[19] The silence leaves H's responses as incomplete, as he searches for closure to the interpersonal sequence. A different response by W, such as "thank you for saying you're sorry, that helps" or "this is the fifth time you forgot to call and saying you're sorry doesn't work anymore" (line 5) presents an acknowledgment of H's action, with different moral accountability. Likewise, a different response by H on line 2, such as, "No, but you know, I don't see why we really need an appointment. Can we talk about this?" could also lead to a very different sequence of talk and outcome. If this were a clinical setting the therapist too could have intervened in this sequence.

While the structure of TRP's makes it available for all participants to participate in an interaction, what can happen in clinical talk is that some participants either do not take turns at speaking (Exemplar II) or are denied their turn. How turn taking for couples and families are negotiated (not taking one's turn, taking another person's turn, interrupting, etc.) has consequence on defining relationships and power dynamics. How the therapist manages the turn-taking structure also has important implications on the therapeutic

19. If this exemplar were part of an extended interaction, CDA could also be used to consider socio/cultural factors influencing the wife's silence. CDA will be presented in exemplar IV.

process. This management can be well coordinated or abrupt and awkward, with possible negative outcomes of someone being offended.

Accountability

Accountability, as viewed in ethnomethodology and CA, is demonstrated through social conduct. Drew (1998) states phenomena that are accountable are "constituted through our practices of reporting, describing and reasoning" and bring into focus "moral dimensions of language use" (p. 295). One's own words, descriptions and actions are accountable events as they display an action's moral values (just/unjust, (honest/dishonest, appropriate/ inappropriate, etc.). Descriptions are designed for specific interactional purposes, and as such, they are "doing moral work-as providing a basis for evaluating the 'rightness' or 'wrongness' of whatever is being reported" (Drew, 1988, p. 295). *Therefore, what one says and how it is expressed becomes the standard for what one is accountable for.* Through longer sequences of talk-in-interaction, when participants work to clarify prior comments, they are displaying vital accountable practices.

A crucial implication of accountability relevant to clinical discourse is that one's *intentions*[20] are only recognized and demonstrated through talk-in-interaction. While inner dialogues (our silent running commentaries) and enacted dialogues typically recursively shape one another, the only way a person achieves understanding of what another is thinking and meaning is through their expressed discursive actions. One's storied interiority (intentions and motives) are demonstrated and known to others only through talk-in-interaction. However, in therapy (as well as in any social interaction), speakers may view their utterances and actions as mirroring their interior emotional and storied description of being and thereby accurately displaying their inner storied motives and intentions.

This dynamic can lead to problem talk in therapy where speakers do not claim responsibility or connect their accountability to their actual displayed talk-in-action, but instead coordinate their personal character, accountability and understanding to their internally storied meanings, as a kind of self-centered monologue (see Sampson, 2008). In these situations, speaker A indexes the other's (B) responses to A's inner commentary and not A's actual performed

20. By intention I am referring to an inner storied account that one tells oneself to explain their actions and motivations. This inner dialogue is intersubjective and recursively and discursively accomplished.

talk-in-interaction. This can lead to a dialogical disconnect as speakers A and/or B achieve alternative understanding of the other's displayed response; different than what each person hears themselves presenting in their own private inner talk.[21, 22]

This can lead to a sequence of mutually negative and escalating moral accountabilities such that each speaker only considers the other's response in relationship to his/her inner running narrative, rather than attend to the actual co-constructed talk-in-interaction. Consistent with the ideas of Bakhtin (cited in Shotter, 2003), this is a type of monologue in which "we inevitably transform the represented world into *a voiceless object of that deduction*" and "we make ourselves deaf to the other's response" (p. 438), as well as deaf and blind to our own spoken words. This is not a miscommunication problem per se, but rather, it is the speakers themselves who are referencing the meaning and purpose of their talk to their inner constructed dialogue rather than to the displayed talk-in-interaction dialogue.[23] In this multivocal cacophony speakers privilege their interiorized story (achieving moral meaning, characterizations and understanding) and base their accountability on their non-displayed dialogue, not their demonstrated talk-in-interaction. They can therefore be subsequently surprised (and upset) by responses that are referenced to their actually displayed talk (see Gale, Odell & Nagireddy, 1995; Roy-Chowdhury, 2001).

In Exemplar III below, the therapist, working with a couple, is trying to repair the husband's accountability for his comments about the status of an affair. While not presented in this segment[24], the therapist throughout the case is striving to avoid problem talk about the past and work to get the couple focused on their relationship as it currently is and can be in the future (Gale, 1991).

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21. An excellent example of an interaction with good intentions gone awry is in Davies & Harré, 1990).

22. Deception can be viewed in a similar manner, such as when a person engages in multiple storied realities and strives to maintain various precise versions to specific contexts.

23. Similar to Karl Tomm's notion of an internalized other, speakers can get caught up responding not only to their internalized storied model of the other, but also to their internalized model of themselves. In this situation the displayed talk-in-interaction is invisible to participants as they are not present in the moment-to-moment exchange, but rather responding to their internalized constructed account of their own identity and that of the other.

24. Though not seen in this segment, most of the talk in the session is between the therapist and the wife as the husband is often a silent participant.

Exemplar III
221 TH: ((therapist looks at both husband and
222   wife)) Ok I mean is the but is the contact
223 with the person::: ah in the past or is
224 that still going on?
225 H: That's ahh ((looks up and to his right))
226 (.hhh) (1.0) I would say it's ah 95 per
227 cent over (.) ((therapist nods yes)) she
228 tries to contact me at work=
229 TH: =Ok, so from your side you said ok I want to
230 put this thing back together ((wife and
231 husband nod yes)) do what I can to put it
232 back together (.hh) ((husband nods yes))
233 she still sometimes tries to ahm get some
234 contact with ((husband nods yes)) you as
235 much as possible you (.8) (.hh) you've
236 been shoving it to the side ((gestures to
237 the right)) ((husband nods yes))
From Gale, 1991, p. 111

In Exemplar III the therapist (TH), working with a husband (H) and wife (W) asks H if contact with the other woman is in the past or still going on (lines 223-224). The expected and situational preferred response for H is to reply that the 'it is in the past' inferring that the affair is over. This would support the therapist's agenda to direct the couple to a solution focused discussion. However, the husband's response "I would say it's ah 95% over" (lines 226-227) opens up the possibility of problem talk regarding an affair that might not be over. Additionally, this statement makes the husband accountable for the 5%. The husband, after a brief pause adds, "she tries to contact me at work" (lines 227-228). This statement serves to repair his accountability and responsibility for the 5% by implying that it is the other woman who is seeking him out. The therapist quickly adds to the H's repair as he immediately (as noted by =) takes the turn from H prior to a TRP, and presents an extended turn to strengthen and (re)formulate the H's repair (lines 229-237). The therapist's (re)formulation presents the H not only as wanting the marriage to work, but he is working hard to put the marriage back together (repeating this point twice, lines 229-232), and it is the other woman who is to blame while H is "as much as possible you (.8) (.hh) you've been shoving it (i.e. the other woman) to the side" (lines 234-236). In his turn, the therapist is providing

a detailed account and additional information to H's problematic response and re-formulates a new understanding of his character and accountability for working on the marriage. The therapist's intervention at this juncture of therapy is important in shifting the session talk away from the affair and establishing the husband's moral character as committed to the marriage (see Gale, 1991; Gale & Newfield, 1992).

In this segment the therapist established an important moral characterization of the husband through (re)formulation of the husband's comments. A different response from the therapist regarding the husband's statements about the affair being 95% over (lines 226-227) could lead to a very different clinical conversation with different moral accountabilities of the husband and different participation of the wife. This does not mean a different conversation would have been more or less helpful[25], but that the process, focus, interactions and accountability of each person could be very different and alternative positive (and negative) outcomes possible.

Relational positioning

Extending the discussion on the discursive analytical use of accountability is the concept of relational positioning. Relational positioning, while similar to ethnomethodology's membership category analysis (MCA), is drawn from subject positioning of narrative theory (Davies & Harré, 1990). Relational positioning brings in a critical discursive perspective. Harré and van Langenhove (1999) define positioning as a "metaphorical concept through reference to which a person's 'moral' or personal attributes as a speaker are compendiously collected. One can position oneself or be positioned as e.g. powerful or less, confident or apologetic, dominant or submissive, definitive or tentative, authorized or unauthorized" (p. 17). In talk-in-interaction, "power involves the manner by which persons are given a location and subjectivity within discourse" (Sampson, 1993, p. 1223). Within narratives, there are limited possible subject positions that each character can take on. For example, cultural discourses about gender roles (Hare-Mustin, 1994) present particular positions for males and females that serve to ascribe their behaviors, relationships and motives. In this regard, it can be said that people are positioned by narrative cultural structures of regularity. Individuals can also resist dominant discourses to create alternative subject positions. Analysis of how a participant positions him/herself, or positions another, or is positioned

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25. The couple reported several years later that this single-session (presented in front of an audience as part of a training workshop) was very helpful to them.

by another has important consequences. Buttny (2004) notes how participants dealing with problems often have a stake in how they are viewed by others in regards to agency and action such that they position themselves "to be seen favorably or to minimize the discrediting implications of actions" (p. 170).

An extension of positioning theory, and part of the ethnomethodology tradition is MCA. MCA is the identity/role categorization that occurs in social interaction as each participant comes to identify and classify one another. These classifications can include roles (parent, child, professional, blue collar), status (wealthy, poor), personal characteristics (heterosexual, athletic, etc.), geo-historical placements (origin of birth, ethnicity, schools attended), relationship configurations (friends with particular individuals or groups) and more. These categorizations not only signify an identity characteristic, they also provide an expectation of personal qualities associated with specific roles. For example, the classification of mother can infer characteristics of the person being caring, sensitive and responsible. Being categorized as a teenager can infer characteristics of independence, still in school, and irresponsible. An individual viewed as having membership in both categories (e.g. a teenage mother) can lead participants to infer conflicting qualities of these two roles (Buttny, 2004). Analysis of talk-in-interaction shows how these conflicting categories and characteristics get worked out and understood between participants (e.g. how a teenage mother will effectively raise her child and continue her education).

In clinical discourse, both positioning and MCA becomes very important. For example, how a husband and wife are positioned in cultural narratives (gender roles, sexual orientation, social status, etc.) and how they position one another in their own relationship can invite various courses of action for the therapist.

> Exemplar IV
> 316 Jane: And I have to say that um (.) that I would always I had to um be in control
> 317 of everything (.) I had to be in control of (.5) of him (yeh) of our
> 318 relationship I thought I I thought if I could keep it all under control (.) um
> 319 for some reason I would be a hap happier and my contribution is to let go
> 320 and t'own up and to take his advice.
> 321 TH: (hh) When you say in control you mean like sort of take responsibility for
> 322 (1.0) for most things o::r or feel that you are responsible for lots of things

323 that what you mean by in control o::r do you mean something else?
324 Jane: (3.0) um yeh I probably had to take responsibility (.) (yeh) for everything
325 (.) (ok, yeh) mhm (yeh).
....
330 Tom: and I perhaps had the same problem and ykn I still do sharing the fact that
331 Jane's opinion is just as valid as mine (right) and then sharing those (.)
332 opinions in a real meaningful way I think we we both (.5) spent a lot of time
333 trying to be in control f-for different reasons (yeh) an uh now we've learned
334 I think to (.5) let go a little bit
335 [   ]
336 [   ]
337 TH: (inaudible) so the word the word the word is respect is that respecting each
338 other's opinions and (yeh) (.) and uh (.) values and morals and so on
339 Jane: yes
340 TH: so respect o:r acceptance or something? I mean what's a what's a name
341 for this that you say (.) would fit better with what it is like?
From Kogan & Gale, 1997, p.114

In this segment the wife, husband and therapist are accomplishing several sociopolitical positioning and membership identity themes in negotiating the concept of 'control' (see Kogan & Gale, 1997; Gale, Lawless & Roulston, 2004). The notion of control in Exemplar IV is embedded within a cultural narrative about a female's identity in family contexts. As noted by Bograd (1988), women face the double standard of being assigned responsibility for family relationships, but cannot be in the position of appearing to run things. In the segment above (lines 316-319), Jane at first positions herself as 'controlling' in a way that is potentially negative, and tends to represent a male-oriented perspective in constructing meaning (Hartsock, 1983). The therapist's question and candidate response (a potential answer included in the question) suggests an alternative description to Jane's self-position and identity classification from one of "controlling" to one of responsibility (lines 321-323). The therapist then presents a new formulation of the couple's relationship position (Jane controlling Tom) to a collaborative position of

shared respect and co-privileging of perspectives (lines 337-338, 340-341). The therapist's question, is there a better name for "respect o:r acceptance or something?" (lines 340-341) presents the choice of either accepting and legitimizing the new formulation, or defining their relationship differently. However, the preferred response established in the previous turns is to accept this shared respect and acceptance description of their relationship.

Another example of how discursive analysis and examining relational positioning can be useful is from a clinician's analysis of a couple's therapy case (Gale, Anderson, Slater, Templeton, & Childs, 2004). The therapist, a doctoral MFT student, sensitive to resisting a male-oriented perspective, was concerned that he had over-aligned with the husband and was not responsive to the wife's situation. However, his analysis of several segments of this case showed the opposite to be true. His analysis indicated how the wife's narrative was influential in leading the therapist to adopt a perspective that privileged her moral account (viewing her as fragile and taken advantage of by the husband) while minimizing the husband's vulnerable relational position. Interestingly, when this analysis was presented to the other authors, the females recognized very quickly (more so than the males in the group) how the therapist had overly accepted the wife's account and moral characterizations.

Closing Comments

The goal of this paper was to present the benefits of discursive analysis to systemic practitioners and provide a framework and skills for conducting an analysis. The approaches of conversation analysis and critical discourse analysis were introduced. A theoretical framework was provided, in a large part based on social constructionism, which presented talk-in-interaction as constitutive of reality and a mindfulness critical and non-judgmental attitude for analysis. The relational construction of identity and the negotiation of truth were presented as well as introductory steps to conducting discursive analysis. The sections on Patterned Structures and Accountability presented several CA features of talk (adjacency pairs, transition relevance place, and accountability) and the section on Relational Positioning provided a CDA perspective.

Discursive analysis as a practice and as a scholarly endeavor offers benefits to practitioners, researchers, and educators. For practitioners analyzing their own work there are challenges to be addressed. This includes developing

a mindfulness based attention to critically listen to the displayed talk-in-interaction, and not overly privilege their private inner dialogue and un-examined taken-for-granted (and assumed) knowledge about client characteristics, motivations and interactions. It is suggested when analyzing one's own work that the analyst work with a team to refine the analysis through the support of multiple perspectives, critiques and conversations.

Discursive analysis can be a good adjunct to supervision to provide a richer and critical understanding of what works and does not work. In doing analysis of one's own work though, it is important to be aware that one will see imperfections as all talk, when examined under a magnified gaze will reveal blemishes. Discursive analysis is also an excellent educational tool for enhancing one's appreciation of systemic processes and viewing how psychological and interpersonal phenomena are relationally negotiated, maintained and changed.

In research endeavors there are many questions that discursive analysis can address. Roy-Chowdhury (2003) and Strong, Busch, & Couture (2008) note that as discursive analysis is empirically grounded in the clients' experience and meaning-making voice, it is a strong complement to evidence based research providing a richness of detail not currently examined. As many of the postmodern therapies typically are not examined from evidence based perspective, discursive analysis provides a research approach for examining these therapies and their various claims.

Discursive analysis also has its cautions. Antaki, Billig, Edwards, & Potter (2003) note six shortcomings of some researchers claiming to be doing discourse analysis. These include circular claims of discourses to mental constructs, not providing enough descriptive analysis through presenting the talk-in-interaction as speaking for itself, and under-analysis through taking sides. One can also become overly analytical, making claims based on just a few selected exemplars. While discursive analysis can make significant contributions to the systemic study of human systems, it is just one point-of-view of many perspectives for understanding human meaning making.

Please address correspondence about this article to: Dr Jerry Gale, Department of Child and Family Development, The University of Georgia, Athens, Georgia, 30602. USA jgale@fcs.uga.edu

Table 1

TRANSCRIPT NOTATIONS

→	Arrows in the margin point to the lines of transcript relevant to the point being made in the text.
( )	Empty parentheses indicate talk too obscure to transcribe. Words or letters inside parentheses indicate the transcriber's best estimate of what is being said.
hhh	The letter 'h' is used to indicate hearable aspiration, its length roughly proportional to the number of 'h"s. If preceded by a dot, the aspiration is an in-breath.
[	Left side brackets indicate where overlapping talk begins.
]	Right side brackets indicate where overlapping talk ends, or marks alignments within a continuing stream of overlapping talk.
CAPITAL	Words in capitals are uttered louder than the surrounding talk
°	Talk appearing within degree signs is lower in volume relative to surrounding talk.
><	Talk appearing within 'greater than' and 'less than' signs is noticeable faster than the surrounding talk.
((looks))	Word in double parentheses indicates transcriber's comments.
(.08)	Numbers in parentheses indicate periods of silence, in tenths of a second. A dot inside parentheses indicates a pause that is less than 0.2 seconds.
:::	Colons indicate a lengthening of the sound just preceding them, proportional to the number of colons.
becau-	A hyphen indicates an abrupt cut-off or self-interruption of the sound in progress indicate by the preceding letter(s) (the example here represents the word because).
He says	Underlining indicates stress or emphasis.
dr^ink	A 'hat' or circumflex accent symbol indicates a marked raised pitch.
=	Equal signs (ordinary at the end of one line and at the start of an ensuing one) indicate a 'latched' relationship-no silence at all between them.

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Additional Resources - Websites

http://www.sscnet.ucla.edu/soc/faculty/schegloff/ TranscriptionProject/index.html: This is a great link to the transcription symbols for conversation analysis produced by Schegloff. It provides a tutorial of how each symbol is used with textual and audio examples.

http://www2.fmg.uva.nl/emca/ : *Ethno/CA News* Paul ten Have's website with great resources on CA. Called by many the most comprehensive source of information about CA.

http://www-staff.lboro.ac.uk/~ssca1/intro1.htm: This is a link to an introductory tutorial on conversation analysis. It provides audio and video clips of a transaction and has a step-by-step tutorial on working through the transcription and analysis process.

Antaki's home page http://www-staff.lboro.ac.uk/~ssca1/

http://www2.fmg.uva.nl/emca/MCA-bib.htm#K