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Moving Forward:

Therapy with an Adolescent and his Family

by

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ABSTRACT

Studies of actual conversational behaviours used to generate positive change in family therapy are relatively rare. In the present study I examined such conversational details as they occurred in a single session of family therapy. From passages identified by family members as helpful, I used discursive methods of analysis (conversation analysis and critical discourse analysis) to examine an actual conversation between a renowned family therapist (Dr. Karl Tomm) and a family formerly at a conversational impasse. I suggest an impasse arose from differences in cultural discourses used by, or the discursive positions of, family members; what Lyotard has called, "differends." The analyses showed the therapist and family members' use of particular conversational practices from those sustaining an initial differend, through those used in trying to develop more promising lines of talk, to those which ultimately show the family and therapist initiating talk from a shared position. I conclude these analyses with an integration of the conversational practices and sequences in talk used by the therapist and family members to bridge differences in their ways of conversing and relating. Family members' retrospective comments regarding their participation in the conversation analysed were also incorporated into the analyses. Implications for the practice of family therapy, and for further research of therapeutic conversations, are derived from the analyses.

ACKNOWLEDGMENTS

There are a number of people I would like to thank for helping me complete this research. My supervisor, Tom Strong, provided unending support throughout the entire process. He inspired me to take a road less traveled by sharing his extensive knowledge and enthusiasm for discursive research. I would also like to thank the members of my committee for their words of encouragement, valuable comments, and suggestions. In addition, I extend special thanks to the many people who reviewed and commented on my work. Each new eye helped me write a better document.

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I would not have been able to complete this journey without the endless support of a few more key people. First, without the knowledge that my son was being cared for by such a competent person I would never have been able to spend the hours it takes to accomplish this task – thank you Megan. Second, I thank my parents, Ellwood and Amy, for raising me as a person who has faith in herself and "sticks it out to the end." The completion of this project is as much a reflection of their work as it is mine. Third, to the many people who offered an understanding ear when it was needed, I thank you for your patience. Finally, it must be quite the experience to live with a person completing a Ph.D. dissertation. Thank you, Lance, for providing your solid, unwavering support day in and day out and, Max, for inspiring me in your own unique ways.

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CHAPTER ONE: INTRODUCTION

I am interested in investigating the processes of effective therapy. My intent is to learn more about how therapists and families with adolescents participate in conversations that allow them to move ahead to their desired goals.   Although reviews of research have identified family interventions as the most promising methods for treating concerns around adolescent behaviour (Borduin, Hanson, & Harbin, 1982; Henggeler & Sheidow, 2003; Kazdin, 1987; Mann & Borduin, 1991; Pinsof, Wynne, & Hambright, 1996; Shadish et al., 1993; Shadish & Baldwin, 2003), little is known about the *processes* that lead to positive change in families (Friedlander, Wildman, Heatherington, & Skowron, 1994; Pinsof, 1999; Pinsof & Wynne, 1995). There is evidence that what family therapists currently do is effective. However, future work lies in increasing our understanding of how client change is constructed in the process (Pinsof, 1999).   We simply do not understand much about how and why therapy achieves change (Kazdin, 1999). My goal is to investigate effective processes in family therapy with adolescents.

My Interest

I invite a friend to dinner. He pauses and looks down before saying "Well, (pause) that <u>would</u>[1] be nice…" In his turn, my friend invites me to attend to his response to my proposition. The pause, the indirect response (use of the word "Well" prior to answering), the use of a phrase that seems to prepare the listener for a rejection ("that would be nice"), the emphasis on the word "would", and the non-verbal behaviour (e.g., the friend looking down) are all "practices" or "devices" that my friend has used to communicate his partial rejection of my invitation. "Devices," in this sense, are meaningful behaviours (used intentionally or unconsciously) that influence the course of

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[1] Underline indicates the speaker's emphasis on the word.

the developing conversation. Even before he finishes his statement, I can see myself interrupting to offer a response such as "Yeah, I know this is a busy time for you…"

By paying close attention to the details of daily interactions, one can see speakers orienting to one another in an almost automatic fashion. Two people, who may understand the world very differently, make sense of each other and develop shared understandings using various conversational practices. Words are not photographs that people use to clearly represent what they are thinking. One person cannot see what is going on in the other person's head (e.g., her "inner world"). However, through conversational practices, they make their inner world evident to each other. These practices help people in conversation orient and respond to one another to "work things out" on a turn-by-turn basis. This process is not always perfect, but in the back-and-forth of conversation, the participants achieve understanding at an adequate level to move forward.

What are the details of this process? What conversational practices do speakers use to construct shared understandings so that they can move forward? These questions seem especially important in an increasingly litigious society where people engage in debates to prove their point and thus prove others wrong (Tannen, 1998). I find myself asking: are there other kinds of conversations that pre-empt argumentative monologues in favour of dialogic, generative conversations?[2] How can people manage their commitment or stake in an issue in collaborative,[3] forward moving ways? As a family

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[2] Chasin and Herzig (1993) ask similar questions in their work transforming conversations among people who have polarized views on issues of public significance (e.g., abortion).

[3] By collaborative I mean, finding commonalities that fit for all parties rather than proving the validity of one way of viewing a problem and excluding others.

therapist, I use conversations to accomplish forward movement with family members who speak from multiple and often conflicting ways of understanding the world. Consequently, I find the questions at the onset of this paragraph particularly interesting, and they have led me to the following investigation of therapeutic processes.

Investigating the Process

My understanding of process research has three core influences. First, I reject the dichotomous split between process (accounting for the stream of behaviour in therapeutic interactions) and outcome (a simple, static phenomenon where researchers measure it at in some definitive sense at the conclusion of treatment). I utilize definitions of process research where traditional polarized descriptions of process and outcome are linked. With this process-outcome link, process research becomes change research, so that I can investigate the "little outcomes" or change events that are responsible for effective therapy (Greenberg & Pinsof, 1986). As a practitioner, I agree with Pinsof (1989), that unless process can be linked to positive change it is not particularly relevant or meaningful; "It is a distinction without a difference" (p. 55).

Secondly, I think therapists and clients construct *change* in therapy through back-and-forth conversations. Postmodern[4] notions, that a person can alter her actions by constructing different understandings through language (Anderson, 1997; Kaye, 1995) have influenced me. Consequently, I am interested in how change develops in the process of therapy through dialogue. Traditionally, process researchers have focused on

[4] Lyotard (1979/1984) characterized the postmodern age as one marked by disbelief in universal systems of thought where the aim has been to find one true objective and stable reality. The modern idea of knowledge as a mirror of reality (Rorty, 1979) is then replaced with a postmodern focus on the interpretation and negotiation of meaning of our social world (Kvale, 1996). Following this, postmodern therapies - including solution-focused, narrative, and collaborative language systems therapies - seek to negotiate new meaning with clients and families (Kogan, 1998). Within these models, therapists view problems as constructions, built through language and interaction.

examining change moments in therapy as interventions delivered by the therapist. With

conversation as the focus, however, I have become more interested in how change

evolves between people in therapeutic interactions. In addition, a conversational focus

allows a look at the process of therapy through a lens that fits my personal orientation to

working with adolescents and their families. Rather than studying therapy as a directive

exercise involving hierarchy and power[5] over adolescents, I can explore the consensual

dialogue that moves families to agreeable solutions.

Finally, as a family therapist I understand problems and their solutions as

developed through interaction. Within this project, family therapy is defined as "any

psychotherapeutic endeavour that explicitly focuses on altering the interactions between

or among family members and seeks to improve the functioning of the family as a unit, or

its subsystems, and/or the functioning of individual members of the family" (Gurman,

Kniskern, & Pinsof, 1986, p. 565). Family therapy process research investigates the

interactions (primarily found in conversation) between therapist and family systems, with

the goal of identifying change events in these interactions (Pinsof, 1989). This study

considers the conversational behaviour of both family and therapist, to investigate the

nonlinear, ongoing, and circular processes[6] that are consistent with systemic therapy and

family therapy process research (Pinsof, 1989).

I began this project with the interests outlined above. A literature review piqued

my interest further, as I found few studies investigating how therapists *and* families

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[5] As will be seen, in my analysis I focus on how power is "transacted" in the interaction by each person involved, as they exchange turns in talk.

[6] Circular thinking is a foundational concept in family therapy. Early therapists (e.g., Bateson, 1972) suggested that psychopathology was something that is part of ongoing, circular feedback loops (e.g., A invites B which, in turn, invites A etc.) rather than caused by events in a linear fashion (e.g., A causes B).

constructed change in the back-and-forth of their conversations. In this process study I

investigate change by linking process and outcome highlighting the importance of

interaction and language in creating solutions. I examine how change occurs (Greenberg

& Pinsof, 1986) in the details of the interactive conversations of therapy.

<div align="center">Discursive Approach</div>

A discursive approach allows researchers to investigate change within the above

definition of process research. Change can be explored through this method to highlight

the construction of meaning and corresponding change within the dialogue of therapy. I

use the terms *discourse* and *discursive practice* in specific ways in this project.

Discourse analysis is the study of language in use (Taylor, 2001). Many research

methods are labeled discourse analysis; however, researchers commonly group this work

into two types of analysis – critical discourse analysis (CDA) and conversation analysis

(CA). CDA utilizes a noun understanding of discourse, while CA often conceptualizes

discourse in a verb sense by looking at discursive practices people use in interaction

(Strong & Paré, 2004).[7]

As a noun, *discourses* are forms of communication that hang together to produce

a particular version of events through how people continue to use them (Burr, 1995).

Utilizing a noun lens (CDA) facilitates a macro-analysis investigating "how

conversations give form to and privilege some ways of understanding over others"

(Strong & Paré, 2004, p. 3). For example, many conversations in North American culture

draw on the discourse of "individualism" when people understand a mother and daughter

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[7] Similarly, Schegloff (1999) differentiates between two types of context – distal and proximate - with the former encompassing sociopolitical or *macro-variables* that affect social interaction, and the latter being concerned with *micro-features* of situated social exchanges (e.g., specific things people do in their talk to make sense of one another).

in a close relationship as being negatively "enmeshed". However, someone speaking from a more "community" or "collective" discourse would understand this same relationship as being supportive. A discussion of discourse in this sense can lead to a more static way of understanding, as discourses are named and discussed as "things".

As a verb (CA lens), discourse is understood as conversational activity. The focus is on how versions of events or ways of understanding are constructed through communicative behaviours (words, pauses, intonation, and non-verbal behaviour) as turns are taken in dialogue. Analysts examine in detail the mundane communicative behaviours or *discursive practices* speakers use to interact. The finalized meanings discussed in CDA (noun/macro analysis) are understood as developments constructed as people orient to one another in their turns of talk (Strong & Paré, 2004).

In my analysis, I have combined CDA and CA to examine therapeutic conversations. Both methods are useful to practitioners concerned with what people do with their talk (CA) and with what resources people draw on in the course of their interactions (CDA). In addition, I see the two methods as inextricably linked. Our way of talking or understanding a topic (discourse) is continually developing with each conversational turn (discursive practice). Through discourse analysis, I have utilized both CDA and CA to understand how important shifts in conversations can develop in therapy with an adolescent and his family.

Purpose and Question Answered

The purpose of this study is to investigate important conversations in family therapy by examining key shifts in therapeutic conversations with an adolescent and his family. In this project, these key conversations are labeled *forward-moving*

conversations. In such conversations, differences between parents and adolescent begin to dissolve or impasses are transcended and a new way of communicating is introduced that positively affects the family's continued interactions. I will use a macro-analysis (CDA) to examine the broader discursive moves and a detailed, sequential conversation analysis (CA) to investigate how family members and their therapist negotiate an impasse and then use this "stuck point" to begin creating new possibilities – from polarized debate to generative dialogue (Chasin & Herzig, 1993). With this approach, I will address the following general question: How do families and their therapist transcend impasses in therapy to co-develop more forward-moving conversations?

<center>Rationale and Significance of Project</center>

In unique ways this research continues a dialogue about the process of therapy with adolescents and their families. First, although family therapy has proven effective in addressing problems in adolescence, little is known about the processes that lead to positive change in families (Friedlander, Wildman, et al., 1994; Pinsof, 1999; Pinsof & Wynne, 1995). Furthermore, most of the limited work on client change in family therapy is built on linear, causal frameworks and searches for underlying mechanisms for change (e.g., Diamond, Diamond, & Liddle, 2000). In this research, I look through a discursive lens when change occurs and is evident in communicative interaction. I examine therapeutic conversations using a framework that honours the interactive nature of family therapy by including a sequential analysis of both therapist and family behaviours (Friedlander, Wildman, et al., 1994).

Second, researchers know little about effective therapy from the family's position (Friedlander, Wildman, et al., 1994). In this project I include the views of all family

members and focus primarily on important conversations affecting the family as a whole.

Unique to this study is the choice to emphasize the adolescent's initiative in selecting the

therapeutic moments I analysed. The result will reflect this emphasis. By accessing the

family members' perspectives and giving the adolescent a central role in choosing

forward-moving conversations, this study approaches family therapy process research in

an unusual way. Inclusion of the adolescent's view on how to transcend differences also

makes this project highly useful to therapists. Differences in how adults and young

people make sense of the world can engender conflict and create hurdles for researchers

and therapists working with adolescents and their families. Investigating an impasse one

family negotiates and the conversations they and a therapist use to transcend these

differences can serve as a valuable therapeutic resource for therapists facing such hurdles.

Third, overall, researchers using discourse analysis have been reluctant to make

recommendations for improved social psychological practice (Willig, 1999). I analyse

differences in conversations or impasses but extend this analysis to conversations in

which transformative meanings and ways of talking develop. Consequently, in this

project I contribute to what is known about family therapy by exploring these more

creative, optimistic, and interventive ideas.

Finally, as stated by Gurman and Kniskern (1991), if psychotherapy research does

not have meaningful impacts on practicing clinicians, researchers and therapist must

seriously question its continued pursuit. My goal is to help therapists join in therapeutic

conversations effectively. As a therapist, I began this project firmly standing in a social

constructionist camp (Burr, 1995; Gergen, 1999). I understood therapeutic change as

being constructed in the communicative behaviours of the session (the language used and

how it is used). My therapeutic approach was fueled by my belief that through our language, we construct meaning or stories about our lives that we live by.   I worked with families to facilitate change by building on what a family would consider a preferred story and by challenging narratives that were not working for family members.

At the completion of this project, however, I have a much stronger understanding of the postmodern assumption often accepted at face value – people construct change through language. Rather than simply believing it, through this project I have learned how to notice how speakers construct change in conversations. This knowledge is what my project offers clinicians.

The detailed analyses I offer invite clinicians to take a discursive stance in their own therapeutic practices.   Through these analyses, they can become more practiced at critically examining how each turn in conversation constructs meaning. Consequently, they can become more sensitive to practices in therapy that contribute to positive shifts in conversation. With this heightened awareness, therapists can better join the conversational processes that make family therapy unique as a way of facilitating change.

In addition, the broader conceptual piece to this analysis (CDA) provides an organizational framework for practitioners to understand impasses and other phenomena that play out in therapeutic discussions. Furthermore, as constructionist therapies gain in popularity, discursive research that mirrors the assumptions of these therapeutic approaches can offer meaningful results that will answer the call for a closer link between clinical and research practice (Pinsof, 1999; Pinsof & Wynne, 2000).

Studying conversations where family members and therapists talk beyond impasses and move on to more satisfying dialogue, can help therapists respond to the

generic dilemma of problematic communication between adolescents and parents. In turn, this increased knowledge of positive conversational processes in therapy can help practitioners address adolescent problem behaviours. A greater ability to help families with adolescents can ultimately help the community at large. Furthermore, the research interviews in this study were interventive for participants, as they expanded the families' awareness of how they transcended impasses in their conversations. These additional conversations concerning the positive nature of the families' therapeutic experiences seemed to work to further solidify their effects (Gale, Odell, & Nagireddy, 1995).

Rapid change and seemingly boundless choices characterize the transition from childhood to adulthood (Hess & Richards, 1999). Therapy with adolescents and their families is often challenging. Part of the challenge lies in transcending differences in how parents and adolescents understand and communicate their world. In this study, I have asked questions in different ways in order to extend our knowledge and cultivate ideas about how to engage and work with families negotiating solutions to problems. This research will further our awareness of how families and clinicians can use potential sites of conflict as discursive opportunities. The answers to the questions presented offer insights into misunderstandings and possibilities for moving beyond them.

Overview – Chapter Breakdown

The first four chapters of this dissertation outline how I have come to my question, my approach, and the specific methodology utilized. Through a discussion of the literature concerning adolescents and family therapy in Chapter Two, I provide a rationale for the question I investigate in this study. After this review, it is apparent that a process study focusing on conversational interaction addresses a large gap in the

literature and encourages a creative approach to investigating change processes. In Chapter Three, I discuss further how I settled on the use of a qualitative, discursive approach. This chapter also discusses my personal journey in understanding this methodology, and an outline the theoretical framework. Chapter Four outlines the project methodology; including sampling, selection of conversations, transcription, and analysis. Finally, in Chapters Five and Six, I discuss my original contributions to the field through my analysis and discussion.

CHAPTER TWO: COMING TO A QUESTION

I have examined conversations in therapy in which family members reported they have begun to transcend differences. First, these examinations allow me to conceptualize people's language use as constructing problems and their solutions, which strongly corresponds with my postmodern orientation. Second, I can emphasize interaction in analyzing sequences of conversation turns, and this emphasis melds with the strong influence of systemic therapies in my background. Third, the topic of transcending differences in therapy speaks to me personally, as a therapist who has felt the frustration of participating in "stuck" moments. Finally, understanding positive outcomes in the clients' own terms resonates with my collaborate approach to the therapeutic process and allows me to investigate processes connected to outcome.

Through a review of the literature, I found that no previous project had viewed the subject through the methodological lens described above. This chapter relates the journey I took through the literature to come to the questions posed in this study. First, I looked at outcome studies and found strong support for family therapy approaches to working with adolescents and their families. Then, I explored the process research; I hoped to find studies illuminating details of positive change within effective approaches to family therapy. Although I found a limited amount of work in general, this research provided more detail about the smaller outcomes of therapy. However, the majority of the studies lacked an interactive element that showed how families and therapists worked together in undertaking these processes. Studies generally looked at problems and their resolutions as entities or specific blocks of interventions rather than as conversational or interactive processes.

As a result, I extended my journey and looked into literature that in a more traditional sense is less often associated with process research. I started to review studies where researchers took a discursive approach to investigating processes in therapy (e.g., Edwards, 1995; Gale, 1991). Through their work these researchers encouraged me to think about problems and their solutions in conversational terms so I could account for change processes in the "back-and-forth" of communicative interaction. By adopting a discursive approach I began attending to micro-details to help make the interaction in talk evident and to show how people conversationally work through impasses.

Researchers using this approach encouraged me to think of impasses differently. I became interested in the details of how people talk their way through impasses. I learned that researchers had not used discursive methodology to investigate how therapists and families conversationally transcend stuck points, and then formulated the questions that drive this research. Presented below are the details of my journey.

Outcome Research: Family Therapy with Adolescents

My journey began with a review of the outcome and process research on family therapy with adolescents. Researchers studying therapeutic outcome suggest that family therapy with adolescents is an effective endeavour warranting further study. As a broadly defined area of counselling, marital and family therapy has received strong research support (Hazelrigg, Cooper, & Borduin, 1987; Pinsof et al., 1996; Shadish et al., 1993). Most recently, Shadish and Baldwin (2003) reviewed twenty meta-analyses involving several different methodologies. They found increased evidence that marriage and family therapy interventions have clinically significant effects.

Reviews of the research on family therapy with young people have identified family interventions as the most promising methods for treating concerns about child and adolescent behaviour (Borduin et al., 1982; Chamberlain & Rosicky, 1995; Kazdin, 1987; Pinsof et al., 1996). Researchers completing other meta-analyses (e.g., Hazelrigg et al., 1987; Pitschel-Walz, Leucht, Baeuml, Kissling, & Engel, 2001; Shadish et al., 1993; Shadish & Baldwin, 2003) and reviews (e.g., Breunlin, Breunlin, Kearns, & Russell, 1988; Dumas, 1989; Loeber & Hay, 1994; Mann & Borduin, 1991; Pinsof & Wynne, 1995; Tolan, Cromwelll, & Brasswell, 1986) have emphasized the role of the family in the development and maintenance of adolescent disorders, while endorsing the use of family therapy as a well-validated treatment approach.

The above researchers have found supporting evidence for a number of approaches to family therapy. In their recent large-scale meta-analysis, Shadish and Baldwin (2003) found that on the whole, differences between types of marriage and family interventions were small and usually non-significant. However, there was an obvious lack of outcomes research addressing more postmodern family therapy approaches such as narrative (White & Epston, 1990) or solution focused (de Shazer, 1994) therapies. As Kogan (1998) has said, although theoretical debates have occurred on the merits of postmodern therapy models,[8] little empirical research has been done investigating these therapeutic methods. Compatible methodologies such as the discursive method used in this project have been under-utilized in filling this gap.

Researchers studying family therapy with adolescents also discuss how a number of presenting problems have been effectively addressed through family therapy

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[8] Although this research will not single out a particular model of therapy, it will take up the general postmodern notion that conversations construct meaning that lead to change.

approaches (Friedlander, 1998; Mann & Borduin, 1991; Pinsof et al., 1996). Researchers

have found much stronger evidence, however, supporting the use of family therapy with

adolescents facing presenting problems such as drug abuse (Diamond & Liddle, 1996;

Friedlander, 1998; Stanton & Todd, 1982) and other behavioural problems labeled as

conduct disorder or delinquency (Chamberlain & Rosicky, 1995; Friedlander, 1998;

Henggeler & Sheidow, 2003; Rowe & Liddle, 2003; Shadish et al., 1993). In particular,

outcome studies have emphasized family therapy's success with adolescents labeled with

conduct disorder (Henggeler & Sheidow, 2003). In comparison, outcomes studies

concerning internalizing disorders[9] are extremely sparse (Diamond, Serrano, Dickey, &

Sonis, 1996; Friedlander, 1998). However, researchers have investigated anxiety

(Barrett, Dadds, Rapee, & Ryan as cited in Diamond et al., 1996) and depression

(Diamond & Siqueland, 1995) and the findings support the use of family therapy

approaches in addressing these problems.

Moving from Here

Traditional outcomes research strongly supports family therapy in general and

family therapy with adolescents in particular. However, there are a few evident areas of

concern. First, researchers need to investigate further outcomes of family therapy when it

is used to deal with adolescent internalizing behaviours. Second, postmodern therapies

are largely unrepresented in the outcomes literature. Studies of behavioural and

structural family therapy approaches fit well with traditional research methodologies used

by researchers to measure effects of larger standardized interventions. Researchers using

such methods focus on these therapeutic approaches because they are based in a shared

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[9] Internalizing disorders are characterized by behaviours that are more covert or hidden from outside observers (e.g., anxiety and hidden self-harm) rather than the more overt, acting out behaviours associated with what has been labeled conduct disorder or delinquency.

assumption. Both traditional researchers and family therapists assume that through empirical work researchers will find uniform methods to help families achieve *correct* behaviours or structure. Such an assumption is incompatible with postmodern, constructionist[10] approaches according to which the focus of therapy is performative, and meanings and relationships are created through dialogue. Postmodern approaches call for a research method that examines how *helpful* interactive processes can occur and how *preferred* meaning can be constructed in the therapeutic conversation. Such methodology is absent in the outcome literature. This project fills the gap by drawing on new research approaches to explore how positive outcomes can be constructed or accomplished through dialogue. "Accomplished" refers to the notion that people do consequential things within talk (Austin, 1962); thus, they develop outcomes such as agreements and understandings in or derived from talk.

Third, in traditional outcome research, solutions to problems are studied within large standardized interventive "blocks" or sequences of sessions. The researchers pay little attention to the interactive and constructive processes involved. This seems especially pertinent, as therapy is, at its most basic level, an interactive conversation rather than a one-way process in which interventions are administered to correct client problems.

Traditional outcome research compares the global effectiveness of treatments as a whole but fails to explain *how* this process is effective. As suggested by Luborsky, Singer and Luborsky (1975), researchers can correct this deficiency by moving towards more specificity through breaking down the units of analyses. Outcome studies show that

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[10] Rather than finding the standardized method to correct family structure and behaviour, researchers using such approaches look to the many possible routes available to construct positive change. Therapy is understood as a creative process that evolves through the productive qualities of interaction.

something positive is happening; however, these do not seem to show how this happens. Furthermore, they do not show how this happens in an interactive, conversational manner that is key to the methodology of this current project.

Process researchers look closely at what is involved in various approaches, so that they can investigate helpful components within generally effective treatments. These researchers investigate how positive changes are made in therapy. However, process researchers have generally concentrated on the practitioner without paying heed to the back-and-forth dialogue between clients and practitioners. Those conversations should factor into the processes under study. Most process researchers present a monologic view of the process of therapy, whereas in this study I used newer methodology to show the construction in the dialogue.

<div align="center">Change Process Research</div>

Outcome research is needed to establish the credibility of family interventions, but such knowledge tends to be of little value to practicing therapists as they engage in the particulars of their work (Friedlander, Wildman, et al., 1994).[11] In contrast to outcome studies where researchers test the overall treatment "package," process researchers examine how specific processes or components of therapy contribute to change or outcome. Family therapy process research studies identify specific, clinically significant occurrences within therapy, to better understand events that may be related to change. The clinically relevant and meaningful results of process research tend to make it more accessible and useful to practitioners (Pinsof, 1999).

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[11] In a survey of practitioners, Beutler, Williams, and Wakefield (as cited in Friedlander, Wildman, et al., 1994) found that the most strongly endorsed request was for "research that focuses on therapist and/or client behaviours leading to important moments of change during psychotherapy" (p. 56).

Historically, process researchers concentrated on exploring practices that occur during therapy separate from outcome (Garfield, 1990). However, Keisler (1973) discussed how researchers using pre- and post- research designs overlooked change between the two points (e.g., the pre- and post- stages); since then, researchers have questioned this dichotomous split between process and outcome research. Advocates of process research (e.g., Greenberg & Pinsof, 1986) questioned traditional studies of therapeutic processes. Process researchers moved beyond simply accounting for streams of behaviour to showing greater concern with processes as they relate to outcomes. As a result, the earlier tendency to view process and outcome as distinct domains of inquiry was replaced by a focus on more intermediate and shorter term markers of change within the process (Marmar, 1990) or on how successful change occurs (Greenberg, Ford, Alden, & Johnson, 1993; Rice & Greenberg, 1984). Process research studies started to concentrate more on clinically significant occurrences in therapy and the purpose was to understand how such events relate to change (Gurman et al., 1986; Shoham-Salmon, 1990).

Researchers working within the strong tradition often labeled "critical events research," focus on understanding important moments or the change events in therapy (Elliott, 1985).[12] Initially, these researchers studied the core processes of psychotherapy to confirm both their existence (e.g., Barrett-Lennard, 1962; Klein, Mathieu-Coughlan, &

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[12] Much of the critical events research can be traced back to Flanagan's (1954) critical incident technique developed to identify effective pilot performance during World War II. The critical incident technique was "a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles" (p. 327). Flanagan (1954) analysed the descriptions of critical incidents and produced lists of the components critical for task performance.

Keilser, 1986; Truax & Carkhuff, 1967) and underlying *universal*[13] positive processes

(Beutler, 1990). Following this tradition, critical events researchers have examined the

significant (Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988; Wilcox-Matthew,

Ottens, & Minor, 1997), major (Heppner, Rosenberg, & Hedgespeth, 1992), helpful

(Elliott, 1985; Elliott, Barker, Caskey, & Pistrang, 1982; Paulson, Truscott, & Stuart,

1999), and important (Martin & Stelmaczonek, 1988) events in therapy. These studies

attempted to determine what types of events matter in the general counselling experience

(Elliott, 1985). Regardless of these efforts, researchers still understand little about how

therapy achieves change (Kazdin, 1999).

In family therapy, despite positive outcomes research results and the popularity of

family therapy, little is known about how interpersonal change actually comes about in

this context (Friedlander, Wildman, et al., 1994). I address this in my study utilizing a

discursive methodology. In the next section, I critically review studies focusing on

adolescents and their families that do examine the details of therapeutic process as it

relates to change or outcome (Greenberg & Pinsof, 1986). Subsequently, the reader will

better understand the remaining questions for research on effective processes in family

therapy with adolescents.

Family Therapy with Adolescents: Understanding Problems and Solutions

Researchers investigating family therapy have followed particular methodological

routes. Often a researcher's particular understanding about how therapists address

problems and solutions determines his or her methodological preference. Many

practitioners and researchers focus on structure or hierarchy and consequently use

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[13] Rather than investigating *universal* processes, in my research, I examine the *local* processes that
participants construct in each context specific turn of talk.

research methods to highlight this focus. Others have developed approaches to therapy or research through which they can emphasize relational issues or "nurturing" relationships. Furthermore, behavioural practitioners and investigators study process research much differently than those who stress the development of meaning and its relation to change.

I will briefly review examples of some of the different approaches taken as they relate to the different ways that clinicians have understood problems and their solutions in family therapy. Researchers using these varied approaches do investigate the smaller pieces of what makes therapy successful. However, even with the systemic understanding brought to these family therapy studies, there is a lack of attention to the specific, sequential interactions as change producing meaning develops between therapists and family members within the conversations of therapy.

Structure and Hierarchy

Historically, many family therapists have assumed that problems stem from a maladaptive structure of the family, or a misaligned power hierarchy. Much of their work is rooted in Salvador Minuchin's structural theory (1974). He offered meaningful ways of describing family organization by mapping the family structure and proposing practical steps to restructure family members (Nichols & Schwartz, 1998). Minuchin's ideas were dominant in the 1970s at the Philadelphia Child and Guidance Clinic where he was joined by Jay Haley and Cloe Madanes, two influential figures in the history of family therapy with adolescents. Structural approaches to understanding problems and solutions in therapy remain popular and continue to flourish (e.g., Price, 1996). For example, in *Power and Compassion* (1996) Jerome Price emphasizes the importance of

boundaries and hierarchy by empowering parents to respond to the power tactics of young people with firmness.

Process researchers associated with these approaches to therapy (e.g., Critis-Christoph et al., 1991; Mann, Borduin, Henggeler, & Blaske, 1990; Sell, 1998) use methods that highlight family structures in order to further understand family problems and their solutions. Szapocznik, Kurtines, Foote, Perez-Vidal, and Hervis' (1988) study measured the effectiveness of a strategy for engaging adolescent drug users and their families in therapy. This study provides a good example of how researchers investigate processes in therapy through a structural lens. The therapist in this study joined with the family in a way that did not challenge the family structure or the interactions that maintained drug use; he targeted only the interaction that prevented family members from getting treatment. For example, if the resistant families were identified as having a very powerful identified patient (IP), the intervention required was to join the powerful IP to bring the family into treatment. On the other hand, the family might be characterized by an ambivalent mother who asked for help from the problem youth, but was likely to protect the IP, and to be ambivalent about involving her husband. In such a case, the therapists typically by-passed the mother (with her permission) and went directly to the father to place him in a more central role in bringing the family into treatment. The results of this study presented strong evidence of the effectiveness of using specific engagement interventions based in structural assumptions in the initial contact with families to overcome resistance.

Sells (1998) completed a thorough task analysis of videotaped interviews and self-reports from clients and counsellors. His purpose was to identify key moments of

change within sessions based on observations of family therapy with "tough"

adolescents.[14] He developed and tested a 15-step family-based model that produced

significantly positive changes in several areas including parents' attitudes toward their

adolescents, parents' role as in charge of adolescents' behaviour, affective

responsiveness, and negative communication (Sells, 1998). Both parents and teenagers

also indicated satisfaction with the overall treatment process. The model was based on

structural (Minuchin, 1974) ideas of hierarchy and boundaries, and on strategic (Haley,

1980; Madanes, 1980) notions of rules consequences and paradox. A thorough

description of this model is beyond the scope of this review. The main message of this

model is that the first therapeutic priority is to gain control over the adolescent and

restore the hierarchy within the family through force, before exploring any "soft"

interventions involving nurturance or tenderness. Once again, this study is a good

example where a researcher investigated change processes in relation to structural

assumptions. Sells (1998) understood positive change as developing through various

therapist prescribed steps that lead to structurally positive structural outcomes. An

interesting aspect of this study, however, was the emphasis on the client's reflection of

positive change.

Relational Closeness

Investigators from another strand of family therapy research see problems in

families with adolescents as existing because of a failure to maintain relatedness. Satir

(1972), a leading figure in family therapy history, focused on getting parents to be more

affectionate and loving to each other and their children, while also increasing their

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[14] The task analysis involved building a change process model from an analysis of the literature; revising the model for its effectiveness using feedback from therapists, families, and analysis of sessions; and, finally, testing the model with therapists.

firmness. Instead of seeing Haley's hierarchies of power, Satir saw people as longing to

feel good about themselves and wanting to get close to others (Nichols & Schwartz,

1998).[15] Many other authors have highlighted the importance of adolescents achieving

autonomy while maintaining a positive relationship with their parents, by changing the

nature of their connection instead of moving solely towards achieving separation (e.g.,

Dickerson, Zimmerman, & Berndt, 1994; Liddle, 1994; Mackey, 1996).

The above ideas provide the conceptual groundwork for another understanding of

how to address problems in family therapy. Some researchers and therapists examined

empathy and nurturance as resources to facilitate change.[16] Below I present three studies

where reseachers understood change in this way and also addressed the specific problem

I am interested in: impasses in therapy. Rather than focusing on hierarchies or structures,

these approaches highlight relational sequences of parents and adolescents.

Diamond and Liddle (1999) developed what they call a "shift intervention" to

resolve impasses in family therapy. In their study, they conducted a task analysis to

identify problem family interactions, the intervention strategy used, and successful and

unsuccessful outcomes. Five successful and five unsuccessful episodes were used in the

analysis.[17] Through an analysis of these episodes, Diamond and Liddle developed a

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[15] Research supports the importance of emotional connection in successful therapy (Postner, Guttman, Sigal, Epstein, & Rakoff, 1971). Moreover, recent challenges to traditional developmental ideas of separation and individuation in adolescence favour connection, and importance of family relationships, (Dickerson, Zimmerman, & Berndt, 1994; Mackey, 1996).

[16] As Micucci discussed (1998), change is facilitated as support allows teenagers to disclose to parents what are often vulnerable and previously unspoken thoughts and feelings. When modulated, such disclosures frequently lead to greater understanding and expressions of warmth on the part of the parents. This results in a more positive, less hostile parent-adolescent interaction and reinforces adolescents' participation in the treatment process.

[17] These episodes were chosen by the researchers and validated by the Beavers Timberlawn Family Evaluation Scale (Lewis, Beavers, Gosset, & Phillips, 1976) which assesses the family's progress on a number of levels.

model that described successful shifts as those negotiated by moving away from behavioural management and toward addressing fundamental relationship problems. When impasses occurred, shift interventions facilitated parents to move from controlling to understanding, and the therapist encouraged adolescents to move from punishing their parents to seeking acknowledgement and accountability. Within such processes, the therapist had a central role in orchestrating the resolution sequence. This sequence typically began with the therapist engaging parents in individual sessions to reflect on and communicate their regrets and disappointments regarding their child. As a result, the parents felt more open to their son's or daughter's experience, and were often coached on how to show their empathy, with the expectation that the overture would be rejected outright by the adolescent. The researchers also suggested the use of individual sessions to engage the adolescents and to help them feel safe to express emotion about relational issues.

This group of researchers (Diamond & Liddle, 1996; Diamond & Liddle, 1999) found that the cycle of parent frustration, hopelessness, and fear, which was met with adolescent entitlement, rejection of authority, and hopelessness, could be replaced. Parents' strong acknowledgment of their adolescent's concerns as reasonable often reduced negative emotion and diffused resentment. Reciprocally, when the adolescent began to speak more openly, the parents were impressed with the adolescent's sudden maturity, and remained attentive and affectively attuned. The family was then better able to address behavioural management issues that had resulted in the initial impasse. With this strong focus on interaction, these researchers nevertheless chose a linear approach to research that highlights change as steps or stages in a therapist-delivered process.

Heatherington and Friedlander (1990) also explored the importance of emotional disclosures in a task analysis of two interviews by Salvador Minuchin. In this research, researchers defined change as breaking unproductive "pursue-distance" relationship cycles – another example of an impasse.[18] The boy's voluntary and deep expressions to his parents significantly modified interpersonal impasses. Once again, the approach was highly interactional, and in this study, the investigators went the extra step of measuring change as a cyclical phenomenon. However, the study left me wondering about the details of *how* the participants accomplished movement from unproductive to productive interactions.

In another study, Friedlander, Heatherington, Johnson, and Skowron (1994) used a modified analytic induction method[19] to examine how families moved from disengagement (e.g., an impasse) to sustained engagement on problem solving tasks. They defined sustained engagement as "a sequence of speaking turns in which family members are observably willing to disclose thought or feelings on a designated topic, to share or cooperate, to show interest and involvement in the discussion, or to be responsive and attentive (i.e., emotionally present)" (Friedlander, Heatherington, et al., 1994, p. 442). The researchers conducted a qualitative comparison on the interpersonal dynamics in four unsuccessful versus four successful sustained engagement events.

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[18] Observational coding of the family's relational control dynamics measured changes from these competitive and conflictual cycles of interactions between parents and adolescents, to more complementary interactions.

[19] Bogdan and Biklen's (as cited in Friedlander, Heatherington, et al., 1994) "modified analytic induction method" was used to develop a working operational definition of disengagement (the marker phase of the event) and sustained engagement (the resolution phase of the event). In this method, data are examined in turn as they are collected, and the theory is continually modified to fit each new case. Unlike grounded theory, however, rather than developing a theory from the data alone, the analytic indication method begins with a rough definition of the phenomenon to be explained. In this case, two consultation sessions conducted by Salvador Minuchin were used to establish a starting definition of the events studied.

Consequently, they developed a conceptual model (for how families moved from disengagement to sustained engagement on problem solving tasks) of five interrelated steps: acknowledgment of one's own contribution to the interpersonal impasse; communication of thought and feelings about the impasse; validation of those feelings by other family members; development of new constructions of one another's behaviour and recognition of potential benefits of engagement. In the study, the participants focused on behavioural issues in the unsuccessful events while they discussed thoughts and feelings around the impasse in the successful events. Although the study gives the reader a better understanding of the topics of discussion and steps involved in positive change episodes, the results, once again, are understood as one-way, therapist-delivered stages. I feel that reseachers that investigate changes in interaction between family members would strongly benefit from a methodology that examined change interactionally, that is, in the back-and-forth processes of therapy.

Behavioural Approaches

Behavioural family therapy developed from techniques devised for treating individuals. However, due to the complexity involved in dealing with more than one person, behavioural family therapy has grown more sophisticated. Behavioural therapists understand symptoms experienced by an adolescent as learned responses acquired and reinforced by environmental conditions. Solutions arise when the family works to modify specific behaviour patterns to increase the desired behaviour.

Behaviourists understand therapy as a technical procedure dependent largely on the application of highly researched behavioural principles (Nichols, & Schwartz, 1998). For example, after years of systematic research, Patterson (1975) identified a pattern of

parent-child interaction that exacerbates conduct problems. He labeled this pattern "coercive family processes". The term "coercive" refers to deviant behaviour by the young person that parents support or directly reinforce. This work formed the foundation for detailed manuals (e.g., Patterson, Reid, Jones, & Conger, 1975) instructing practitioners to implement interventions in a prescribed manner.[20] The manuals call for structured assessments of concrete behaviours throughout the process to ensure clients are achieving change.

Most process researchers examining behavioural approaches measure the outcomes of manualized interventions that therapists deliver in a prescribed manner. For example, Patterson (1975) advocated parenting management training (PMT). This system teaches parents to interact differently with young people through more consistent and positive discipline, and improved communication practices (Liddle, Rowe, Dakof, & Lyke, 1998).[21] Therapists rely on techniques such as modeling, role-playing, guided practice, and homework assignments to teach parents to define, observe, and respond to coercive behaviour using well set-out steps (Patterson, 1975). Patterson investigated the outcome of replicable treatments for altering patterns of interchanges between parent and young person.

Traditionally, with a behavioural approach, researchers understood the processes involved in facilitating positive outcomes as repeatable directly implemented

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[20] Because behavioural therapists focus on objective evaluation of behaviour change throughout and at the end of therapy, behavioural therapy is strongly compatible with traditional outcome research methods and has been widely studied (Coulehan, Friedlander, & Heatherington, 1998; Dumas, 1989; Pinsof & Wynne, 1995; Ulloa Estrada & Pinsof, 1995).

[21] However, behavioural therapy has had a strong influence on many non-behavioural family therapists as they often selectively include behavioural interventions in their work. For example, as discussed earlier, although Minuchin was a structural therapist, operant conditioning was a strong element in his work with anorexia nervosa (Minuchin, Roseman, & Baker, 1978).

interventions. However, from very early on (Alexander, Barton, Scheavo, & Parsons, 1976), and increasingly with contemporary therapists (e.g., Falloon, 1988), behaviouralists have understood that successful treatment also requires complex skills in implementing interventions. For example, researchers measuring systems-behavioural interventions used with adolescents and their families also found relationship skills to be important (Alexander et al., 1976). Warmth and humour predicted 45% of the variance in outcome calculated through recidivism rates and family process measures. Alexander et al. concluded that therapists' relationship skills that are often overlooked in behaviour modification literature "may be crucial determinants of therapy success" (p. 656). In a study of parent training interventions, Patterson and Forgatch (1985) found that therapist behaviours of "teach" and "confront" were associated with significant increases in the likelihood of client noncompliant reactions, while "facilitate" and "support" behaviours were followed by reliable decreases in client non-compliance. The results of both studies suggest that researchers must complement effective understanding and teaching of parent training skills with enhancing the relational qualities of a therapeutic alliance. However, through a behaviouralist lens, researchers continue to understand the "relational qualities of a therapeutic alliance" as "therapist behaviours" rather than as an achievement between a family and their therapist.

Construction of Meaning

Alteration of meaning and belief systems is another foundational family therapy concept. Founders of systemic theory, including Bateson (1972), were less interested in pure mechanical cybernetics (in which one could understand systems by studying behavioural inputs and outputs) than in the meaning people derived from communication

and the context or the way the messages were interpreted by those receiving them. For a number of family therapists (Bateson, Jackson, Haley, & Weakland, 1956; Erickson, 1977; Fisch, Weakland, & Segal, 1982; Watzlawick, Weakland, & Fisch, 1974), the main target for the intervention was the belief system about the problem. Other approaches (e.g. Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978) used teamwork interventions as acts to jog the system and meaning within the system towards unpredictable outcomes (Hoffman, 1985).[22]

More recently, therapists have viewed meaning as a central concern in family therapy. The approaches outlined above have evolved into solution focused (Selekman, 1993), narrative (Smith & Nylund, 1997), and collaborative language systems styles of therapy (Anderson, 1995). Although each of these newer approaches is unique, therapists using each emphasize the use of language to construct change through the development of new meaning. Below I give examples of how therapeutic processes have been studied by researchers who investigate change in terms of the transformation of meaning.

In a process study of systemic/strategic team consultations, therapist neutrality[23] was challenged, as relationships with clients suffered when therapists felt unconnected and dispassionate (Green & Herget, 1991). The teams adjusted their efforts by maintaining affectively positive and collaborative relationships with clients to test whether these variables were important in team treatment. With adjustments in the team's relationship skills, researchers found that ratings of warmth significantly predicted

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[22] "Second order cybernetics" refers to a therapist participating within the family system they work with instead of considering the family to be a separate system and the therapist manipulating it from the outside like a machine (Hoffman, 1985).

[23] "In the 1970's prominent systemic theorists (e.g., Selvini-Palazzoli et al., 1978) were warning family therapists to behave in a strictly neutral fashion and to remain unresponsive to family members' needs for approval and liking" (Friedlander, Wildman, et al., 1994, p. 406).

client improvement at one-month and three-year follow-ups. They concluded that systemic-strategic therapists should devote more attention to collaborative and affective qualities of the therapeutic alliance. This study recognized the therapeutic alliance as a collaborative meaning-making endeavour, but, once again, the focus was on the therapists' "relationship skills" apart from client contributions.

Coulehan, Friedlander, and Heatherington (1998) did a more detailed study of how new meaning is facilitated in family therapy sessions. These researchers investigated the transformation of the client's construction of the presenting problem from an individual, intrapersonal view to an interpersonal, relational, or systemic one. The researchers independently judged four initial sessions of therapy to be successful in this transformation and deemed four other sessions to be unsuccessful. They further validated the successful and unsuccessful transformations through an observational coding system (Cognitive Construction Coding System, Friedlander as cited in Coulehan et al., 1998) which rated shifts from intrapersonal to interpersonal problem definition. The researchers compared the successful sessions with the unsuccessful ones and developed a three-stage conceptual model of the successful transformation processes. A detailed three-stage model for moving from the marker (parent requests help for child) to resolution (parent redefines problem) emerged. Using this model the researchers illustrated the importance of co-creating multiple meanings for the problem (including the interpersonal aspects), and the importance of exploring positive attributes of the family and identified client, to open up hope and possibility for change in the third stage. Although the three-stage model does include family members, the details of how the family and the therapist were able to "co-create multiple meanings" were absent.

Extending the Dialogue

Despite the abundance of outcome research, surprisingly few family therapy process studies have been published. In a review of the literature which included a broader definition of process research (process research not necessarily related to outcome), Friedlander, Wildman, et al. (1994) found 36 studies in all of marital and family therapy. There is a lack of research addressing the processes involved in effective therapy and a strong call from practitioners to make this relevant and practical knowledge available. However, process researchers are beginning to break down the details of these effective interventions to understand how practitioners can succeed in their sessions.

As psychotherapeutic process research developed, two limitations, in retrospect, are evident. First, researchers defined and measured concepts such as "warmth" as things supplied monologically by the therapist. Researchers using traditional methods of investigating processes did not see them as developed through interaction, but understood them as deliverable interventions or one-way steps or tasks for reaching a therapeutic goal. Even concepts accepted as collaboratively developed, such as the therapeutic alliance, were studied as produced in a one-way manner through the skills of the therapist. The studies did not show how participants construct, sustain, and alter these relational dimensions in the interactions of therapy. Second, little has been done to investigate change processes in less traditional approaches to therapy showing if shifts in meaning lead to intended outcomes (solution focused, narrative, or collaborative language systems).

These two limitations to traditional process research are of importance to me. Process research focusing on meaning as constructed in the details of two-way

interactions comes closest to how I conceptualize change. To this point, I have presented how researchers have traditionally focused on meaning in the investigation of change processes. In examining smaller outcomes within the process, these studies are useful to practitioners striving for positive outcomes. However, the studies did not investigate interaction or conversations where, from a constructionist perspective, change takes place. Further, when researchers incorporated the family's behaviours into stage models (e.g., Sells, 1998), they did not discuss how change occurs in two-way interactions (e.g., between family members). Process and outcome were seen as things done step by step, separate from the performative interactions that take place in the conversations in therapy. To overcome these limitations, researchers need a method that examines interactive processes by studying how families and therapists construct meaning in the details of therapeutic conversation.

Methodologies that allow such a focus do exist and are being used within a separate arm of psychotherapeutic research that conceptualize outcome *and* process atypically. In this study, I utilize those methodologies to investigate how therapists and clients develop meaning in the change processes of therapy. I look at these areas in a fundamentally different way. By examining the change process as it develops in the back-and-forth dialogue between participants, I will add another level to our understanding of how change occurs in therapy. Let us now take a closer look at this methodology and some studies done by researchers that utilizes this approach.

<center>Investigating Process and Outcome Conversationally</center>

Therapy is essentially a practice that relies on conversation. Consequently, it makes sense to study change in therapy within the larger context of conversational

interactions. Traditional therapists may view certain phenomena as entities within themselves while, in conversational terms therapists and researcher understand those phenomena as constructed through dialogue. For example, researchers studying change conversationally view therapeutic resistance as a product of poor communication. Rather than being identified as a characteristic of the client, therapists and researchers can understand it as constructed in the interaction of therapy and trace its development in the back-and-forth conversation between client and therapist. In these conversational terms, one understands problems (e.g., resistance) and their solutions (e.g., positive change) in therapy as developed within conversational interactions (Kaye, 1995; Kogan, 1998).

Psychology has traditionally shown a strong trend toward a monadic view of communication and consequently toward a reification of what may now reveal themselves as complex patterns of relationship and interaction (Watzlawick, Bavelas, & Jackson, 1967). Family therapists have understood problems and solutions interactionally since the early days of family therapy. For example, in Watzlawick et al.'s (1967) groundbreaking book *Pragmatics of Communication*, the authors saw therapy as being interactive and focused on patterns of communication. Rather than looking at the study of communication as a one-way phenomenon (from speaker to listener), they looked at communication as a two-way, interactive process; one person's behaviours inviting a behaviour in the other person, which in turns invites the next behaviour in the first person, and so forth. Within this interactive process, Watzlawick et al. discussed "disturbed" human behaviour as a communicative reaction to particular situations, rather than as evidence of disease of an individual mind. The authors described inner

experiences as shaped in the back-and-forth of conversational activity rather than being an individual project.

Two decades later, this was still a fundamental assumption accepted by family therapy practitioners using a systems metaphor.[24] Nevertheless, as noted by Rogers, Millar, and Bavelas (1985) methodological reviews of the literature revealed that many studies were interactional or systemic in name only.   Rogers et al. suggested three basic criteria were needed to develop systemic methodology: observable, sequential, and system-level behavioural descriptions. Although their review revealed many observable methodologies, it found almost no studies of sequential communication behaviours.

To date, as seen in the review above, traditional process/outcome researchers have made little movement toward the goal of understanding processes of therapy as sequential communicative behaviours. However, emerging research has provided a detailed empirical look at how interaction produces change. By utilizing advances in methodology researchers have offered ways of studying the conversational details of processes and outcomes of therapeutic interactions. These researchers do not link outcome and process in the traditional way described in previous sections. However, they provide an alternative way to regard outcome as occurring *within* the process. This practical research highlights therapeutic change or shifts in understanding as empirically evidenced in the micro-details of their construction in the back-and-forth dialogues of therapy. In the following section I discuss this emerging option to investigate therapeutic interchange, conversationally, within a discursive framework.

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[24] A systems metaphor encourages an epistemological shift from individual actions to relational patterns.

A Tradition of Analyzing Talk: A Discursive Approach

The study of how new meanings are produced in and through dialogue calls for attention to patterns of therapeutic interchange in therapy made possible by discourse analysis (Kaye, 1995). Many research methods fall under the umbrella of discourse analysis. Yet, it is helpful to divide this work into two common types of analysis: critical discourse analysis (CDA) and conversation analysis (CA). In a general sense, as discussed earlier, these two discursive approaches can be organized on a noun level and a verb level (Strong & Paré, 2004). As discussed by Strong and Paré (2004), CDA utilizes a noun understanding of discourse, while CA conceptualizes discourse in a verb sense by looking at discursive practices that people use in "doing" interaction.[25]

As a noun, "discourse" refers to the discrete cultural ways of understanding and communicating that ground our experiences in how we relate to each other (Clark, 1996). Within the noun understanding of discourse, the discourse analysis aims to identify the discourses that shape and are shaped through talk in interaction (Parker, 1994). These researchers examine interaction to illustrate how language is structured into different discourses that together form particular *versions of events* (Neimeyer, 1998). Such an interaction focus is appropriate, as discourse originally meant conversation or dialogue, literally a running back-and-forth (Clark, 1996).

There are several approaches to analyzing these *versions of events* as critical discourse analysis (CDA) does not represent a single, unified position. Parker (1999) is overtly political in deconstructing large-scale social phenomena, devoting less attention

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[25] Similarly, Schegloff (1999) differentiates between two types of context – distal and proximate – with the former encompassing sociopolitical or *macro-variables* that affect social interaction, and the latter being concerned with *micro-features* of situated social exchanges (e.g., specific things people do in their talk to make sense of one another).

to specific samples of language use. Billig's (1987) approach draws on notions of rhetoric to understand the ways in which individuals position themselves in relation to alternative discourses. According to the theory of discursive positioning developed by Harré and his colleages (Davies & Harré, 1990; Harré & van Langenhove, 1999) a person takes up a position located in a particular discourse and sees the world from the vantage point of that position. Potter and Wetherell (1995) similarly describe patterns of interpretative repertoires that the participants draw on.[26] They suggest that researchers consider how an argument is structured around ideological dilemmas that are created as a result of the tension between interpretive repertoires. In this way, a researcher can understand the variations of the positions each member takes up. These approaches encourage the researcher to ask, "Why was this said, and not that?" "Why these words?" "Where do the connotations of the words fit with different ways of talking about the world?" and "What was absent from this version of the world?" Researchers ask questions to bring forth the particular version of the world that people construct in the interaction. CDA can be done in a variety of ways. In general, researchers use it to investigate how people argumentatively organize talk in order to prioritize some versions of reality, while simultaneously undermining others (Couture & Sutherland, 2004a).

As a verb, researchers investigate discursive activity. Discursive researchers study communicative behaviours (e.g., words used, pauses, intonation, non-verbal behaviour etc.) used in dialogue for how they are consequential to what is produced. With the verb understanding of discourse, researchers analyse conversational turns in

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[26] Potter and Wetherell (1995) defined interpretative repertoires as systems of signification and as the building blocks used for manufacturing versions of actions, self and social structures in talk. They are available resources for making evaluations, constructing factual versions and performing particular actions.

detail to make evident communicative behaviours or discursive practices. Those

behaviours or practices produce particular ways of acting and understanding an event.

Conversation analysts attend to the unique "seen but unnoticed" practices found within

conversation that make our interactions possible and meaningful (Garfinkel, 1967). Their

job is to notice the "taken-for-granted" words and other communicative resources[27]

people use to make sense of and influence each other (Strong, in press). In the micro-

details of talk (behavioural features of talk and structural sequencing of various turn-

takings), people negotiate or work out understandings and accomplish certain goals,

using their own methods. Conversation analysts aim primarily to make evident the

methods that speakers use to reach their goals. They can demonstrate how therapists and

clients reach these goals on a turn-by-turn basis on terms that matter to the people

involved.

At a broad level then, discourse is a systematized way of understanding and

communicating (the noun side), that is socially transacted using particular micro-

practices in dialogic conversations (the verb side); practices that generally escape notice.

One of the main distinctions between CDA and CA is that CDA researchers tend to

discuss previously identified cultural discourses by assigning a broader discourse to the

object of study (e.g., "patriarchy"). On the other hand, CA researchers strive to

understand talk in the participant's own terms by focusing on how the participants orient

and respond to each other in the actual talk in turn (Schegloff, 1999). CA shows that the

speakers are themselves analytic experts by highlighting the mundane details of how they

orient to and make sense of one another (Couture & Sutherland, 2004a).

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[27] Discursive practices become resources when they take on relational significance as speakers coordinate communicative actions; when a speaking partner orients and responds to them.

The clear differences between these two discursive approaches have sparked an ongoing debate (see Billig, 1999; Korobov, 2001; Miller, 1997; Potter, 1998; Schegloff, 1999). However, hybrids of the two ways of seeing discursive analysis have proven to be useful methodologies in emerging general qualitative literature (e.g., Korobov, 2001) and specific studies examining the process of therapy (e.g., Burck, Frosh, Strickland-Clark & Morgan, 1998). In these hybrids, through ongoing conversation people can be shown to continually negotiate ways of talking about or understanding a topic (discourses). Through a continual "orienting" process among the members of the conversation, participants work out how they understand the world. Rather than bringing static understandings (discourses) to the conversation, in which one person colonizes or convinces the other his discourse of choice, these ways of understanding the world are in continual process. Speakers continually introduce slightly different versions of events and shift their conversations into newly negotiated territory. Below, I review some key assumptions of discursive methods of study.

Assumptions: Construction, Interaction, and Action

The central question in discursive approaches is how language use in interaction makes things happen (Gale, 1996; McLeod, 2001). The underlying assumption is that people construct understandings of reality in their interactions. Instead of understanding language as directly representing reality, it is assumed that within conversations, people use language to construct reality and, in effect, *act* (Edwards & Potter, 1993; Willig, 1999). From a discursive perspective, people *do* things with words (Austin, 1962) in therapeutic discussions, such as create relationships, problems, and their solutions, rather than merely *use* words to reflect reality.

Discursive approaches require one to stop reading a text for the information it contains and instead analyse how speakers put together or *construct* information within the *interaction*. The researcher reads a "text" (a linguistic account of experience) and examines how speakers put information together or construct it within the interaction. The researcher, for example, may look for how therapist and client construct "resistance" in the back-and-forth of the discussion rather than how it exists in the client. Instead of uncovering, verifying, and reproducing hidden or underlying meanings inherent in therapeutic discussions, discourse analysts[28] investigate how participants construct important moments through talk-in-interaction.

In the next section, I discuss a number of studies in which researchers used discursive methods[29] to investigate therapeutic change processes. First, however, I present some examples of how researchers have used a discursive approach to investigate talk in multiple orientations and psychology in general. My purpose is to give the reader an overall understanding of the journey I took to adopt this methodology. This overall review is presented in general terms due to its depth and indirect connection to the topic at hand. However, in my later analysis I discuss this literature as it relates to the transcripts I study.

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[28] I am using the term discourse analysts to refer to analysts who use a hybrid of CA and CDA approaches to research.

[29] The methods these researchers use include various combinations of CA and CDA to study the participants' use of discursive practices and the discourses they construct in the interaction.

Discursive Investigations

I found it helpful to review how talk is examined in a number of institutional[30] settings including medical encounters (Gill, 1998), mediation (Garcia, 2000), education (Baker & Keogh, 1995) and government meetings (Kangasharju, 2002). I also reviewed a number of studies that examined "naturally occurring talk"[31] to study how people make sense of each other in everyday situations. For example, by looking at the details of interactions, Pomerantz (1986) studied how we legitimize claims we make in our talk, Maynard (1986) showed how children dealt with collaborations between parties in disputes, and Kitzinger and Frith (1999) demonstrated how people say "no" in everyday situations. Through this general review, I was able to construct a broader understanding of how researchers use this type of methodology. In addition, I was able to draw many parallels with discursive practices discussed in literature outside the counselling field to help better understand the processes I was studying.

In the general field of psychotherapy, researchers also found discursive methods helpful in investigating how participants accomplished positive outcomes (Gale & Lawless, 2004). "Accomplished" refers to the notion that people do consequential things within talk (Austin, 1962); thus, speakers develop outcomes such as agreements, understandings and so on in talk. Researchers have made evident how participants constructed delicate topics (Silverman, 1997), emotions (Edwards, 1999), or problems (Buttny, 1990, 1996, 2004) in the talk of therapy. Others demonstrated how participants

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[30] Discursive researchers use the term "institutional" to describe discourses that consist of practices used in settings (e.g., schools, hospitals, therapy) by people in typical patterns of interaction that are different from ordinary talk in systematic ways (Hester & Francis, 2000; Miller & Silverman, 1995).

[31] Conversation analysts (e.g., Schegloff, 1992) have developed much of their approach to social interaction by explicating the distinctive aspects of "ordinary conversation," the otherwise unremarkable informal interactions that predominate everyday life.

successfully gave and received advice (Jefferson & Lee, 1981; Vehvilainen, 2001;

Pilnick, 2003), accomplished socialization in group therapy talk (Schenkein, 1978), or

used humour to reframe on-going interactions in therapy (Buttny, 2001). Madill and

Barkham (1997) offered a detailed discursive analysis of how resolution of a client's

problem evolved in psychodynamic-interpersonal psychotherapy.

These investigations were helpful to me as a developing discursive researcher, for

they increased my understanding of how I can investigate outcomes and processes

through this lens. In my analysis, I apply these studies to my observations. Below, I

discuss family therapy discursive studies in more detail as they directly relate to this

project. As will be seen, since family therapists first conceptualized therapy in

interactional terms in the middle of the last century, only a handful of studies have used

discourse analysis to investigate therapy (e.g., Burck et al., 1998; Gale, 1991; Gale &

Newfield, 1992).

Constructions in couples' talk. Kogan and Gale (1997) used a detailed analysis to

examine the talk in a couple's therapy session conducted by a prominent narrative

therapist. For this study, the therapist's use of discourse created possibilities for meaning

and interaction by describing practices in the interview that achieved a decentering and

demarginalizing outcome. The researchers examined conversational practices that

"centered" the husband textually (by placing him focally in the conversations). They also

highlighted the therapist's attempts to construct alternate centers less marginalizing of the

wife. The researchers saw the therapist's talk as helping to construct multiple "centers"

(i.e., not just those in which the husband's meaning was central) for understanding the

couple's situation. The analysis showed how the therapist attempted to develop these

multiple centers with the couple to counter practices that centralized particular

perspectives in ways that restrained narratives of agency (Kogan & Gale, 1997).

Through this detailed analysis of the sequential talk, the researchers examined

five conversational practices as the therapist practiced them. For example, "reciprocal

editing" was a practice that was shown as it unfolded in the textual account of the

therapeutic interview. In this practice, the therapist offered a shift in meaning in response

to a client's account, and the client, in turn, offered a further revision. Kogan and Gale

(1997, p. 114) showed this practice by presenting a portion of the session in transcribed

form (see Exemplar 1 below). As seen in Exemplar 1, the therapist presents[32] a tentative

delivery and ongoing invitation to therapeutic meaning making to elicit the client's

participation in defining and evaluating the meanings attributed to her accounts,

experiences, and the unfolding story in the session.

Exemplar 1[33]

Jane: And I have to say that um (.) that I would always I had to um be in control of
everything (.) I had to to be in control of (.5) of him (yeh) of our relationship I
thought I thought if I could keep it all under control (.) um for some reason I would
be a hap happier and my contribution is to let go and t'own up and to take his
advice.
T[34]:   (hh) When you say in control you mean like sort of take responsibility for (1.0)
for most things o::r or feel that you are responsible for lots of things is that what
you mean by in control o::r do you mean something else?
Jane: (3.0) um yeh I probably had to take responsibility (.) (yeh) for everything (.) (ok,
yeh) mhm (yeh).

As discussed by Kogan and Gale (1997), in the above segment, the therapist

suggests a new interpretation (she is "responsible"). Together with Jane he accomplishes

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[32] I use present tense in my discussion of this example, as is typical in CA research (e.g., Gale, 1991), in order to give the talk an action-oriented feel.

[33] See method section (p. 84) for details concerning transcription notation.

[34] T denotes therapist.

this by offering his suggestion tentatively by using long pauses and halting speech with

repeats, along with questions at the end of the therapist's statements. The exemplar

demonstrates the accomplishment of movement from a marginalized cultural theme of

"controlling women." This study provided useful practical knowledge for practitioners.

The details of the transcript demonstrated each conversational practice and showed how it

related to the therapist's decentering agenda.

In a separate article, Kogan (1998) examined the same interview for

conversational strategies employed by the therapist. Kogan identified three strategies,

including "exteriority," the "disciplining of narratives," and "localities" that subjugate

client narratives or that promote processes for constructing new meaning in the session.

For example, the strategy of disciplining a narrative referred to utterances that functioned

to mould client talk into a particularly shaped story. In Exemplar 2, (Kogan, 1998, p.

237) the therapist responds to an account of the wife's in which she gives credit for

change to her current therapist (another therapist separate from the one in this session).

Exemplar 2

Jane: …work but Al's it was Al's direction really that showed me that you know if you
       want this to work you can't blame (thas right) you can't place the blame on
       someone else…
T: uh you know I think that uh Al has a good uh I mean he has uh a very high
       reputation as a a you know wonderful therapist by:t also you were willing to listen
       to him…
Jane: mhm…
T: he could be telling you a lot of stuff but if you weren't willing to listen you know
       what good is that so you know I think that it is a part you have your part…
Jane: mhm…

The therapist in the session responds to Jane by attempting to reflect the credit

back on her by describing her as "willing to listen". Kogan discussed the details of how

the participants accomplished this and other outcomes giving examples of these three

strategies. He demonstrated the productive and restraining aspects of the actual talk of the session, for their effects on the couple's story.

Frosh, Burck, Strickland-Clark, and Morgan (1996) used a similar analysis to examine the work of an experienced family therapist with one family seeking help in dealing with the aftermath of a marital separation. The researchers discussed how two discourses on the theme "how to deal with change" materialized. The first discourse highlighted that the separation had occurred and that its consequences should be left to arise naturally. The second discourse saw the effects of the separation as needing to be actively managed. An analysis showed the subtle changes in the family discourses concerning change. The detailed look at how changes occurred in the actual interaction showed how the participants developed them in the interaction. Over the course of therapy, the couple moved from a relatively polarized adherence to different discursive positions towards more flexible acknowledgement of each other's perspective. Such detailed accounts of the development of discourses help therapists understand how to join in on such constructions in future therapeutic conversations.

A study by Edwards (1995) looked at the formulation of "event descriptions" in couples' talk of relational trouble. He studied two different couples in family therapy. By investigating the discursive patterns in their conversations, Edwards examined various ways in which partners in relationship disputes constructed accounts of their activities. Through examination of the words used (e.g., vague versus specific – the use of the descriptor "someone" compared to "Dave"); how they are said (e.g., with adverbs such as always, sometimes, all along, every week or in plural form such as "we had arguments…"); what the words invite from the other (counter formulation e.g., sociable

versus flirtatious), and what is included or excluded from one account to the other,
Edwards showed how participants formulated certain descriptions of problems within the
back-and-forth of their dialogues.

Edwards (1995) examined how the participants built such descriptions, how and
when they occurred within sequences of talk and text, how they were countered, and how
they were defended or made factual. He also examined therapist formulations to
demonstrate how the therapist introduced event descriptions of interpersonal patterns that
countered the couples' individual pathologizing constructions. Edwards did not present a
definitive list of discursive practices for therapists. He stated that discursive practices do
not work in automatic ways, as their identification is "a matter of seeing how they work
in specific stretches of discourse" (p. 345). He gave a very detailed account of how
participants constructed each formulation in the specific dialogue and provided an
understanding of how certain discourses developed within the language of the session. A
therapist who reads this work can become more practiced at noticing how event
descriptions are created in her own work and can join in creating new and more forward
moving formulations.

Miller and Silverman (1995) investigated how therapists and clients talk
"troubles" into being. They compared practices used in a hemophiliac counselling center
and a family therapy center. They showed in both settings, how participants
cooperatively achieved definitions, remedies and the social context of clients' troubles
through the ways counsellors and clients monitored and responded to each other's talk.
For example, the researchers showed through detailed transcripts how, in both settings,
counsellors shared a practical interest in eliciting troubles talk from their clients by

asking a series of multiple questions, scaling questions, or circular questions.   By scrutinizing this process, practitioners can become more sensitive to the construction of questions that they routinely ask about "troubles."

Buttny (1990) investigated blame-account sequences in one couple therapy session to show how talk could transform "what was initially seen as reproachable to something seen now as justifiable or at least understandable" (p. 219). He used conversation analysis to show how participants allocated blame, how the therapist responded to blame, and how the participants followed up with their own accounts and counter accounts. For example, he showed how the therapist followed up the wife's account by speaking to the blame-account cycle rather than to the content of her actual account. Rather than presenting an abstract theoretical view of this process the researcher showed how therapists and clients accomplished such processes in how they took turns in talk.

Gale and Newfield (1992; see also Gale, 1991) used conversation analysis of one solution-focused therapy session conducted by a prominent family therapist to describe the use of language to keep the conversation centered on "solutions" (a particular accomplishment or therapeutic outcome). The researchers described nine categories of therapist procedures for pursuing talk around solutions such as pursuing responses over many turns, posing questions and answering them himself or herself, or overlapping talk with the client to get his turn. Gale and Newfield's (1992) article presented these practices as "specific strategies used by the therapist" with little mention of how the client contributed to these developments in talk. However, Gale's (1991) expanded version of this study demonstrated how the therapist interwove his strategies with the

agendas of the couple[35] in the interactive conversation. He showed that interventions were not strictly therapist driven. Instead, each participant had contributed to the conversation. The reader gets a sense of how a therapist can join conversations with multiple agendas in pursuit of a particular therapeutic one.

Negotiating meaning in families with young people. The above studies all involved couples;[36] however, some researchers have completed studies concerning adolescents and their families. Through three case studies, Aronsson and Cederborg (1996) demonstrated how a therapist can act as an orchestrator of therapy talk, reformulating problems by developing new perspectives between parents and children. The researchers discussed the use of discursive strategies within the dialogue of the session to reformulate the problem. They examined the conversations thoroughly, and concluded that part of the therapist's role is to identify underlying divergences in perspective taking without aligning too much with any of the opposing parties. They termed this orientation *obliqueness*. For example, the therapist played down alignments and realignments in the dialogue of the use of impersonal pronouns ("one," "people," etc.) or through using a joking mode in the reformulation process.

In a second study (Burck et al., 1998), researchers used discourse analysis to analyse the central theme in two family therapy treatments that the clients found useful. The authors showed that individual family members moved to using a wider range of discourses on the central theme by the end of therapy. They hypothesized that family members who held these more complex views, including those pertaining to others'

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[35] One should understand agendas as participants demonstrate them in the talk of the session rather than as inferred inner worlds of the speakers.

[36] Or, as in the Miller and Silverman (1995) study, families in general.

perspectives, were able then to deal more flexibly with their lives. Through a detailed analysis of the transcripts, they showed how the therapist introduced new discourses and contributed to the new meanings within the process. The exemplar below (Burck et al., p. 258) shows one interaction that helped the parents in a family move from using a discourse of being out of control towards having agency.

Exemplar 5

T: You know, it's going to take a while to er, think about things, and I think one of the
    things we've been aware of is how very serious you both are about…
P[37]: OK, OK
T: …wanting things to be right for the children
P: Mm…
T: And how hard it is if, if things at times don't go quite in the way that you want it,
    especially if you've had a hard time too yourself and you sort of know the things that
    you want to guard against, if you like.
P: Mm…

The authors highlighted a variety of shifts in discourse as they analysed conversations through an examination of the transcribed sessions. As a result, the study leaves the reader with a number of ways to look for and respond to openings in similar situations in her own sessions.

Strongest Influences: Combining Approaches

Although each of the studies I discussed influenced how I understood the process of therapy, I found that the Burck et al. (1998) and Gale (1991) studies most strongly informed my approach in this project. Burck et al. studied broader conceptual "shifts" in meaning as progress was made in sessions. This is closer to what I have called the "*noun*" understanding of discourse; the content or "ways of understanding" events are studied for how they are constructed in the ongoing conversation. Gale, on the other hand, focused on the specifics of how participants accomplished therapeutic agendas in

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[37] P denotes the parent.

the back-and-forth of the session. He was more interested in the "discursive practices" (in the *verb* sense) or in how particular outcomes are accomplished in the details of the talk in interaction. Like Gale, I analysed one family therapy session to understand *how* forward movement was accomplished through the discursive practices used by the participants. However, I also analysed *what* shifts participants made in this forward movement in a manner similar to Burck et al.

Two-way Conversational Processes Linked to Outcome

The studies discussed above are examples of an alternative discursive route to studying process and outcomes of therapy. First, the discursive studies discussed above are not only successful in describing the details of the process, but they also allow the investigator to study therapy as a conversational, two-way process that therapy usually is. Rather than bringing forth static one-way interventive blocks (e.g., stages or steps), these researchers looked at sequential, two-way conversation work, and examined how this was consequential to the construction of problems and solutions in therapy.

Second, if one understands family members as *doing* things with their talk or *accomplishing* outcomes (e.g., constructing ways of understanding that are consequential to how they act), it follows that, through a discursive approach, one can investigate the micro-details of how this is done. Once again, "accomplished" refers to the notion that people do consequential things within talk (Austin, 1962). Thus, speakers develop outcomes such as agreements or understandings in their interactions. Discursive researchers examine how people use conversation as a means to coordinate their behaviour, so that people can make sense of each other and accomplish (or sustain) certain outcomes. An outcome may consist of a simple greeting or, as in this study, the

more complex feat of transcending an impasse. Discursive researchers study what people say and how they say it as they orient to their speaking partners. They witness outcomes within the transcripts, as the response in one conversational turn offers empirical evidence (in the communicative behaviours of the speakers) of the outcome of the previous turn. For example, through a discursive approach, I will empirically demonstrate an *outcome* of therapy as a father and son practice a different way of interacting (a two-way, forward moving conversation as compared to a conflictual argument) by noticing what is different in their talk (pauses, intonation, lexical choices used as they orient to one another). By analyzing these same micro-details of talk in interaction, I can also show how the father and son accomplish this along with the therapist in the *process*.

Discursive researchers do not investigate process in relation to outcome in the traditional sense in which they evaluate or measure positive change through instruments or the reflections of the clients. However, discursive studies provide a nuanced link between process and outcome, as seen through a conversation analyst's lens. Researchers using discursive methods investigate outcomes and processes, as they are made evident in the performed conversations of therapy. Consequently, by using a discursive methodology, I provide an even stronger process-outcome link in this project. I combine the nuanced link between outcome and process found in discursive studies with the use of the traditional outcome measure of client reflection; the change events examined in this project are also conversations that clients have chosen to have a positive impact on the family's interactions.

A Further Extension

To this point in this chapter, I have reviewed the traditional outcome and process research in the study of family therapy with adolescents. I then discussed a new approach to studying the process and outcome of family therapy where researchers examine the sequence of turns in conversations. I would now like to discuss how my research extends this literature by using a discursive analysis to study impasses as opportunities in therapy.

Therapeutic processes instrumental in transcending impasses have been studied in more traditional process studies (e.g., Diamond & Liddle, 1999). Other researchers have studied the construction of problem talk (e.g., Buttny, 2004) and strategies to accomplish various therapeutic agendas (e.g., Gale, 1991). What is missing is a specific discursive investigation into how participants transcend impasses in family therapy with adolescents. Let us now look briefly at why this is important and what unique questions such a study could answer.

Impasses and Opportunities: Talking our Way through Impasses

Traditional process researchers examining impasses or conflict in family therapy with adolescents would ask, "What do therapists do in therapy that helps families overcome impasses?" A study would examine positive change, helpful moments, or shifts in therapy with adolescents and their families. Steps for the therapists to perform or one-way interventive blocks would be *uncovered* and presented as key maps to follow in the therapeutic process in order to move through the conflict (e.g., Sells, 1998). From a discursive approach, however, the central question is different. Through this lens the researcher asks, "How is movement beyond impasses *constructed* within the *interactive conversations* in therapy?" The researcher then becomes very interested in the on-going,

back-and-forth interactions of therapy and in how that invites positive change – how

families and therapists talk their way through impasses.

Addressing Impasses

As a therapist working with adolescents and their families, I have witnessed

conversational impasses, or what Lyotard (1983/1988) calls *differends*, on a consistent

basis. These are commonplace conversational occurrences in which speakers are stuck

because they are all invested in their own often different or conflicting ways of

understanding a topic. In the language of popular psychology, this is similar to the case

in which men speak Martian while women speak Venusian (Gray, 2003). Such

differences in speaking and understanding keep the speakers stuck in ways that promote

poor listening and poor communicating and lead to breeches in relationships.

Connections sustained by their conversations are lost. As each participant in the

conversation draws from different discourses, family members are left disconnected and

unable to communicate, and this disconnection may be reflected in heated verbal

arguments or withdrawn stalemates.[38]

Lyotard described such differends to be difficult to negotiate because, as in family

therapy, the legitimacy of one person's way of understanding something does not

necessarily negate the validity of the other. Impasses, in the differend sense, are

powerful, as forward movement through the impasse is not as simple as one party finally

understanding that he has it wrong while one's speaking partner has it right.

Although some conflict is normal between adolescents and their families,

frequent, intense, and unresolved conflict is not (Montemayor, 1986). Many researchers

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[38] Parry and Doan (1994) suggest that these impasses often result as each person is firmly entrenched in a particular viewpoint and the parent and adolescent engage in "cross-cultural struggles" (p. 74).

have shown that conflictual interactions are highly connected to poor developmental

outcomes (Campbell, Adams, & Dobson, 1984; Loeber & Stouthamer-Loeber, 1986;

Mann, et al, 1990; Papini, Sebby, & Clark, 1989). Furthermore, continued negative

emotion expressed during sessions reduced flexibility in problem solving (Forgatch,

1989), lowered expectancies for change (Liddle, Dakof, & Diamond, 1991), and has been

associated with poor treatment outcomes (Alexander, 1973; McMahon, Forehand, Griest,

& Wells, 1981; Patterson, 1975). Conversely, empirical evidence provides support for

the value of interventions that increase connection between adolescents and their parents

and reduce excessive conflict and negative affect (Liddle et al., 1998).

Being aware of the deleterious consequences of conflict and negative emotions

may be helpful to practitioners in a general way, but the translation of this knowledge

into a clinically useful formulation is key (Liddle, 1994). This analysis starts with

Lyotard's (1983/1988) notion of a differend; the point at which a family is stuck at an

impasse. In view of the above research that highlights the importance of increasing

connection in and out of session, I am also interested in shifts that develop as conflicts or

impasses are replaced with something different that gives family members an opportunity

to construct a new way of understanding and interacting. Following Lyotard, I suggest

that families negotiate movement beyond impasses when they construct something new

in the conversation that creates mutual ground for forward movement.[39]

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[39] From a systemic perspective, a search for common ground is practiced in family therapy as, rather than assigning blame to one family member, problems are understood as being constructed circularly in family members' interactions. For example, rather than blaming the adolescent for the unrest in a family, the family therapist would look at how this unrest is maintained as all parties interact and then would work with the family to find mutually satisfying solutions.

Talking beyond *differends* is something I believe families and therapists can teach us. Practitioners can better join these more promising ways of talking if they learn to recognize such developments, since they are created in the micro-dynamics of conversational interaction (Couture & Strong, 2004). Micro-moments of possibility often go unrecognized. People attend to their own understanding of the topic at hand, or therapists, using their theoretical thinking, listen predominantly for their own familiar ideas in client talk. Discourse analysis can help family therapists to better orient to possibly profitable lines of talk, so they can co-construct a different way of understanding that sparks forward movement. I believe that even in the most seemingly "dead end" interactions, therapists can find such possibilities, however tentative or unproductive the talk might initially seem. Discourse analysis offers micro-sensitive tools to orient counsellors and clients to talk that might transcend *differends*.

In my analysis, I take a discursive look at how members of an on-going conversation begin to move from conflicting "versions of the world" towards connection and shared understanding. In these change events, family members stop colonizing each other or convincing each other of their respective positions, and begin to orient to each other in a new way that helps them move forward as a family. This study examines the moments in therapy when participants use powerful differends as sites of opportunity. The immense energy invested in opposing positions begins to shifts towards transcending differences through generative conversation work. Identifying and exploring these specific shifts as change events in therapy increase our understanding of how to work through these shifts in family therapy.

The Current Questions

I have reviewed traditional outcome and process research and the emerging discursive approaches to studying processes in therapy, but my question remains unanswered. "What do participants do in conversation with one another to invite each other to consider new ways of seeing an impasse and begin to move forward in their interactions and conversations?" More specifically, in this project I will examine the following:

1. How do family members perform a differend?

2. How might a therapist engage family members and attempt to bridge this differend?

3. How do family members and therapist begin to move forward and transcend this differend through more mutually satisfying talk?

CHAPTER THREE: SETTLING ON AN APPROACH

I have argued that a discursive approach to family therapy process research

provides an atypical yet useful alternative to other more traditional routes because of its

conversational focus. Now I provide a further rationale for using a qualitative, discursive

approach in answering my research questions. Then I discuss the personal journey I took

to settle on an approach as I stretched my own way of understanding research and

therapy. Finally, I outline the theoretical framework I adopted in my approach.

Qualitative Inquiry

Interpretivist qualitative and positivist quantitative approaches emphasize

different priorities (Arnkoff, Glass, Elkin, Levy, & Gershefski, 1996).[40] While

quantitative methods offer answers to many important questions about therapeutic

processes, qualitative research has its own distinct and important role to play (Denzin &

Lincoln, 1998; McLeod, 2001). Qualitative researchers ask and answer questions in a

different way and give new insights into old problems (McLeod, 2001; Silverman, 1993).

Researchers are concerned with interpretation, meaning, and illumination rather than

generalization, prediction, and control (Usher, 1996). The goal is understanding, not

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[40]I use the terms qualitative and quantitative here to refer to the split between more positivist *approaches* and interpretivist *approaches* to research. Positivist researchers understand the goal of science as prediction which is accomplished by identifying laws of succession, while interpretivist researchers accord a central place for understanding and assume that the task of the inquirer is to investigate meaning (Schwandt, 2001). Researchers can use qualitative *methods* with positivist intents and some would say they can use quantitative *methods* interpretively (Morgan, 1998; Morse, 1996). As Stanley and Wise (cited in Ford-Gilboe, Campbell, & Berman, 1995) observed, "Methods in themselves aren't innately anything" (p. 159). However, I am speaking to the *general approach* when using these terms and the differences in the end goal of prediction (positivist or quantitative intent) versus understanding (qualitative or interpretivist intent).

verification (Hamilton, 1998). This different focus allowed me to answer questions that

help people anticipate events by sensitizing them to possibilities.[41]

Construction of Meaning: Localized and in Process

Qualitative researchers study things in their natural settings, attempting to make

sense of, or interpret, phenomena in terms of the meanings people attach to them (Denzin

& Lincoln, 1998). These researchers are concerned with how the world is constructed

(McLeod, 2001). Consequently, generalized final answers do not interest me, as I can

never finally know how the world is constructed. Instead I have done my best to arrive at

a *local* or "situated truth" that is continually *in process* (McLeod, 2001).

By investigating the world as speakers construct it, I placed my attention on their

local meanings rather than seeking universal generalization (Denzin & Lincoln, 1998).

Quantitative researchers study a large number of randomly selected cases to stand above

and outside the constraints of everyday life. As Haraway discusses (1988), qualitative

researchers aim to develop "situated knowledge" within a time and a place rather than

taking a "God's eye view" from which one sees everything from nowhere.[42] Participants

produce local knowledge, which does not float from above or out of nowhere but is

grounded in their contexts. Qualitative researchers committed to an emic, idiographic,

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[41] The epistemological stance of this project falls within an interpretivist paradigm in which what we can know of reality is socially constructed. The result is a form of the truth that is negotiated through dialogue (Angen, 2000). My goal is to understand the process of family therapy with adolescents in order to suggest some useful ways of thinking about positive change in therapy, rather than to uncover an objective truth about how therapy should be done. This research does not attempt to be definitive; rather, I am providing an invitation to continue the conversation concerning therapeutic change, while hoping to point the dialogue in new directions (Angen, 2000; Polkinghorne, 1989).

[42] Haraway discusses how situated knowledges allow for a middle stance between objectivity and relativism. Relativism is also a view from nowhere and can be equally misleading. Both relativism and objectivism deny location and "make it impossible to see well" (Haraway, 1988, p. 584).

case-based position direct their attention to the specifics of particular situations. This localized lens assisted me in studying the local complexities of therapeutic interactions.

In addition, qualitative investigators maintain openness to revision and acknowledge the changeability of meanings and interpretations (Denzin & Lincoln, 1998). Stiles (1997) stated, "Truths about human experience are not fixed and known (or not known) by individuals but rather emerge and evolve in dialogue" (p. 589). Adopting this focus allowed me to present my analysis as one contribution to the continually developing understanding of therapeutic change processes (McLeod, 2001).

<div align="center">Discursive Approach</div>

As a qualitative method, a discursive approach offered ways of situating my process research study as contributing to knowledge that is *local* and *in process*. However, a discursive approach to investigating psychotherapy also allowed me to extend a local and process oriented lens further to answer the questions I have proposed.

First, by using a discursive approach I was able to *locally* investigate how speakers made sense of and developed their conversations with each other, on terms that were *their own*. Qualitative researchers offer studies situated within a specific context. However, they often make claims about a certain abstract "phenomenon" that is "out there" or represented by what was studied (interviews, behaviours, etc.). Following Garfinkel (1967), discourse analysts seek "local understanding" according to the terms and practices used by "locals." By using a discursive approach, I was able to study what an utterance did in relation to the preceding one and what its implications were for the next utterance. This procedure provided a gateway to the participants' own understandings as they reveal them during the actual interaction (Arminen, 1999).

As a result, the family I studied "taught" me what was required to participate effectively and compatibly within their local interaction. As Garfinkel (2002) suggested, their methods were "instructably observable"; ideally, I could learn those methods and potentially participate with the competence of an "insider" (Couture & Strong, 2004). I investigated the local context as every conversational move renewed my understanding of the prior move. Each turn at talk oriented to a preceding context, but also created the context anew (e.g., maintains, alters, or adjusts; Heritage, 1984). Consequently, I was able to study how participants performed or transcended an impasse turn by turn, as the context was developed and extended by the people involved. I could do this by studying what they attended to in each other's behaviour. I could "put theorizing under control" (Schegloff, 1999) as I looked to the *local* talk in interaction for evidence of what speakers accomplished.

Qualitative approaches present findings that are open to a continual evolutionary process. Through a discursive lens, I was also able to study therapy as a *process* rather than as a static inert phenomenon. Therapists and clients construct change in the back-and-forth of conversation. The sequences of behaviours in the interaction become the unit of analysis. Each utterance forms the context, for the researcher cannot understand one utterance without reference to the prior one (Kogan, 1998).

Realizing how much change is worked out on a turn-by-turn basis has critical implications for qualitative approaches such as content analysis and grounded theory (e.g., Glaser & Strauss, 1967). With these approaches, these researchers make categorizations and consider relations between them (Potter, 1998). For Potter (1998), the categorizations in these methods "tend to cut across precisely the sequential relations

that are important for the sense of the turn of talk" (p. 132). These studies of content themes or therapists' behaviours separate from the clients' behaviours, investigate processes disembodied from the interactive context that invites client change (Friedlander, Wildman, et al., 1994; Kaye, 1995). As Karl Tomm commented:

> The holistic patterns which may have first attracted the interest of the scientist are obliterated as soon as they are broken down for study. It is almost as if the traditional social scientist finds himself killing the beast in the effort to understand it and then wonders why the data is so dead. Perhaps that is why clinicians so frequently complain that the findings of family researchers are trivial and useless in practice (Tomm, 1983, p. 39).

Researchers can notice holistic patterns in the turn-by-turn sequences of talk in interaction. Discursive researchers can avoid what Tomm (1983) described as a dead, mechanistic order of one-way cause and effect relations. The focus shifts to studying a living responsive order[43] of detailed, unique, two-way relations.[44] Furthermore, this approach allowed me to analyse therapeutic change that is consistent with family therapy's systemic epistemology (Gale, 1991).

<div align="center">Taking a Discursive Stance: Personal Journey</div>

> Over time, it will be difficult to even isolate one person's actions as separate, or unconnected from the interactions of the social group…The doing of this CA process transforms the clinician/analyst to attend to

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[43] A living order does not endure but transgresses over time. In this type of order, people follow "rules" that attempt to anticipate possibilities (J. Shotter, personal communication, June 3, 2004).

[44] Shotter (2004) discussed these two-way relations as "joint action". He suggested that in these moments of interaction where one person's action meets another's, "chiasmic change" rather than linear Cartesian change occurs. He borrows the term "entanglement" from quantum physics; when two things come apart after being joined or entangled, they are different.

language and interaction in a more sensitive and heightened manner.
Through repeated practice, one can develop an appreciation of how
creative, interactive and performative talk is (Gale, Dotson, Lindsey, &
Negireddy, 1993, p. 4).

Originally, I intended to look more closely at *how* change is facilitated in therapy.
This question is very relevant to my own future endeavours. A discursive approach was
also a strong fit with my postmodern and systemic interest because of its focus on
interaction and language in the change process. However, it was extremely difficult for
me to understand what it means to embrace a discursive approach and appreciate Gale et
al.'s words quoted above.

What does it mean to see one's own actions as being inseparable from his or her
conversational partner's? It made intuitive sense to take this view as I first explored
discursive research methods. However, I found that intuitively accepting the notion that
one speaker's turn is inseparable from the next was very different from applying it in
research and practice. As Arminen (1999) suggests, "The basic idea of CA is so simple
that it is difficult to grasp" (p. 253).[45]

I was trained to notice different discourses (in the noun sense discussed earlier)
"flying around the room" as my clients and I used them in our conversations. I
understood that these discourses were not actual "things" but I understood them as
"books on a shelf" as if they were "out there" for me to use in dialogue. I worked with
my clients to highlight these "books" or discourses. We looked closely at them to decide
which ones they would like to "live by." I believed, *conceptually*, that my clients and I

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[45] My difficulty comes, in part, from our culture's tendency to see language as a way to deliver or transmit
static information for one's speaking partner to understand accurately, rather than as something one uses to
spontaneously create situational shared understandings.

constructed discourses in our language. This general belief fueled the faith I had that through therapeutic conversations, we could construct a preferred life narrative for my clients and their families.

As a result, I set out to investigate what discourses were "flying around the room" as adolescents and their family transcended impasses. In the research interview, I asked family members questions related to the discourses I saw them using in the taped session. I assigned "names" or "labels" to the shifting lines of talk they found to be forward moving. Identifying discursive shifts is a strong analytic and clinical goal in itself, one that I did address in my study. However, labeling these broader shifts did not answer the essential question I thought researchers needed to address in process research: *"How* did the participants accomplish forward moving discursive shifts?"

I tried to concentrate more on what the participants were *doing* in these conversations. With the patient guidance of my supervisor, I began the "hair-pulling" journey of learning how to do conversation analysis (CA). It seems simple to understand speakers collaboratively developing conversation. Once more, it is frustrating to think of the struggles I had with concepts that now seem obvious. However, it is a demanding task to tackle seemingly trivial pieces of interaction and turn them into meaningful statements about the complexities of human behaviour (Arminen, 1999).

As I read CA research, I repeatedly asked myself the question "So what?" The results were so mundane I found myself annoyed. For example, in a fundamental piece by Sacks, Schegloff, and Jefferson (1974)[46] ground breaking researchers lists "general properties of conversations" including such obvious claims as: "Overwhelmingly, one

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[46] In fact, this article, "A simplest systematics for the organization of turn-taking in conversation" (Sacks et al., 1974) is by far the most-cited article from the highly prestigious Journal *Language,* as was mentioned by the journal's editor in a recent issue (Joseph, 2003).

party talks at a time" and "Occurrences of more than one speaker at a time are common, but brief" (p. 700). The painstakingly detailed approach they took to examine very brief sections of conversations seemed tedious and inconsequential.

I continued on, hoping that in time it would become clear to me how this approach would help investigate change in therapy. In this process, I found myself caught in an impasse or a differend (Lyotard, 1983/1988) in conversation with my supervisor. My supervisor was strongly influenced by the "version of events" that a CA lens offered. He discussed communicative behaviours (*how* talk develops from turn to turn) almost regardless of *what* speakers talked about in conversations. He understood how a CA stance could answer the questions I was asking in regards to process research. I still understood conversations in therapy as discussions about "books on the shelf" (discourses in the noun sense) and focused on the content of the participants' talk. Within this differend, a shared understanding of how to carry out my project seemed impossible. My supervisor's patient yet, to me, incomprehensible response met each of my attempts to go forward. The more I attempted to talk about *what* the family and therapist were constructing, the more my supervisor would ask *how* (in terms of discursive practices) this content was constructed.

I gained an appreciation of what my research participants might be experiencing when they are stuck in a differend. At the same time, I also felt utter relief when my supervisor and I developed a shift - when our laboured dialogue moved into energized conversation. I took a closer look at examples of CA studies (e.g., Kitzinger & Frith, 1999; Silverman, 1997) and applied what I had learned to my own transcripts. In my first attempts at doing CA, the mundane details I previously had dismissed as uninterested

slowly became fascinating. In five-second passages, I was able to notice a number of

things that I had previously ignored. Most fundamentally, I noticed what the speakers

were doing *together*. Slowly, the separation between one speaker's turn and the next

diminished. I could see the enormous amount of work that the participants did as they

oriented and responded to one another. As Arminen (1999) suggested, it revolutionized

my understanding of mundane matters.

I began to notice myself and others working out understandings about what was

for dinner or who had to take out the garbage. This was not always a smooth process, but

together we usually worked something out so that we, as Wittgenstein (1953) said, could

"go on." We seemed to use our own methods to orient from one turn to the next in order

to accomplish our goals. One person would demonstrably accept the previous

proposition and renew the context for the next turn. Alternatively, one person would

reject an invitation and take subsequent turns to repair the trouble spot.   I noticed how

we were quite clever at using our own methods to orient to each other and work things

out.

I had finally answered my question regarding the purpose of CA. By using a CA

approach, I would be able to see the small unnoticed practices (e.g., pauses, overlapping

talk, and intonation) that participants collaboratively use in their turns in talk to develop

positive therapeutic change. More importantly, this discursive stance would transform

me as a clinician "to attend to language and interaction in a more sensitive and

heightened manner" (Gale et al., 1993, p. 4).   If I attended to practices used to work out

who would take out the garbage, I surely could do the same to work out serious problems

in the therapeutic process. A practitioner suited with a CA lens can join the therapeutic process in helpful ways as she orients and responds to clients in conversation.

I began to see my transcripts differently. First, I saw forward moving shifts less as movement from one discourse to another and more as continual conversational developments worked out between the participants. This prompted me to change the actual questions I asked participants in my data collecting interviews.[47] Second, there now was a huge amount of "data" to analyse. Small five-second clips were rich with details that made evident particular devices used in the participants' talk to work out understandings. As a result, my analytic plans also shifted.

Originally, I had planned to look at a number of short "turning point moments" from a variety of families and sessions. However, the more interested I became in the ongoing developments in talk, the less I conceptualized change as being summarized in a particular moment. Furthermore, I realized the incredible amount of conversational work I could analyse in any particular conversation. Consequently, Gale's (1991) work analyzing a single session became increasingly attractive. A single case analysis could show how change develops in the ongoing interaction from differend to more promising lines of communication. By using CA's detailed lens, I had a large amount of "data" to analyse. In this journey, a particular framework and methodology evolved.

<p align="center">Theoretical Framework</p>

I based the theoretical framework of this project on two conceptual areas - impasses and conversations that take participants beyond them. The following conceptual framework provides a heuristic starting point for this analysis. This

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[47] I asked questions about transcending conversations that were in continual progress rather than ones that brought the family to a final ending point where they were all speaking from the same discourse. The methodology section deals with the changes I made to my questions.

framework provided the structure to be curious about *how* therapists and family members facilitate positive change in family therapy.

Focusing on Differences: A Differend

First, I have investigated the play of *difference* within the discursive activity of therapy. Family members can draw from particular discourses that can lock them into differends (Lyotard, 1983/1988) or conflicting ways of seeing the world.[48] A differend is a conflict between at least two parties that cannot be equitably resolved for lack of a rule of judgement applicable to both arguments (Lyotard, 1983/1988). As stated by Lyotard, "One side's legitimacy does not imply the other's lack of legitimacy" (p. xi). As in family therapy, applying a single judgement in favour of one party has the potential to wrong the other. Family therapy theorists suggest that therapists attend to this by looking at problems systemically rather than assigning blame to one party. Therapists understand problems as being constructed circularly in family members' interactions rather than arising in a linear cause and effect fashion.[49] However, these theoretical notions do not specifically answer my question. How do family members and their therapist accomplish forward movement when family members begin therapy with differing ways of understanding an issue? How do they begin to transcend a differend without violating one party by taking on a litigious role and ruling one party right or wrong?

This is a difficult question. In a differend, family members are invested in their own ways of seeing the world. In systemic terms, family members are caught in

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[48] The therapists in the Public Conversations Project (Chasin & Herzig, 1993) work to transform the quality of conversations among people who have polarized views on public issues. They call what I have labeled differends, "unmoving conversations".

[49] For example, rather than blaming the adolescent for the unrest in a family the family therapist would look at how this unrest was maintained as all parties interacted and would then work with the family to find mutually satisfying solutions.

negative cycles of interaction that invite disconnection and conflict. Each party attempts to convince the other of his or her position or does not feel heard and gives up altogether. These conversations breach relationships as family members lose the connection sustained by their conversation. They speak a different language from their speaking partners and their ability to make sense of each other self-destructs (Shawver, 1998).

Forward Moving Conversations

Conversations can lock family members into differends. Alternatively, family members can use conversations as opportunities in which small shifts in understanding and communicating occur (Davies & Harré, 1990; Fairclough, 1989; Fuller & Strong, 2001; Harré & van Langenhove, 1999). Small shifts in discursive understanding can evolve from differend conversations in therapy. I have labelled these transcending interactions "forward moving conversations." In these conversations, new shared understanding and fresh connection between family members and therapist can form in conversation (Hare-Mustin, 1994). These conversations can have a positive effect on future interactions and communication in the family (see Figure 1). How do family members and therapists make such discursive shifts from stagnant or conflictual differends towards forward moving, mutually satisfying ways of continuing their conversations?

Differend → Forward Moving Conversations →
1. New more shared understanding begins to emerge
2. Positive effects on future interaction in family
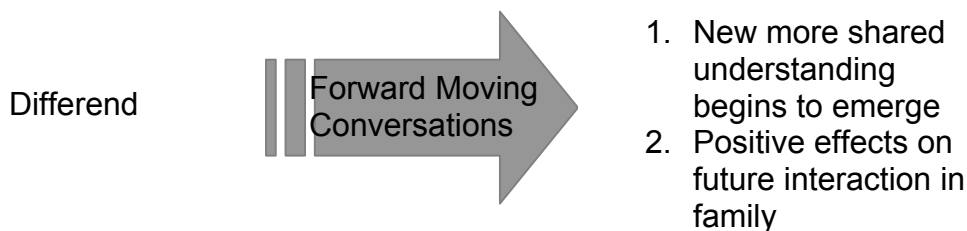
Figure 1. Forward moving conversations

Lyotard (1983/1988) discussed a similar notion when he extended his discussion of differends or conversational impasses to what he called *paralogies*. In paralogies he saw conversations break out of old systems of thought and become rich with the opportunity for new meanings.[50]

> In the differend, something "asks" to be put into phrases, and suffers from
> the wrong of not being able to be put into phrases right away. This is
> when the human beings who thought they could use language as a
> instrument of communication learn through the feeling of pain which
> accompanies silence, that they are summoned by language, not to augment
> to their profit the quantity of information communicable through existing
> idioms, but to recognize that what remains to be phrased exceeds what
> they can presently phrase, and that they must be allowed to institute
> idioms which do not yet exist (Lyotard, 1983/1988, p. 13).

In other words, Lyotard asked people experiencing differend moments to develop conversationally mutually satisfying idioms, or discourses holding greater possibility.

Continual Interactive Performance

It is tempting to see these forward moving conversations as ways to resolve conflict or arrive at a magical solution to the family's conflict. However, these shifts are part of a continual interactive process. As speakers orient to each other, slight shifts develop that provide space to see the problem and solutions in a new way. The possibilities for interacting differently are always present. Family members often miss

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[50] The therapists in the Public Conversations Group (Chasin & Herzig, 1993) who work with people on public issues to move from debates to generative dialogue, discuss similar conversations as, "conversations that invite the personal, the storied, the fresh, the unfinalized, the ordinary-up-close, the enlivening, the poetic, the not-yet-known, the metaphorical – disrupt stereotypes and change relationships" (p. 5).

opportunities as they defend their way of seeing the issues. In forward moving conversations, family members take up openings to understand and interact differently; they construct these conversations through an *interactive performance.*

By "interactive," I mean that speakers continually accomplish forward movement as they negotiate from one turn to the next. One speaker orients to what another previously said and renews the context in his utterance in the turn to come. Forward moving conversations are transformative not so much because of the words said in the exchange, but because of the creative, spontaneous effects of those words as speakers practice them in the conversational sequence.

By "performance," I mean that family members and their therapist perform forward moving conversations through talk in interaction. Like the spontaneous, creative actions of improvisational actors (ten Have, 1999), the words family members and therapists use "have meaning only in the stream of life" (Wittgenstein, 1953, no.913). As in any improvisational performance, it is difficult to predict how therapy will unfold (Pinsof & Wynne, 2000). The therapist's behaviour is organized and modified recursively in response to the clients' response to it and vise versa (Pinsof & Wynne, 2000). Through turns in talk, people invite or "call out" certain responses from each other (Shotter, 1994b). The words we use are only half ours (Bakhtin as cited in Morson & Emerson, 1990) as we shape and are shaped in our turns as speaker and listener.

Consequently, therapeutic conversations are interactive performances. Instead of understanding interventions as static and therapist-delivered therapists see them as "played into action" in emerging two-way conversations. Our talk is seen as "always productive, as always creative or formative [of] events…as always occurring for yet

'another first time'" (Garfinkel as cited in Shotter, 1994b, para. 14). A closer look at this performance can further our understanding of how therapist and families construct forward movement. It can encourage the adoption of a therapeutic stance that heightens therapists' sensitivity to join openings in helpful ways.

Dialogue across Differences

Through discourse analysis researchers can challenge the notion that there is one correct way to define experience and celebrate diversity and difference (Holzman & Morss, 2000). However, discourse researchers can do more than assert these differences; they can begin to examine the dialogue that works across them (Chouliaraki & Fairclough, 1999). Therapists can find openings in discursive differences that provide space to think beyond the constraints of particular conflicting discourses. As in Bateson's (1972, p. 453) famous quote, such dialogue aims to create a "difference that makes a difference."

I examine how conversations that have hit an impasse over two different ways of understanding (incompatible discourses) begin shifting to a mutual hybrid of the two ways of seeing things to break the deadlock (Strong, in press). How do participants invite new ways of viewing and acting on problems and solutions? How are new hybrids of both positions created in therapeutic conversations that invite promising lines of communication and action?

Strong (in press) has suggested that therapists can use their awareness of differences in discourse to flexibly propose and co-develop alternative discourses capable of bridging chasms of understanding in families. Kogan and Brown (1998) recommended therapists "read against the lines" to "detach from repetitive interpretations

of therapy discourse that lead to conversational closure" (p. 495). "Reading" therapeutic interactions can help therapists see that there are always openings and spaces for more productive interactions. Tomm (1987b) suggested that participants can facilitate alternative new meaning and direction through reflexive questioning. Parry (1991) used the narrative metaphor and described similar shifts in therapy. He discussed how mutually shared positions emerge as family members realize that their stories only go forward as they act in ways that also forward the stories of others.

As in Lyotard's (1983/1988) notions of paralogical conversations, through exercising flexibility, people can destabilize traditional understandings and construct new meaning.

Dialogue involves both space for voicing difference and a search without guarantees for alliances across difference – for a voice that does not suppress difference in the name of essential identities but emerges as a voice in common on specific issues (Chouliaraki & Fairclough, 1999, p. 6).

Through conversation, family members and therapists can create alternative ways of viewing the world that lead to new forms of action. Dialogue that transcends differences develops within "conversational arenas that use paralogy as an orienting device rather than a debate" (McNamee, 2000, p. 186). An investigation of forward moving conversations will bring to light methods that families and therapists use to work their way out of battles of entrenched truth.

CHAPTER FOUR: METHOD

In this section I provide an outline of my method for collecting and analyzing the conversations studied in this project. First, I outline my considerations regarding sample characteristics, recruitment of participants, and conversation selection procedures. Second, I discuss the particulars of the analysis including plans for transcription and methods of understanding discursive activity.

Sample Characteristics

Following Pinsof et al. (1996) I used relational problems instead of individual disorder descriptions to choose participants for this project. I invited participation from families who considered their parent/adolescent interactions to be conflictual or negative. Each family who agreed to be involved was working with one of the senior family therapists in the Family Therapy Program at the University of Calgary. The adolescent in each participating family was 13 to 17 years of age (the age group that our culture commonly associates with adolescence). I also invited families with other young people involved in therapy; however, I did not invite children under the age of 13 into the post-session interviews. As this is an exploratory study, I used no other demographic factors to screen participants.

Recruitment of Participants

I sent an information letter (Appendix A) to each therapist in the University of Calgary Family Therapy Program. In this letter, I described the study and invited those who were interested to bring questions and concerns to a scheduled meeting time, or to contact me, as the primary researcher, directly. I provided therapists interested in participating in the project with a short script (Guidelines for Recruiting Conversations;

Appendix C) to offer details to families about the general purpose of the study and the specifics of their involvement.

I placed a poster in the waiting room (Appendix D). In addition, therapists recruited appropriate families from their case lists. At the beginning of a regular session in the therapy room, therapists handed out the information sheet (Appendix B) and offered details to the families that I suggested in the guidelines for this conversation. Therapists emphasized the volunteer nature of the project, the rights of families and family members to withdraw from the project without penalty, the extent of confidentiality, and the possible risks. Families could immediately inform the therapist that they would like to become involved or they could think about their involvement and volunteer just before their next session. If families were immediately interested in participating, they signed research consent forms (Appendix E), and the taped sessions began. If families were interested after thinking about the project, they signed consents at the beginning of their next session and video/audio-taping proceeded. Participants received no remuneration.

<div align="center">Selecting Conversations</div>

Researchers in early process studies examining important events in therapy accorded external "judges" or therapists' interpretations greater scientific validity than events or experiences reported by the clients themselves (Elliot, 1979; Frank & Sweetland, 1962; Greenberg & Pinsof, 1986; Orlinsky & Howard, 1986; Stiles, 1979). Elliott (1985) suggested that although taxonomies developed from such observational methods are helpful for counsellor training, they often do not correspond with meaningful types of therapist impacts as seen by the client (Arnkoff et al., 1996; Bachelor, 1991;

Elliott & James, 1989; Lietaer & Neirinck, 1986; Llewelyn et al., 1988; Orlinsky & Howard, 1986).[51] As a result, Elliott (1985) suggested that process researchers should use the client's perspective to select important events in therapy. By studying what participants perceive as important, one can better understand how and when counselling achieves lasting and positive effects (Martin & Stelmaczonek, 1988). Accordingly, I selected data based on the clients' identification of "forward moving conversations" that had continued effects on the family's interactions and communication.

<div align="center">*Criteria for Forward Moving Conversations*</div>

The forward moving conversations that families chose met two criteria. First, they were examples of conversational shifts between adolescents, therapists, and parents from differences to new mutually shared positions. Second, these shifts had ramifications for continued positive interactions and communication following the session. Finding shifts in conversations is meaningful only if researchers can link the shifts to positive change in the family.

<div align="center">*Reviewing Sessions: IPR Interview*</div>

After a family consented to participate in the project, the therapist arranged for the program's technician to videotape a sequence of family therapy sessions. Therapists and family members selected a session from this sequence that they felt had a good chance of containing forward moving conversations. Approximately one month after the selected session occurred I met with the family. I interviewed the adolescent separately from the parent and then interviewed the parents and adolescent together. The answers to the questions asked in these interviews helped me select particular conversations for analysis.

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[51] Although therapists should be purposeful and aware of the intentions behind their actions, they also must be aware that their intentions are not always predictive of how the therapeutic response is interpreted (Tomm, 1987a).

In both interviews, we reviewed the taped session to pick forward moving conversations using a form of Kagan's (1975, see Elliott, 1985) Interpersonal Process Recall (IPR), a method for retrospectively reviewing videotaped counselling sequences.

In the first IPR interview, I asked the family to "Pick moments from the videotape in which a shift occurred where a new way of seeing the topic of discussion formed, and everyone in the family began to 'speak the same language'". After this interview, I made an important change to how I worded this question. The first family found it too difficult to find conversations in which they "spoke the same language." I decided that viewing the family as moving from two separate discourses to "arriving" at another discourse encouraged a static understanding of forward moving conversations. Discourse transformation is by nature a continual process. Families are always in transition; as one person orients to the other there is a continual shifting towards something a bit different. Consequently, I was not looking for times when the family completed a positive shift and the family now spoke from the same discourse. Families go through a very *Wittgensteinian* (1953) process[52] in which they negotiate what each party brings to the conversation so they can begin once again to *move forward together*.[53] Similarly, forward moving conversations do not facilitate the arrival to a final destination (where

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[52] Wittgenstein (1953) saw some measure of orderliness in how people developed ways of communicating and understanding, ways he described as *language games*. To him communication was "game-like" as it was somewhat of a rule-governed *activity* with rules developed and upheld by those playing the game. By using language games people make sense of each other to *move forward* in a continual process developed in the context of each specific interaction.

[53] Hence, I changed the term "turning point conversations" to "forward moving conversations".

they finally transmit the *right* meaning). Rather, through forward moving conversations, families and therapists construct more promising lines of talk.[54]

As a result, I altered my questions in the IPR interview slightly. Instead of the the previously used question outlined above, I asked, "Pick moments from the videotape where you see the *beginning* of a shift in how your family is talking together that was positive for you AND your family. Look for times when you think that you and your family are *beginning to move* from talking about things from totally different positions to a *slightly new way* of seeing the topic that allows everyone to move forward again."

I stressed to each adolescent to choose conversations that addressed concerns of both the adolescent, *and* her or his parents, in a positive manner. Once the adolescent had chosen a conversation, I asked if this conversation had any further ramifications in the family's continued interactions after the session. To ensure that the conversation chosen met the second criterion (positively affected future interactions) set for forward moving conversations, I asked a few questions about how the moments chosen positively effected the family's interactions.

After my conversation with the adolescents, I met with the parents. In this meeting, I showed the parents the moments that the adolescents chose to be forward moving conversations to see if they agreed with this assessment. To address the concerns raised in the initial interview, I framed the discussion by saying "Your son/daughter has chosen some moments from your therapy together that s/he felt brought conversational changes or shifts that were good for her/him and your family. S/he picked moments from

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[54] This is similar to the solution-focused notion of striving for the goal of "being on track" rather than meeting a final end destination (Walter & Peller, 1992). "Being on track" is a more appropriate goal that recognizes the continual process of everyday life.

the videotape where s/he saw the beginning of a shift in how your family is talking together that was positive for you AND your family. These times occurred when s/he thought that you and your family were beginning move from talking about things from totally different positions to a slightly new way of seeing the topic that allowed everyone to move forward again. Could you see if you agree if those moments contributed to positive developments in your conversations as a family?" As in the adolescent interview, I asked follow-up questions to ensure data selection met both criteria. With the consent of the family, I videotaped the conversation with the adolescents and the parents. I also created a list of alternative ways of explaining what we were looking for. I used this list in the interviews with the parents and those with the adolescents so I would be prepared to offer consistent descriptions to all families involved (see Appendix F). I used only the moments that adolescents and parents chose as systemic conversational shifts that continued to affect the family.

Starting with the Adolescents: A Rationale

My interview approach was systemic. I engaged in conversations with all members of the family and emphasized the effects of the conversations on the entire family through my questions in the IPR procedure. However, the data selection does privilege the adolescents' viewpoint, even though I asked them to make the initial choice of forward moving conversations. Sells, Smith, and Moon (1996) discuss how ideally, client perspectives would include not just the identified patient but all family members or the "indirect patient systems" (p. 322). Instead of uncovering a single, objective reality, multiple perspectives are important as they capture multiple realities that contain unique perceptions and views of treatment (Gurman et al., 1986). I agree that such inclusive

investigations are important in our systemic understanding of what is going on in family therapy. This is why I have included comments from all family members in data selection discussions. However, when each member of the family is interviewed at the same level (e.g., interviewed as a group or asked the same questions separately), in process research of helpful moments in therapy (e.g., Sells et al., 1996), the young person's voice is often lost in the results the researchers present. I ensured the adolescent's view was included by supplementing it with later systemic enquiries and questions. Consequently, I received a strong sense of the adolescent's view while continuing to remain consistent with the systemic nature of this project.

Very little research investigates the adolescent perspective and the strong benefit of adding their views to the process research literature (Strickland-Clark, Campbell, & Dallos, 2000). Studies have found that young people speak far less than their parents do in therapy (e.g. Friedlander, Highlen, & Lassiter, 1985; Mas, Alexander, & Barton, 1985) and that therapists speak more often to parents than adolescents (Postner, Guttman, Sigal, Epstein, & Rakoff, 1971). For Dare and Lindsey (1979), family therapy can often become marital therapy in the presence of young people. As a practitioner, I often feel that the adults in the room are missing something as they try to connect with the young people staring blankly back. Gaining better insight into what adolescents identify as important moments can only help us as practitioners when we sit in front of the next blank stare. "Such knowledge is important for ethical as well as pragmatic reasons - to be able to offer a more sensitive and effective experience for adolescents" (Strickland-Clark et al., 2000, p.324) and their families.

Construction in the IPR Interview

In this project, I describe conversations as "construction sites" where participants accomplish change as they interact. I also understand the interaction in the IPR interviews between the families and me as being a construction. The focus of this study was to look at developments in the actual talk of therapy. However, an investigation of what was accomplished in the actual IPR interview could also be a valid analytic focus. A previous study (Gale et al., 1995) investigating just this issue found that what often developed from this post-therapy interview was more therapeutic than the therapy.

I acted as a conversational partner and took an active role in the IPR interview. From a constructionist stance, I was active as necessary to establish a relationship and assist the participants if they had difficulty articulating their experience (Rennie, 1992). In the IPR interview I tried to focus on the guiding questions I had developed. The interview was, however, a conversation and so we constructed what developed as we oriented to one another in our talk in turn.

Single Case Design

Three families went through the above process. One family was not able to identify and agree upon any forward movement after two separate IPR interviews reviewing different sessions. The other two families were able to choose conversations in the session that fit the criteria discussed above. One family chose a ten-minute segment that showed a transition through a small differend. The other family chose four separate sections of the session as contributing to forward movement. They specifically identified the first part of the session (approximately 35 minutes long) as showing an initial shift from a frustrating differend to forward moving dialogue.

At this point in the process (as I discussed in the personal journey section of Chapter Three), I decided that a single case design would be more appropriate for this study. I felt that change was better understood as an ongoing conversational process than as an isolated shift. My analytic focus shifted from the initial goal of looking at a number of shorter conversations from a variety of families to examining one strong example of how participants shifted from a differend in an extended interaction between the participants.

A single case analysis looks at a conversation in order to track "in detail the various conversational strategies and devices which inform and drive its production" (Hutchby & Wooffitt, 1999, p. 121). Although conversation analysts are interested in the patterned nature of talk-in-interaction, they recognize that the participants continually make sense of each other within a particular conversation. Rather than developing a set of formal rules that allow prediction of the next conversational move, CA researchers discern participants' understandings of the course of conversation as they orient and respond to each other's communicative behaviours (Arminen, 1999). Every conversational move renews our understanding of the prior move, so that each turn at talk orients to a preceding context, but also recreates the context anew (Heritage, 1984). Thus, each conversation is always a single case.

Sacks (1995), the "father" of CA, analysed single cases often. He understood that the fundamental aim of CA is to describe singular events and event sequences. Through single case analysis, researchers and therapists learn possible methods for working things out in their own conversations. Rather than cumulating practices through multiple case analyses that *individuals* can use to accomplish specific result, CA studies heighten the

reader's sensitivity to how to use them while orienting and responding to a speaking partner.

Furthermore, as stated by Potter (1998), "Notions of sample size do not translate easily from traditional research as the discourse research focus is not so much on individuals as on interactional phenomena of various kinds" (p. 135). Although I have analysed a single case, the conversational practices used within this particular case are extensive. As in critical incident methodology, researchers determine sample size based on number of critical incidents rather than the number of people (Woolsey, 1986). A single case design provides rich and extensive data to analyse due to the detailed method of analysis chosen (e.g., Gale, 1991; Kogan, 1998; Kogan & Gale, 1997).

Finally, this study is an example of a qualitative, exploratory study. A single case design is a strong fit for my general analytic intent. The objective of my inquiry is not validated by numbers but by the completeness of examining the topic under study and the fullness and depth to which the analysis extends understanding (Smith, 1990).

The Session Analysed

I viewed and transcribed[55] the two sessions in which the families identified forward moving conversations. I then chose to analyse the session in which the family had most strongly described themselves as transcending a differend and a clear, ongoing shift toward forward moving conversations was evident in the talk. This was a long session (approximately 1 ½ hours) that included a reflecting team[56] (Andersen, 1987)

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[55] I transcribed the general content of discussions and periodic statements made by participants to document a general idea of the overall discussion.

[56] A reflecting team usually consists of a group of therapists who sit behind a two-way mirror observing the session. Toward the end of the session, they conversationally reflect on the process as the family watches behind the mirror. This encourages clients and counsellors to engage in therapeutic conversations co-constructing possible alternative ways of seeing their situation (Andersen, 1987).

response at the end. The participants included the father (Bob), mother (Sandy), adolescent son (Joe), two siblings (9-year-old Katie and 11-year-old Tim)[57] and the therapist. It is the first session after Joe, the 14-year-old son, was released from a short stay at the hospital where he was placed because of his recent self-harming ("cutting") behaviours. The IPR interview took place 28 days after this session and took approximately 2 ½ hours.

The Family Therapist

The therapist in this session was Dr. Karl Tomm. Tomm is a respected and established family therapist, psychiatrist, and Professor in the Department of Psychiatry at the University of Calgary where he founded the Family Therapy Program in 1973.[58] He is well known in the field of Family Therapy for his work in clarifying and elaborating new developments in systems theory and clinical practice (Tomm, 1983, 1987a, 1987b, 1988, 1991, 1993). He has been at the forefront of new approaches to therapy that emerged from systemic, constructivist and social constructionist ideas. His approach is collaborative rather than hierarchical and he emphasizes therapeutic conversations to de-construct problems and to co-construct healing and wellness.

Transcription

I outline the specific steps I took to transcribe the session in the analysis procedure; however, I now introduce the notation I used and some comments about this

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[57] I have replaced all real names with pseudonyms to respect the confidentiality of the participants.

[58] This is a specialized clinical program offered by the Department of Psychiatry in the Faculty of Medicine at the University of Calgary. The therapists place a major emphasis on working with the family group rather than with individuals. This program has a strong therapy team that offers clinical services to families, trains family therapy interns, and provides extended training to other professionals in the surrounding area.

practice. I transcribed the chosen segments of the tape according to conventions developed in discourse and conversation analytic approaches to research (see Table 1). I chose these specific conventions as they fit my analytic intent. If I was looking through a linguist's lens, I would transcribe pronunciation (speech sounds) and intonation. This would reflect my interest in the structural patterning of linguistic units such as words and sentences. Alternatively, when discourse itself is not a focus, transcription is done in a much less detailed way. However, conversation and discourse analysts have developed a system for the transcription of *talk as it develops on a turn by turn basis.* I have used these conventions to capture features of talk that show how participants orient and respond to one another in conversation.

　　With the acknowledgement that there are many ways to transcribe a session comes the realization that transcription is not a neutral representation of talk (O'Connell & Kowal, 1995). "The only presumably 'neutral' presentation of the details of produced speech/action would be the actual, embodied and situated original spoken production" (Psathas & Anderson, 1990, p. 75). My transcript represents an effort to provide in a written, linear form enough details of the interaction to permit my analysis. It is not the "data" but a representation or version of the actual interaction (O'Connell & Kowal, 1995). I have retained the recordings and it is always possible to return to the originals to re-transcribe the interaction.[59]

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[59] As discussed by Psathas and Anderson (1990), these original recordings are not in and of themselves neutral, as I have captured them in a particular way.

Table 1

Transcription notation

Symbol	Indicates
(.)	A pause which is noticeable but too short to measure.
(.5)	A pause timed in tenths of a second.
=	There is no discernible pause between the end of a speaker's utterance and the start of the next utterance.
:	One or more colons indicate an extension of the preceding vowel sound.
<u>Under</u>	Underlining indicates words uttered with added emphasis.
CAPITAL	Words in capitals are uttered louder than surrounding talk.
(.hhh)	Exhalation of breath; number of h's indicate length.
(hhh)	Inhalation of breath; number of h's indicates length.
( )	Indicates a back-channel comment or sound from previous speaker that does not interrupt the present turn.
[	Overlap of talk.
(( ))	Double parenthesis indicate clarifying information, e.g. ((laughter)).
?	Indicates rising inflection.
!	Indicates animated tone.
.	Indicates a stopping fall in tone.
**	Talk between * * is quieter than surrounding talk.
> <	Talk between > < is spoken more quickly than surrounding talk.
{ }	Non-verbals; choreographic elements.

Source: Kogan, (1998, p. 232)

For CA, a high quality transcript of the family therapy session is crucial to carefully investigate the turns in talk. I worked to record the details of the talk that made evident the work participants did as they attempted to develop shared understandings. This process of transcription was an important analytical tool. It provided me with an intense understanding of the participants' conversational behaviours (ten Have, 1999). The intense process of transcription offers an opportunity for profound engagement with the dialogue (Potter, 1998). Thus, I made analytical notes throughout this stage.

Analysis

In this project, I strove to find consistency in how I make sense of therapy in practice and research. On a macro level, I agree with Sluzki's (1992) description of therapy as the process of "discourse transformation," or the shifting of discourses used by families and therapists. At the same time, I see this transformation taking place on a micro level through the dialectical interactions of "talk in turn." There is a long history of debate highlighting the strengths and weaknesses of specific and global styles of analysis (see Billig, 1999; Korobov, 2001; Miller, 1997; Potter, 1998; Schegloff, 1999). While one side of the debate offers a local approach to reality construction, the other enables consideration of the larger dimensions of constructing social order through discourses used (Kogan, 1998). Both forms of analysis offer something of value. As suggested by Miller (1997), "An extensive focus on either side of this dichotomy is inadequate, since everyday life is lived within culturally standardized discourses and the discourses are changed by the ways in which we use them" (p.41).

Accordingly, I first identify the discourses (or as I will discuss "discursive positions") that shape and are shaped (Parker, 1994) as a family performs a differend and

a therapist attempts to engage them and bridge this differend.   Second, I take a closer

look at the talk involved as the participants negotiate a differend (Sacks, 1995; Shotter,

1994b). I have framed my analysis at both the macro (noun) and micro (verb) level. The

first level (Critical Discourse Analysis, CDA) asks the question, "What version of events

is being constructed over others?" The second level (Conversation Analysis, CA) asks

the question, "How is this accomplished in the talk in interaction?"

As Potter and Wetherell (1995) emphasised, discourse analysis is concerned with

what people do with their talk (micro level of discursive activity) and with the sorts of

resources people draw on in the course of their interactions (macro level of discourses). I

used the two levels of analysis in a hermeneutic fashion from the macro to micro and

vice-versa, or as Miller (1997) described, in movement from "top down" to "bottom up",

in an interpretive cycle.

Discursive Positions

In the macro level of the analysis (CDA) I focus on cultural discourses and their

respective resources that the participants draw from in their interactions. I chose to

utilize Harré's and van Langenhove's (1999) notion of discursive positions to investigate

this in my analysis.[60] Discursive positions are locations from which people engage others

as they converse. They are both ways people understand (e.g., discourse) *and* act in

conversation in relation to one another. From these discursive positions, people make

sense of what is happening around them.

 Once having taken up a particular position as one's own, a person

 inevitably sees the world from the vantage point of that position and in

 terms of the particular images, metaphors, story lines and concepts

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[60] Please see appendix I for map of terms I used in framing this analysis.

which are made relevant within the particular discourse practice in

which they are positioned (Davies & Harré, 1990, p. 46).

Positions are not fixed products, but locations people constitute and reconstitute

through the various discursive practices in which they participate (Davies & Harré,

1990). Unlike stable roles, positions are dynamic. Although can also be seen as noun-

like, and thus similar to discourses, researchers use them in a less reified way. They are

seen more as "indexes" of the rhetorical stances speakers take up in the ongoing

interactions (Korobov, 2001). They are fluid or immanent as they develop from within

discourses and are not transcendent to or a result of discourses (Korobov, 2001).

Conversational activity makes possible the dynamic nature of discursive positions

(Davies & Harré, 1990).

Consequently, subject positions are largely a conversational phenomenon (Davies

& Harré, 1990) and are a strong complement to the method I used in the second part of

the analysis (CA). They allow me to use the heuristic CDA practice of naming positions

while, at the same time, frame these locations as less "out there" (e.g., cultural

discourses) and more developed in the talk. Speakers take up discursive positions within

interactions. Davies and Harré emphasized that conversations unfold through the "joint

action" of all participants. This simply means that what speakers construct (the speaker's

positions) in conversations evolves and changes in the back-and-forth of talk in

interaction. Discursive positions are not understood as being delivered by one person as

one speaker's actions cannot be separated from another's. A person can invite others into

a position through her turn in conversation, or she can attempt to position herself in

conversations. For example, in treating a first speaker's remark as "condolence," the

recipient would respond by positioning himself as "bereaved." The first speaker can then accept this position as one who would continue to offer condolences or may choose to use his turn to position himself in another way (Davies & Harré, 1990). Thus, positioning is the discursive process through which people are invited and invite others to take up locations in conversations as they jointly try to perform their ways forward.

The conceptual framework for this project includes the notion of "differend" (Lyotard, 1983/1988) and the idea of "forward moving conversations." The concept of discursive positions was the analytical tool I used to organize my analysis into this framework. This broader analysis of discursive positions acted as an umbrella or heuristic starting point for the more detailed microanalysis. As I analysed the transcripts, I asked myself, "What does a statement or a sequence of statements say about the person who utters them?" (as in Edley, 2001) or "What are the participants' parts in the conversation as they invite their conversational partners to take up certain positions and accept certain positions for themselves?" (Davies & Harré, 1990).

In this analytical inquiry, I saw evidence of two conflicting positions in conversations in which participants were stuck in differends and a more shared position when family members began to move forward together. I supported this analysis further with a micro look at how participants constructed these positions in the dialogue. I used CA to consider the ways participants accomplished actions in relation to positions taken up by the participants (Pomerantz & Fehr, 1997). Using the strategies outlined below, I asked myself, "How are discursive positions (incommensurate ones and more mutually satisfying ones) being continually negotiated as the talk unfolds?" CA assisted me by

orienting me to evidence of how participants accomplished these negotiations in their interactions.

<div align="center">Conversation Analysis</div>

The second level of this analysis operated with a micro focus. Here I examined how participants used micro-actions to construct (either through binding or unraveling) the broader discursive positions (Gale, 2000). I carefully examined how participants accomplished particular actions, by virtue of how they used utterances within each conversational sequence (Kogan, 1998).

Investigating Language Games

I examined how participants oriented and responded to each other.[61] Speakers accomplish this orientation process not by comparing *pictures* of what is in each participant's head but by orienting to the gestures and words of their conversational partners. The main question is, "How do the participants use language to understand each other or *work things out?*"[62] This question is reminiscent of Wittgenstein's language games. Wittgenstein (1953) saw some measure of orderliness[63] in how people develop ways of communicating and understanding - ways he described as *language games.*[64] By using language games, people develop and uphold "rules" to make sense of each other in a continual process in the context of each specific interaction. While

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[61] I use the phrase "oriented and responded" as if participants do them separately. However, as one orients to one's speaking partner one communicates or responds to what the other is saying and vice-versa (Shotter, 2004).

[62] Shotter (2004) suggested this is a not a problem to be solved, but a "problem of orientation." In addressing the problem one asks, "How do they gain orientation?" or "When they can't find a way forward, how do they find my way about?" or "How do they follow their speaking partner to move forward?"

[63] This is order created by rules that are not predictive or static laws but a set of possibilities. Speakers require some orderliness to make sense of each other, but some vagueness is "necessary" (Garfinkel, 1967) so it is possible for people to develop something shared between them.

[64] Please see appendix I for a map of the terms I use to frame this analysis.

discourses refer to *larger cultural* ways of understanding, language games are *local* ways of understanding and participating in developing interactions. Unlike a discourse, language games have significance for those engaged in them but do not apply to other conversations in a generalizable way. In *language games,* something is accomplished in the routines of people's interactions, as they signal to each other that they are comfortable with how the conversation is proceeding; thus, they can move forward.

I used a combination of conversation analysis (Sacks, 1995; Sacks et al., 1974) and Shotter's work (1994a, 1994b, 1995, 2000, 2004, in press) to examine developments in the participants' language games. These ideas provided a base to empirically investigate how the family performed a differend, how the therapist attempted to engage them and bridge this differend, and how participants constructed forward movement. I used these ideas to study the construction of meaning naturalistically in the sequencing of conversation turns (Heritage, 1988; Sacks et al., 1974).

Roots in Ethnomethodology

CA has its primary roots in ethnomethodology. Garfinkel (1967) regarded ethnomethodology as the study of practices ordinary members of society use to make sense of and respond to their social circumstances. He suggested that common understanding (shared cultural "knowledge") involves an operation or set of practices people use to create and sustain familiar social order through interaction. Thus, to him, shared cultural understanding is dependent on methods people use to propose potentially shareable actions and understandings, and show each other that they understand (e.g., accept or reject). Evidence for such acts of proposing and showing can occur in subtle

and mundane ways of interest to the ethnomethodologist, but generally taken for granted by those in interaction.

The ethnomethodologist's focus was radically different from other sociologists (e.g., Talcott Parsons, 1937) who suggested people acquire and internalize "social norms" that enable them to act in accultured ways. This latter group of researchers studied structures of social life as if they were given or implicit in how people reproduced culture (e.g., people obeyed "prescribed" cultural norms) rather than examining *how* these structures were sustained and developed by people in their interactions with each other (Heritage, 1984). Garfinkel felt Parson's view made humans out to be "cultural dopes" so he "reinstated humans" by studying their activities in creating and maintaining relational orderliness (Strong & Lock, 2004). He studied how people accomplished social order through mundane specifics in their interactions. For him, interactions offered social members a "reality check" should they stray too far from what passed for "real" or "good" in any social order. He examined the methods social members used in orienting and holding others to that shared version of reality, or in how they extended it in different ways. These 'ethno'methods include a range of seen but generally unnoticed (hence the term, "mundane") practices that make it possible for persons to make sense of, and produce recognizable social activities (Gale, 2000).

For example, Garfinkel (1967) examined the mundane ways in which "sexual identity" is produced and managed as a feature of ordinary interaction by studying a boy ("Agnes") who requested a sex change at age 19. He investigated the "seen but unrecognized practices" that people commonly employed to produce and acknowledge sexual identity. Garfinkel suggested that to understand how these "taken for granted"

ethnomethods feature in interaction one needs to disrupt or "breach" these accepted social practices; something that Agnes did as she negotiated her newly adopted gender in her own interactions. The brilliance of Garfinkel's approach was that as unseen social practices were disrupted, they became visible. For example, the people interacting with Agnes took for granted the ways in which sexual identity was produced and managed in ordinary social interaction *until* she didn't walk, talk, or sit like a woman.

Conversation analysts also attend to the unique "seen but unnoticed" practices found within the mundane activities of conversation (Garfinkel, 1967). By using CA, I can examine the participants' use of folk methodologies; or, in Wittgenstein's (1953) terms, their contributions to "language games" in interaction. Just as an ethnomethodologist looks at what exists on the surface (practices used to construct cultural knowledge), CA examines what transpires between people, not the interior of people. Following Wittgenstein, CA researchers strive to understand something that is already in plain view but often unseen by outsider observers who are not responsively involved (Shotter, 2000).[65]

This activity that would otherwise go unnoticed helps create a sense of order in our use of language.[66] To understand order in the conversations I, "gave up the search for something special, hidden behind the scenes, and accepted that everything we need to understand, is out there, in the 'spaces', in the 'moments' in the 'time-spaces' between us, in our utterance-interwoven-activities … *'Nothing is hidden'"* (Wittgenstein, 1953,

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[65] Shotter suggests, "It is only in plain view to those responsively involved with their surroundings…They are able to see it from within their involvement" (The presence of "a public evaluator" section, para. 5). However, as Garfinkel (1967) suggested this involvement is often taken for granted until an accustomed pattern of interaction is disrupted by some unanticipated development.

[66] As Wittgenstein suggests, however, this is "an order with a particular end in view; one out of many possible orders; not the order" (1953, no. 132).

no. 435). I looked at the turns in conversations as "tutorial problems" as close examination *showed* how challenges were resolved in "instructably observable" ways (Garfinkel, 2002).

I worked to take nothing for granted, and to trace how participants constructed positive change in these conversational spaces. Most importantly, the sequences of talk in turn were the units of analysis. Each utterance formed a context for the next and could not be understood without reference to the prior utterance. I worked to see the conversations from within the participants' involvement, by focusing on each piece of talk in the light of how it functioned as a response to a previous utterance and as a cue for the following utterance (Kogan, 1998). I showed how the details of the conversation were consequential in some way for the outcome of the interaction. As discussed below, I did this by examining the paralinguistic, behavioural features of the talk and the structural sequencing of turn-takings in the conversation (Gale & Newfield, 1992).

CA Strategies

I strove to practice *unmotivated looking* (ten Have, 1999). This term simply means that the investigator is open to noticing conversational phenomena as the speakers oriented and responded to them, rather than searching for instances of already identified and described things (in this case, perhaps therapeutic interventions) that fit a pre-established theoretical conceptualization. I did not follow a pure CA tradition that would have left pre-formulated theorizing absent from my analysis. I developed a framework of differends and forward moving conversations from which I was "looking." However, unmotivated looking is impossible as analysts are motivated or there would not be any looking being done in the first place (Psathas as cited in ten Have, 1999). Although the

overall conceptual framework motivated my initial selection of passages, my initial "looking" at these specific passages themselves was *unmotivated*. I strove to leave my theoretical understanding of therapeutic intervention behind and look at how the speakers managed the mundane details of their talk-in-interaction. After this a priori analysis I then drew comparisons between my work and family therapy literature.

I used a combination of strategies suggested by ten Have (1999), Pomerantz and Fehr (1997), and Heritage (1997). These strategies helped me analyse the *details of the transcript turn by turn* to answer the question, "What is this participant doing in this turn?" Below, I take one exemplar from my analysis to show how I used each analytic strategy in the analysis of the passage.

Exemplar IX (00:16:17)[67]

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1     T:    That's great stuff (1.4) wow (.8) (hhh) the following are
2           things that I still need help (.4) with from my parents or
3           others (1.2) (hhh) shelter (.6) money support food (.9)
4           advice for problems (1.2) school:: life (.5) general I guess (2.3)
5           Oh! It sounds like you did a lot of work! (1)
6     B:    {Bob sits up straight with a small smile}
7     J:    *Mhmm* (.7)
8     T:    Oh (2.4) you must feel (.) >pretty good about< (.6) what you've
9           done here eh? (1)
10    J:    {Joe looking down at his bottle of pop}
11    T:    ya no? (1.5)
12    J:    *Ya* {Looking down and fiddling with bottle}(1)
13    T:     Or do you feel like you were kind of forced into it? er:: (1.9)
14    J:    *Kind of* (1.4)
15    T:    Or pushed a little bit? (.)
16    J:    Ya (1)
17    T:    Not forced but pushed=
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Turn taking organization. Turn taking is one of the key ideas of CA. Turn-taking organization simply refers to moments when a transition from one speaker to the other occurs. In conversations, for the most part, only one person speaks at a time and when

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[67] T is the therapist (Tomm), B (Bob) is the father, and J (Joe) is the adolescent son.

speakers change minimal gap and overlap occur (Sacks et al., 1974).   At the end of each utterance, there is the possibility for a legitimate transition of speaking turns - what CA terms a transition relevance place (TRP; Hutchby & Wooffitt, 1999). Speakers look for opportunities evident in the talk (pauses, non-verbal behaviour etc.) at transition relevance places for conversational partners to negotiate turns.

I examined sequences of talk for pause length between turns, when the turn taking occurred (e.g., overlap, middle of sentence, in a pause), and any departure from "typical" turn taking (e.g., extended turns). For each turn sequence I asked myself, "How did the speaker obtain the turn, what was the timing before and after the turn, and was a speaker selected for the next turn?" Essential to this is the focus on the turn-taking unit as a place where things are accomplished (e.g., proposing, requesting, accepting, showing surprise, rejecting, offering etc.). For example, notice above how the pauses in lines 5, 9, and 11 can be seen as devices that the adolescent uses[68] to communicate his rejection of what the therapist is proposing. Devices, in this sense are meaningful behaviours (whether *used* intentionally or without such awareness) that influence the course of the developing conversations. Even though he says "Ya" in line 12, the considerable pause of 1.5 seconds prior to this utterance is one device Joe uses that makes evident that he does not agree with the therapist's proposition. Conversely, between lines 15 and 16 the adolescent's *uptake*[69] on the therapist's question is immediate (.), indicating a stronger agreement to what Tomm said before Joe's turn.

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[68] I use present tense in my discussion of the exemplar, as is typical in CA research (e.g., Gale, 1991), in order to give the talk an action-oriented feel.

[69] A respondent's uptake acknowledges and extends what has been said to him or her.

Sequence organization. A second core idea in CA is that speakers organize talk in sequences (ten Have, 1999). Sequence simply refers to the common experience that "one thing leads to another" (ten Have, 1999, p. 113). In conversation, this refers to the idea that one utterance in an interaction is produced after another in the progression in talk and this creates the context for the next utterance. The CA notion of *adjacency pairs* is central to this idea. In adjacent pairs, one utterance creates a "slot" for the next. For example, speakers organize their talk in turn in question-answer, greeting-greeting, or offer-acceptance/refusal.[70] In my analysis, I continually looked at the first pair part for what it invited of the second pair part, to which I looked for evidence that this invitation had been accepted or declined.

CA researchers focus on how these two pair parts work together within the context of the particular conversation. It is difficult to over-emphasize how important this notion is in CA. In my analysis, I am looking at how the participants are *orienting* and *responding* to one another in the turns they take adjacent to one another. As Schegloff and Sacks (1973) stated:

> What two utterances produced by two different speaker can do that
>
> one utterance cannot is: by an adjacently positioned second, a

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[70] Usually, following a first pair part the next utterance is heard as a relevant response to the first, or as a "fitting" second pair-part (e.g., Question and answer; ten Have, 1999). However, not all comments adjacent to each other adhere to this generalization, as while a second pair-part is expected in the immediate next position, this does not always occur. For example, a question may not be answered (Hutchby & Wooffitt, 1999). Because of the normative nature of question/answer sequences, the normally expected response (e.g., an answer) is "noticeably absent" when a question goes unanswered (ten Have, 1999). As such, the person offering the question may then infer a reason for the absence of the second person's answer (e.g., they were not heard) and perhaps redesign the question or leave the topic all together. Further, the term adjacent pair is an ideal characterization as adjacent pairs need not strictly be adjacent to each other. The second speaker could respond to the first speaker's question with another question before he offered the second pair part (e.g., answer) of the initial question/answer sequence. What is important is that even a failure to take a turn in the normally expected place (e.g., in a question/answer sequence) can be interpreted as accomplishing some type of action that the analyst can examine as the interaction plays out in subsequent turns (Hutchby & Wooffitt, 1999).

speaker can show that he understood what a prior aimed at, and that

he is willing to go along with that. Also, by virtue of the occurrence

of an adjacently produced second, the doer of a first can see that

what he intended was indeed understood, and that it was or was not

accepted (pp. 297-8).

In the prior exemplar (p. 94), the first pair part in lines 8 through 11 and

the second pair part in line 12 shows an instance of the classic adjacency pair,

question/answer. Because of their adjacent positions, Joe can make evident his

acceptance or rejection of what the therapist has offered. In this case, he rejects

the offer, as is seen by the pause between turns, Joe's quiet talk, and his non-

verbal behaviour. The therapist can orient to the response Joe offers and construct

his next turn accordingly – in this case, a "repair" that brings us to the next

strategy.

Repair organization. Repair is a CA term that refers to the organized ways of

dealing with various kinds of trouble in understanding (Schegloff, 1992; ten Have, 1999).

In repairs, speakers use different devices to restore shared understanding together after it

has broken down. In my analysis, repair organization was a key analytic tool that

allowed me to notice how people worked to orient to one another in order to move

forward once again.

Repair can address problems concerning the turn taking system. For example, in

cases of overlapping talk, there is a violation of the one speaker at a time ideal and one

speaker will typically stop speaking to repair for this organizational error (Hutchby &

Wooffitt, 1999). Speakers also use repairs to correct faults in the content of something

someone has said. In the exemplar I initially presented, one can see the therapist orient to

the adolescent's answers in lines 7 and 12 and work to repair the misunderstanding of

what the adolescent thinks of the "work he has done." In line 8, the therapist pauses ("Oh

(2.4)"), possibly to consider the less than enthusiastic agreement in the prior turn and

repairs the content of his question with less intense language (">pretty good about<"). In

line 13, Tomm further constructs this repair started in line 12 by asking a different

question ("Or do you feel like you were kind of forced into it? er:: (1.9)"). Together,

Tomm and Joe orient to one another's use of certain practices (pauses, non-verbal

behaviour, voice tone) in order to recognize the breakdown in understanding that began

in lines 6 and 7. They work to repair this misunderstanding in a back-and-forth process

in lines 8 through 18.

    Turn design. I also noticed how each speaker designed or packaged his or her

turn to do something in particular (Pomerantz & Fehr, 1997). I looked for what CA calls

recipient design and *preference*. Recipient design refers to the construction or design of

an utterance that displays an orientation and sensitivity to the recipient of the turn (Sacks,

et. al., 1974). Here I asked, "How did participants set up different options for the

recipient or construct their turn to fit the recipient?" (Pomerantz & Fehr, 1997). For

example, in the example above the therapist asks two questions in lines 1 through 5 and

lines 8 and 9 (e.g., "you must feel (.) pretty good about, (.6) what you've done here eh?",

line 8 & 9) that are met with limited responses (lines 7 and 10). However, he then designs

his turn to fit his recipient (an adolescent who is difficult to engage) by giving Joe clear

options to answer the question in a way similar to a multiple choice question in lines 11,

13, and 15. Since researchers see everything in CA as occurring in pairs, one looks to the

evidence that this design was successful in facilitating the adolescent's engagement. This evidence is found in lines 12, 14 and, most notably, line 16 (solid answer after short pause).

In CA terms, speakers produce acceptances, agreements or grantings in different ways than their alternatives (rejections, disagreements, and refusals). Researchers call the design of an acceptance a *preferred* action and the design of a rejection a *dispreferred* action (Pomerantz, 1984). Preference is seen not as an internal motive of the speaker but rather as something evident in the structural features of the design of the turn as it plays out in the interaction (Hutchby & Wooffitt, 1999). A speaker who disagrees with the action performed in a prior speaking turn constructs his turn differently than he would construct a turn that agrees with a prior turn. The inclusion in a disagreeing turn of hesitations (pauses), weak agreements (agreement prefaced with pause or quiet talk), or other *markers* ("Well" or "Um") shows disagreement, while preferred responses are delivered in a straightforward manner without delay (Pomerantz, 1984). Although agreement is one example of a preferred turn and disagreement an example of a dispreferred, readers should not equate turn preference and dispreference with agreement and disagreement. As Pomerantz (1984) stated, sometimes agreement is dispreferred. For example, when the first pair part is a self-depreciating statement, an agreement in the second pair part would be dispreferred. The key is to look at *how* the speaker constructs the second pair part of the adjacent pair in relation to the first.

In the example above, the adolescent marks his turn in line 12 as dispreferred by offering his utterance after a long pause and in a quiet tone. The features of his talk (delivered after a pause in a quiet voice) communicate that his agreement of the previous

utterance is weak. The reader sees further evidence that the adolescent's statement was dispreferred in the therapist's efforts to repair in the following turns.

Lexical choices. Lexical choice is the examination of the words the participants use within a turn design. By examining the words and how participants use them, I can analyse the design of the turn, once again, as it is demonstrably made evident in relation to the surrounding utterances. For example, notice how the lexical choices of the therapist in the above exemplar first construct the work the adolescent has done as strongly positive ("great <u>stuff</u>", "wow", "a lot of <u>work</u>!"), then as only faintly positive (">pretty good about<"), and then as strongly negative ("forced" and "<u>pushed</u>"). The words, as well as the manner in which they are communicated (emphasis, quick talk) construct the therapist's turn in a particular way. By noticing such details, I can understand what the speaker is accomplishing in the turn.

Overall structural organization. Attention to overall structural organization helped me build a map of typical sequences in the talk. I looked at the overall structure of the sequences of the turns to see if I could identify any "stages" in the conversation. As stated by Heritage (1997), it is not always possible to determine an overall structural organization of the conversation, but researchers should attempt it nonetheless. Maynard (1983) discussed an example. He found that bargaining negotiation could consist of a pre-opener, such as a request for a proposal or position report, followed by a proposal or position report and its reply.

The researcher's purpose is to identify a pattern that occurred most of the time, not to classify every section or to find invariant structures of conversation. Overall structural organization is not a "framework fixed once and for all to fit data into"

(Heritage, 1997, p. 168). However, I looked for a general organization in how the family and therapist talked (Heritage, 1997). They generally oriented and responded to each other in patterned ways that I saw as a sequential structure.

Let us use each of these strategies to look at the initial exemplar (p.94). In sum, because of the adjacency of Joe's utterance to Tomm's (*sequence organization*), I can make sense of Joe's responses in lines 7, 10, and 12 as dispreferred responses (*turn design*). Joe shows dispreference in the pauses before offering his response (*turn taking*) and in how his words are said or not said (*lexical choices*). Tomm packages (*turn design, lexical choice*) his responses (lines 8, 9, 11, 13, 15, and 17) by redesigning his questions to work out a shared understanding in light of Joe's previous dispreferred actions (*repair organization*). By looking at a number of examples of similar conversations, I might notice an *overall sequential structure* in how Joe and the therapist work out shared understandings.

With these strategies in mind, I set out to look at the mundane details of the conversation. I studied how family members performed differends, how the therapist engaged and tried to bridge the positions in the differend and how they transcended this to move forward again. I used these strategies to find evidence in how the participants oriented and responded to each other using methods within the context of the interaction. Below, I describe my specific procedure.

Analytic Procedure

While I interviewed the family, I took notes on forms I had developed for the interview. The forms allowed me to make a quick summary of each conversation that the family thought helped them begin to transcend an impasse. After the adolescent chose

these conversations shown in the videotape, I asked him or her to give a description of them (e.g., how would he or she summarize what was accomplished). When the parents joined us in the subsequent interview, we discussed this description to see if they agreed. Consequently, in the interview, I was able to start to developing possible ideas to build on later in the analysis process. For example, I noted possible differends the family members were stuck in and positions they spoke from.

After the interview, I reviewed the videotape three times, taking brief notes to get a general understanding of the progress of the interview. These notes included comments about important parts of the conversations showing evidence that shared understandings were being accomplished (e.g., rough transcriptions capturing only small pieces of what was said); initial thoughts about differends; the progression of the topics of conversation; and beginning comments about interesting conversational details. I did this work keeping in mind what the family had discussed as important to them in the session.

I then completed a more detailed transcript of the session. I recorded the videotape to an audio cassette. This allowed me to use an audio transcription machine to record the words participants used in the session. I recorded little detail at this point in regard to how participants pronounced words. However, I did transcribe longer pauses, quick uptakes, quiet tones, and obvious verbal fillers such as "ums" and "ahs." I used the Microsoft Word "Editor" function to make initial analytical comments.

I reviewed the completed transcript multiple times, as I clarified how I would do the analysis (See the personal journey section, Chapter 3, for discussion of the change in the study's design). In this process, using Microsoft Word Editor, I continued to make notes concerning interesting developments in the conversation. In addition, by using the

word processing highlighter, I colour coded some of the shifts in content areas I noticed in the talk. I also began listing of the organizational features of the talk in the conversation as I noticed them.

I then digitized the videotape so that I could further transcribe and analyse it using a software package called Transana (Version 1.22). Transana is a free software program developed by researchers at the University of Wisconsin, Madison, for discourse and conversation analysts (for website information: Woods, 2003). This program uses a split-screen format, allowing researchers to view the transcript and the videotaped interview simultaneously. Consequently, I could transcribe and analyse the session while I reviewed digitized, audiovisual passages of conversation. Using this software, I was able to document the micro-details (overlapping talk, pauses between and within turns, emphasis on words, tone and speed of delivery, breath intakes and exhalations, drawn out words, non-verbal behaviours, etc.) of the conversation. In this way, I was able to adhere to the transcribing conventions of CA developed by Gail Jefferson (as cited in Heritage, 1984). With the help of a "wave form" reading of the audio, I was able to measure pauses to tenths of a second.   This permitted slow motion attention to developments as the participants oriented and responded to each other's utterances in the course of their conversation.

I transcribed the session in detail, starting with what the family and I had identified as an initial differend, and proceeded to subsequent forward moving conversations. I was specifically interested in (a) the family's performance of two positions in a differend plus the therapist's attempt to engage the participants and bridge conflicting positions; and (b) how the participants accomplished forward movement from

a differend. My goal was to show *how* the family transcended an actual impasse and discuss the content of this impasse and forward moving conversations.

To further the analysis, I chose particular passages or "exemplars" that I felt illustrated the differend; or conversely, forward movement. First, I chose passages at the beginnings of the session that showed evidence of the positions in the differend participants performed and the work the therapist was doing to try to bridge their talk. Second, I chose passages that showed evidence that the family and therapist were progressing to a more shared understanding that helped them transcend the previously discussed differend. The forward moving exemplars I chose in the written analysis needed to meet the two following criteria. First, they had to be part of the section of the session that the family had chosen in the IPR interview as forward moving. Second, they had to show evidence (in the interactional behaviours of the participants as they oriented to one another) of the progression towards a shared understanding between participants.

After choosing exemplars, I utilized the specific strategies suggested by ten Have (1999), Pomerantz and Fehr (1997), and Heritage (1997) to take a more detailed look at the talk. To facilitate this process, I used a combination of the presentational capabilities of Transana and some simple functions in my word processing program (Microsoft Word).

Transana allows the researcher to group exemplars/clips into collections, attach keywords to clips, and organize keywords into groups. When I noticed participants using certain practices or saw them constructing an overall organizational sequence (structure), I assigned that particular device to the passage as a keyword. I grouped each of these keywords (practices and structures) into a keyword group according to the participant

who used the device. I was generous with assigning keywords to ensure that I had documented enough about the passage to facilitate future analytic conclusions. For example, "keywords" included simple devices (e.g., "extended pause", "overlapping talk", "quiet voice tone"), more inclusive practices (e.g., "recipient design" or "repair") and some passages that demonstrated my emerging ideas around overall structure (e.g., "steps in a sequence" or "humour"). In addition, I assigned each exemplar a keyword to group the exemplars showing the performance of a differend or forward movement. Within these two groups ("differend" and "forward movement"), I created other keywords related to the content of the exemplars or what was being said by the participants. I ended up with four keyword groups that contained the practices used in the conversations (by the two parents, the adolescent and the therapist). I also had three keyword groups for the conceptual categories (one for the differend plus two keyword groups for forward moving conversations).

Through this process, I accomplished an overall examination of the practices the participants used within certain parts of the transcripts (as participants performed a differend or moved forward). Transana allows the user to take clips with their corresponding keywords and perform a search to assist in the inductive process of analysis. In a comparative analysis, I could analyse what practices participants used throughout the session. The list of devices and content areas developed in the searches provided an overall picture of the practices used and general topics discussed in these conversations. This was helpful as a reference as I attempted to integrate my analytic ideas. However, because Transana does not allow the researcher to attach keywords to

line numbers, it was difficult for me to get a larger picture of how participants used these practices in the sequences of talk in turn.

As a result, I supplemented my work in Transana with a detailed sequential breakdown of the practices participants used. I employed the editor's reviewing options in Microsoft Word. I cut and pasted the exemplars that I had chosen as showing the differend or the forward movement into a Word document. I then used Microsoft Word's highlighter function to colour code (by participant) the parts of the transcript I found analytically important (those were the parts offering evidence of how participants were making sense of each other). I then used the editor's reviewing function in Word to attach a comment (shown in a bubble at the side of the page) concerning what practice the participant was demonstrating. I used a number of colour codes in the comment boxes to categorize the type of practice I was describing. For example, I listed simple descriptions of pause or non-verbal behaviours in black; more inclusive practice, such as repair, in blue; other descriptions of turn designs, such as packaging, in red; and comments about overall structure in bold capital letters. I was able to analyse the practices used without extracting them from the place where participants jointly produced them via the back-and-forth of the conversation.

At times, I would notice something happening in the dialogue that I could not understand from what I had transcribed. Consequently, I would return to the videotape to attend to the detail I had previously failed to document (Potter & Wetherell, 1994). By returning to the video, I could examine previously unnoticed the details of the communicative behaviours relevant to the participants. My revisiting the video allowed

me to make claims on the "participants' terms" (J. Bavelas, personal communication, October 16, 2003).

As I identified a specific practice, I used previous literature to "throw light on the phenomena appearing in the current material" (Potter & Wetherell, 1994, p. 62). As Potter and Wetherell (1994) suggested, although discourse analysts are not interested in the production of general laws, they are concerned with the features of conversation that might apply across different contexts.[71] I worked to gain a wide familiarity with conversation analytic studies to develop an analytic mentality, facilitate common language in describing practices, and draw parallels to other research findings. Because I am a therapist and want my research to be useful to practitioners, I also worked to tie family therapy literature to what I was noticing. By doing this, I showed how participants constructed conceptual theories or interventions in the talk in interaction.[72]

The analytic process took approximately six months. In this time, I was able to immerse myself in the data to facilitate an inductive process (Gale, 1991). As I attached keywords to the transcript in Transana or Word, I made sense of the conversations through an overall structure that included categories of devices used by the participants. Following Gale (1991), through the repeated comparison of specific incidents in the transcripts, I refined and rejected particular patterns or groups of devices. When conversational routines or structures identified elsewhere broke down in other conversations, what CA researchers term a deviant case, I would work to understand the ways "in which participants, through their actions, oriented to these departures"

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[71] Like Potter and Wetherell (1994), I am interested in the ways one can orient to and anticipate possibilities by examining examples of how others have "moved on" similar conversations.

[72] Following Shotter (2004) I suggest this is how practitioners of any sort learn their trade; not by a theoretical explanation by a practical description of the activities involved.

(Heritage, 1988, p. 131). Deviant cases allowed a deeper look at the conversations as I reworked my analysis to come up with an analysis that fits with all cases at hand (ten Have, 1999).

These methods are similar to the constant comparative method (Glaser & Strauss, 1967) and analytic induction (Taylor & Bogdan, 1984) used by many qualitative researchers. In these approaches, researchers code and analyse data in order to develop concepts (Glaser & Strauss, 1967) or formulate and reformulate hypotheses based on support shown in the data (Taylor & Bogdan, 1984). There are two key differences in my research, however. First, I did not use categories to describe understandings in talk (e.g., content themes of talk).   I developed categories to discuss ways participants accomplished these understandings (e.g., practices). Second, the categories and structures I presented were "situationally deployed" rather than existing outside of the context of the session analysed (Edwards, 1991).[73] Claims I make in my research (e.g., categories of practices and organizational structures) are not generalizable in a traditional sense, but intended to offer possibilities for practitioners as they orient and anticipate in their own conversations (Peräkyla, 2004).

Validity of the Analysis

Understanding therapy as a performance challenges the modernist assumption that researchers should understand everything in terms of underlying orderly systems (Shotter, 2000). In this research I did not look for a hidden or static order but for what was already in "plain view" as participants spontaneously created it through interaction

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[73] For me 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.

(Wittgenstein, 1953). From this research lens, I attended to four considerations to justify the validity of the analytical claims made.

First, I made use of the participants' own understandings as they displayed them in interaction. Speakers orient in any turn of talk to what came before and in anticipation of what comes next. This orientation typically displays the sense that the participant makes of each conversation turn. In other words, in the unfolding of the interactions the speakers display to one another their interpretations of what is going on, especially what was going on in the immediately proceeding turn of talk (Heritage & Atkinson, 1984). CA researchers label this type of validity check the *next turn proof procedure* (Peräkyla, 2004). They attend to what an utterance does in relation to the preceding one(s) and the implications it poses for the next one(s) (Arminen, 1999). Close attention to what is in "plain view" (communicative behaviours) in the turn-by-turn talk provides an important check on analytic interpretations (Potter, 1998).

Second, I used reflexive discussions with various readers of my analysis to evaluate of the plausibility or trustworthiness (Lincoln & Guba, 1985; Mishler, 1990) of the claims I made. I invited feedback from readers throughout the process[74] as well as enlisted seven readers to review a draft of the entire document.[75] Epistemologically, this research adopts a constructionist frame rather than a correspondence theory of truth. For example, researchers can investigate "self-esteem" to discover and measure its qualities that correspond, after repeated verification, to an identifiable object of study. On the other

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[74] This included my participation on a listserve that allowed me to discuss particular parts of my transcripts with reputable CA researchers (e.g., Dr. Ian Hutchby and Dr. Jerry Gale).

[75] I asked a variety of people to review the document to allow my claims to be supported and challenged by people seeing it from a variety of perspectives. These readers included Ph.D. students practiced in discursive methodology (from Calgary, United States, England, and New Zealand), researchers holding doctorates who used discursive approaches and who used modernist approaches, and one master level practitioner.

hand, researchers can understand self-esteem as something created through the language that describes it. In a constructionist frame, the basis for understanding validity moves from verification to falsification (Kvale, 1996). Verification encourages crystallization, in which self-esteem exists as a static object. Falsification invites continued transformation of meaning, so that people construct valid knowledge about self-esteem as conflicting understandings of self-esteem are discussed in dialogue. Kvale suggested that, "The quest for absolute, certain knowledge is replaced by a conception of defensible knowledge claims" (1996, p. 240). In conversations with readers, I validated my analysis as we chose among competing claims concerning forward moving conversations in family therapy - by examining and providing arguments for the relative credibility of alternative knowledge claims (Mishler, 1990; Polkinghorne, 1983).

Third, as Potter (1998) suggested, I provide rich and extended transcriptions of conversations to allow future readers to make their own judgements about my claims. Peräkyla (2004) called this the "transparence of analytic claims" (p. 290) or as Kirk and Miller suggested (1986) the results are "apparently valid" (p. 22). Once a person reads my exemplars, she or he has the opportunity to make a judgement if they were transparently true. I recognize the results are always open to reinterpretation and that readers must continually negotiate the strength of my claims through continuous dialogue (Kvale, 1996). This conversational way of understanding validity is reminiscent of the conversational process studied in this research.

Fourth, I noticed when conversational routines or structures identified elsewhere broke down in other conversations; what CA researchers term a deviant case. As discussed earlier, I worked to understand the ways "in which participants, through their

actions, oriented to these departures" (Heritage, 1988, p.131). Deviant cases allowed a

deeper look at the conversations as I reworked my analysis to come up with an analysis

that fit with all cases at hand (ten Have, 1999). Furthermore, some deviant cases showed

the participants orient and respond to particular conversational patterns differently. Their

actions provided additional support for my claims as the participants oriented to the

interaction as one involving a departure from the expected course of events (Peräkyla,

2004). For example, when the participants deviated from a particular conversational

pattern, I noticed how this led to a difference in the end accomplishment (e.g., a differend

versus forward moving conversations).

A Final Note

One question I asked myself when I first began to read this type of research was,

"How could the speaker have thought so fast as to artfully participate in the conversation

as he or she did?" However, CA makes evident how we naturally orient to one another

to work things out. Shotter and Katz (1999) discussed these natural orientations as

"living bodily expressions" that are not mentally thought but "happen spontaneously."[76]

My research brings us back to attend[77] to these living moments, not to reproduce them

but to become sensitive to them in further conversations. In reading my analysis, I invite

readers to use the approach suggested by Sacks (2001):

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[76] Watzlawick et al. (1967) spoke of a form of digital communication as compared to analogic communication or preverbal responsiveness. Digital communication refers to arbitrary symbols (words) assigned to things. Only semantic convention of the English language that correlates, for example, the word "table" with the a table. However, analogic communication (gestures, facial expressions, body movements, and voice inflection etc.) can be more readily referred to what it stands for. Consequently, these authors suggest is it more primitive, automatic and valid (e.g., children use it without knowledge of language). Mead (1934), discussed the language of "dog fights". Before we have any conscious intention to act meaningfully, we act like a dog in a fight; we act in response to the last action and in anticipation to the next.

[77] In future therapeutic conversations, practitioners can use the exemplars I show in my analysis to provide a new orientation to their interactions with clients (J. Shotter, personal communication, June 3, 2004). This is a continual orientation process as one makes sense of these examples in various ways in each situation.

Don't worry about how fast they're thinking. First of all, don't worry

about whether they're thinking. Just try to come to terms with how it is

that the things comes off…take any other area of natural science and

see, for example, how fast molecules do things. And they don't have

very good brains. So just let the materials fall as they may. Look to see

how it is that persons go about producing what they do produce (p. 118).

CHAPTER FIVE: ANALYSIS

I am interested in what people *do* with their talk to enable them to move forward. Other research methods such as phenomenology and grounded theory do not permit a focus on the performative nature of our talk. Discourse analysts study developments in talk-in-interaction. I use discourse analysis to give an in-depth look at how one family and their therapist orient to and build on possibilities in talk to move beyond an impasse. I present *what* participants discussed in the session as well as *how* they accomplished these understandings in the session's interactions. I am interested in what participants *conceptually* worked up in their talk and how they *performed* these meanings.

Conceptually and analytically, I use the notion of differend (Lyotard, 1983/1988) to articulate the differences in discourse the family was conversationally caught in as the session began. I also use the idea of forward moving conversations to discuss the talk that transcends these impasses. A differend is defined here as a commonplace conversational occurrence in which speakers are stuck at an impasse because they are relating to each other from incommensurate discursive positions. Discursive positions are "locations" within a conversation made relevant by particular ways of talking (Edley, 2001). As conversational phenomena, these positions are dynamic, rather than static or stable roles; participants continually negotiate them in relation to each other through their actions. For example, parents can develop a discursive position of "loyal confidants" in conversation with their child, only to find themselves speaking from a discursive position of "discipline enforcers" a few minutes later. In a differend, the differences in the ways people talk about and understand issues (their "positions") promote poor communication. The positions keep them stuck without, as Wittgenstein (1953) frequently put it, "ways of

going forward." Conceptually, I draw from the content of their interactions to discuss the discursive positioning (Davies & Harré, 1990) of the family members as they negotiate this impasse. In other words, I discuss *what* positions they perform in the conversation.

The other conceptual piece concerns the notion of forward moving conversations. These conversations involve the use of words and ways of talking that can serve a transitory purpose by bridging people from stuck positions to shared ones. I have presented exemplars from the session that illustrate how the participants worked up forward moving conversations. Wittgenstein (1953) saw some measure of orderliness in how people develop ways of communicating and understanding, and described these ways as *language games*. By using language games, people develop and uphold "rules" to make sense of each other in a continual process in the context of each specific interaction.[78] In the forward moving conversations presented in this project, family members orient and respond to what each party brings to the conversation in efforts to *move forward together*.

To illustrate forward movement, I analysed passages of the interview in which the differend is evident. I then examined other sections of the session in which movement develops. In summary, the notions of a *differend*, *discursive positions* within a differend, and *forward moving conversations* provide the conceptual framework for *what* develops in the session.

At the same time, I am also interested in *how* participants perform a differend, and *how* the therapist, works to engage the family members to bridge the differing discursive positions to *accomplish* forward moving conversations. "Accomplishment" refers to the

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[78] If one attempted to make sense of this conceptually, a differend could be one kind of language game, however, the participants seek a language game where rules shift and they can move forward.

notion that people do consequential things within talk (Austin, 1962); thus, they can develop or derive outcomes such as agreements and understandings from their talk.

How do family members perform this differend, and then, with the help of the therapist, begin to conversationally transcend it by negotiating their way through it, using forward moving talk? I examine the conversational behaviours of both the family members and the therapist to show how the participants created possibilities in the back-and-forth of their talking. This way of understanding therapeutic processes departs from the typical conceptualization in which the therapist delivers a one-way intervention. Drawing from ethnomethodology (Garfinkel, 1967) and the conversation analytic tradition established by Harvey Sacks (1995), I show what clients and therapists attend to and build on in their communicative interactions. Just as an ethnomethodologist looks at what exists on the surface (what transpires between people not within them), I focus on what families and therapists *do* with their words and communicative actions as they take turns in talking.

I pay close attention to the mundane level of social interaction that therapists often take for granted. The detailed transcription makes evident or, as Garfinkel (2002) would suggest, makes "instructably observable," the often unnoticed conversational practices participants use in differends or more promising lines of talk. Through a close look at the actual talk of the session, readers can gain an "insider's" understanding of what occurs in conversation, to shed light on how the participants make sense of each other to eventually move forward. By linking specific evidence in the talk to support my claims I build this insider's understanding. In doing so, I am speaking on the behalf of the participants and have made a number of interpretations derived from the micro-details

of the text. As is normal in reporting conversation analysis research, I invite the reader to judge the plausibility of my inferences.

The distinction between the *what* (discursive positions within differends and forward moving conversations) and the *how* (how they are accomplished) of talk is somewhat artificial. *How* one performs meaning and *what* is contained in this meaning are inextricably linked. For example, if someone proclaims that "your place is in the kitchen" in a loud booming voice, with his arms crossed over in front of him, while looking down at the recipient ("YOUR PLACE is in THE KITCHEN!"), this is much different from someone saying the same thing with a quizzical tone and furrowed brow accompanied by a pause before and after the phrase "is in the kitchen" ("Your place (.3) is in the kitchen? (.4)").[79]   Discursive positions are not "things" that exist outside of our language; they are constructed in the words used and how those words are voiced.

I discuss a differend and then move on to examine forward moving conversations, but it should be noted that these concepts are always understood as developing in the interactions studied. Underlying any of my conceptual discussions about a differend and the subsequent forward moving talk is a "performative understanding" that these concepts do not exist before or outside the conversations in which participants create them. For example, while a clerk and a customer complete a transaction in a store, understandings are "performed" as they orient and respond to each other about whether a product will be purchased. Through pauses, voice tones, non-verbal gestures, word choices and word emphasis, they perform this understanding in a way that speakers feel that they have or have not accomplished a shared understanding. Rather than bringing

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[79] A large number of versions of this statement can be constructed when the how and what are considered together. For example the version, "YOU (.5) belong (.1) in the kitchen" would be designed to address the "Martha Stewarts" among us.

forth something already cognitively thought of and then talked about, participants *work out* understandings as they conversationally orient and respond to each other, coordinating their ideas and talking behaviours.[80]

     I have artificially split the conceptual and performative parts of the analysis. Discursive positions within a differend and the subsequent forward moving conversations do not exist on their own separate from the performance of the conversation. They are worked out by participants in therapeutic conversations in ways that should be empirically evident. *In my analysis, I have worked to balance the tension between the conceptual and performative pieces by weaving the two together*. I used the notion of a differend, discursive positions, and forward moving conversations as conceptual tools to provide a heuristic starting point as I analysed the talk of the session. These tools were valuable as they caused me to be curious about *how* discursive positions and forward movement were accomplished in the talk.

<div align="center">Exemplars Presented</div>

     I have transcribed the interview according to CA conventions. I then chose exemplars from the complete interview that were particularly illustrative of the interactive developments in the talk. These exemplars appear in the sequence they occurred throughout the main analysis; each takes place as part of a developmental sequence within the full interview. I have assigned each exemplar a roman numeral and have numbered each line in the entire transcript to show this progression. The first nine exemplars show the family stuck in a differend and the therapist working to engage and

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[80] As Vygotsky (1987) stated, "The structure of speech is not simply the mirror image of the structure of thought. It cannot, therefore, be placed on thought like clothes off a rack. Speech does not merely serve as the expression of developed thought...thought is not expressed but completed in the word" (p. 251).

bridge their positions. The last fourteen demonstrate how the family and the therapist

negotiate a hybrid position or a middle ground that they can move forward in.

I have presented the exemplars in a format that (a) locates them within the full

interview, and (b) allows the reader to reference specific line numbers as the exemplar is

discussed (Psathas & Anderson, 1990). I gave the start time of each exemplar and

assigned a line numbers for each line from the start to the end of the transcript.

Consequently, the reader can easily situate each exemplar within the entire interview and

can reference specific lines as I show evidence to support my claims.

Three rules determine when a new line starts. First, a new line starts at a turn

change which includes verbal and simple non-verbal turns taken by the participant.

Second, a new line is created if the turn exceeds the right margin. Third, on some

occasions (which occur within a turn or between turns) if an interactionally significant

silence of longer than five seconds occurs a new line is also initiated. In my transcript, I

found that a pause longer than 5 seconds was very rare and held particular significance in

the unfolding interaction. That significance justifies the allocation of a separate line in the

transcript for a long pause (Psathas & Anderson, 1990).

I created a new line number for each turn constructed by a new speaker and for

each period of silence greater than five seconds to allow a close study of how turns are

negotiated in the interaction (ten Have, 1999). The right margins of the transcript are set

slightly wider than the conventional one inch to allow the monologue to be broken down

into smaller discrete sections of talk for analytic purposes (ten Have, 1999). As Psathas

and Anderson (1990) discuss, readers should not understand line numbers as indicators of

temporal length of the exemplars. I use line numbers to facilitate the process and

presentation of the analysis. In addition, to quickly refer to specific exemplars, the reader

can refer to the list of exemplars in the beginning of this dissertation for page numbers.

Finally, I use present tense in my discussion of each exemplar, as is typical in CA

research (e.g., Gale, 1991), in order to give the talk an action-oriented feel. In the final

integration sections, I discuss the analysis in the past tense, as it is a reiteration of the

main analysis. Past tense is appropriate in the integration as I look back at the main

analysis with the expressed purpose of underscoring clinical applications

The Context

The participants involved were the father (Bob), mother (Sandy), adolescent son

(Joe), two younger siblings (9-year-old Katie and 11-year-old Tim)[81] and the therapist

(Dr. Karl Tomm). The session took place at the University of Calgary Family Therapy

Program where the family was referred to by a local hospital. The session is the first one

after Joe, the 14-year-old son, was released from a short stay at the hospital where he was

placed because of his recent self-harming ("cutting") behaviours. Before leaving the

hospital, Joe created a contract with the hospital staff to support the family's efforts in

keeping Joe safe once he returned home. This contract is the main topic of discussion as

the session begins.

The Initial Differend

The initial exemplars presented show that the parents and adolescent are stuck in

a differend where they are not able to talk across differing discursive positions. The

therapist is faced with a common problem in family counselling – working with family

members coming from incommensurate positions. As I will show, the parents (especially

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[81] All real names have been replaced with pseudonyms to respect the confidentiality of the participants.
Although the siblings were present in the interview, I saw very little evidence of their involvement in the
process. As a result, they were not included in the transcripts.

the father) develop a position centered in the notion of *certainty in the contract.* Bob and to a lesser extend Sandy suggest that Joe has created his own contract and that he is going to follow through with what it says. Joe, on the other hand, is not as certain about his adherence to and the meaningfulness of the contract; he voices a position of *doubt in the contract.* Through these initial exemplars, I will show how the therapist acts as a buffer between two incompatible positions as he works with the family to negotiate a common language.

The exemplar below shows the start of the discussion concerning what brings the family to therapy. Prior to this exemplar, the participants talked about any concerns they might have about taping the session. To this point, the family's non-verbal behaviours indicate they are comfortable with what is being discussed. Joe's body position seems relaxed as he leans back in his chair, places his hands behind his head, and, most importantly, holds his head up, allowing him to make direct eye contact with those around him.

Exemplar I (00:02:17)

```
1   T⁸²:   (hhh) Alright (.hhh) well (1.5) fill me in what has happen (3.7)
2    J:    {Smile, short laugh, and looks to parents}
3    B:    (hhh) {Looks to Sandy and smiles} Who wants to start (.hhh) Joe's back (.9)
4          he's been discharged from the hospital (.3)
5    T:    >Really< when were you discharged? (.8)
6    J:    This morning {smiles at therapist}(.)
```

In the opening statement of Exemplar I, Tomm begins an adjacency pair (Sacks et al., 1974). The concept of adjacency pairs is a core unit in CA. It simply refers to occurrences in the talk when two utterances, produced by two different speakers, are adjacently positioned. The second speaker can show that he understands or

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[82] In the exemplars T denotes the therapist, B denotes the father (Bob), S denotes the mother (Sandy), and J denotes the son (Joe). For a review of the transcript notation see page 84.

misunderstands what the prior utterance aimed at and if this is accepted or not (Hutchby & Wooffitt, 1999). Looking closely at adjacent pairs, especially over interactive sequences of talk, shows how mutual understanding is accomplished (or not accomplished) and displayed in the talk. Although I may not always explicitly refer to them, I continually discuss adjacent pairs throughout this analysis as I show evidence in the turn-taking of understanding or misunderstanding.

When Tomm asks a general question in line 1 about what is happening in the family members' lives in the first pair part, Joe smiles and gives a short laugh in the second pair part. Notice how, in line 1, Tomm begins his question with "Alright" and "well," two examples of what CA researchers call discursive markers (Bangerter & Clark, 2003; Schiffrin, 1987). Speakers offer discursive markers in attempts to coordinate talk or help speakers make sense of each other (Schiffrin, 1987). Markers become resources to the participants when both speaking partners orient and build on them in the interaction. For example, Bangerter and Clark (2003) discussed using markers to invite partners into shifts in topic or subtopics. The marker offered in Tomm's question, "alright," becomes a resource as it is successful (family's responses in following lines) in inviting the family to enter into a new topic concerning the current situation (Bangerter & Clark, 2003). The second marker offered by Tomm, "well," has been found to function in a number of ways when used[83] preceding a response to a question.[84] However, in this case it works along with "Alright" to open another round of

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[83] I suggest the participants "use" a variety of discursive practices throughout this analysis. However, again, the "use" of these discursive practices is usually not intentional as if they are literally thought about and implemented.

[84] In a second pair part, "well" prefaces responses that are insufficient answers to questions, disagreements, rejections of offers, or non-compliance of requests (Pomerantz, 1984; Schiffrin, 1987).

talk (Schlegloff & Sacks, 1973) or to shift talk towards a shared topic of mutual concern (Labov & Franshel, 1977). Similar markers are offered throughout the analysis to help work out entrances and exits in conversations (Clark & Brennan, 1991).

    The non-verbal behaviour shown by the family (Joe's smile and eye contact in lines 2 and 6 paired with Bob's smile in line 3) indicates that they feel quite relaxed and happy that "Joe's back." The non-verbal behaviours, especially Joe's, in the above exemplar are important as they stand in stark contrast to what develops as the conversation continues. The conversation carries on into a discussion of the follow-up with the hospital. Instead of continuing his eye contact and relaxed body stance, Joe noticeably changes his non-verbal communication.

Exemplar II (00:03:42)

```
28    S:   um (3) {Looks at Joe}
29    J:   {Joe has his arms crossed over his body and is looking down at the floor}
30    S:   They've given us uh Joe has made some um (1.5) contracts? (1)
31         with us in the hospital as well (.9)
```

    He looks down at the floor and cross his arms over his body (line 2). This non-verbal communication continues as Sandy introduces one part of the hospital follow-up, the notion of the contract. Sandy attends to this non-verbal behavioural change, as seen in her pauses before and after, the use of the word[85] "um," and the rise in inflection as she says "contract."

    Disfluencies in speech (e.g., "um" or pauses) are often understood as problems in speaking, when from a CA perspective, they are solutions to problems (Clark, 2002). Speakers "design" most forms of disfluences as signals much like the discursive markers

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[85] As discussed by Clark and Fox Tree (2002), "um" is a conventional English word, and speakers plan for, formulate, and produce it just as they would any word.

discussed above in order to co-ordinate their talk, usually unpremeditatedly. The specific

design or strategy is evident in the way that the disfluency plays out in the interaction. In

this case, pauses and "um" are used to express caution when Sandy sets up an entry to

talk about the contract (Silverman, 1997).[86] Joe's behaviour and Sandy's response to it

show Joe's concern about how the hospital follow-up has been structured. This passage

demonstrates Joe's initial[87] demonstration of, and discursive position in, a differend.

Sandy continues to attend to Joe's change in non-verbal behaviour a few turns later as

seen in the next exemplar.

Exemplar III (00:04:12)

```
38    S:    {Looking at Joe} Other than that um (1.4) I think (2.3) I::: don't know
39          if Joe is anxious about coming home or not? (2.2)
40    J:    {Joe looks to Sandy briefly}
41    B:    >It's nice< to have Joe coming back (.5) It's nice to have Joe
42          coming back and uh it is nice to have (1.3) him create his own (.4)
43          contract (.7)
44    J:    {Joe fiddles with fingers}
45    S:    {Sandy continues to look at Joe}
46    B:    that (1.3) he says he's gonna follow through. (1.1) um I just want to
47          make sure that (2.6) Joe opens up (.9) to us and he has (1.1)
48    J:    {Joe bites on his nails}
49    S:    {Sandy looking at Joe}
50    B:    um =
51    T:    =Cause you can't really make su[re] {Looking at Bob}
52    B:                                   [Ar]e are concern and we
53          said this to Joe today when we left and we know it is a concern
54          with kids as well, is (.6) unconditionally (.9)
55    S:    {Sandy starts to scratch the back of her head}
56    B:    we want Joe to be safe (.6)…
```

---

[86] Other researchers (e.g., Buttny, 1996; Drew & Heritage, 1992) have called this "professional cautiousness" used when the therapist presents his or her version of the client's situation when this may depart from the client's expressed view.

[87] Although this is the initial demonstration of Joe's position in a differend in this session, this differend could have been initially performed prior to the conversation with Tomm.

Sandy tentatively (as seen in the use of pauses, a non-direct question, and the extension of the word "I") inquires about Joe's level of anxiety (Exemplar III, line 38 and 39). The delays (e.g., "um") and suspensions ("I::") are practices that Sandy uses to communicate caution in her suggestion and therefore synchronize her talk with Joe, in view of his non-verbal behaviours (Clark, 2002). By using the phrase "I think" between these delays and following this up with "I don't know if Joe…," Sandy also marks her suggestion as an "opinion" rather than as a statement of "truth," therefore further increasing its contestability (Schiffrin, 1990). In line 40, Joe hesitantly takes up this carefully designed invitation to discuss his possible anxiety by briefly looking up at his mother. At this point, however, Bob interrupts the interaction (line 41) to offer a different position in relation to Sandy's cautious one. He suggests that Joe is going to follow through with his part of the contract.

From lines 41 to 47 in Exemplar III, Bob constructs his position regarding the contract and Joe's safety. Bob emphasizes the word "<u>him</u>" (line 42), proposing the understanding that Joe, as the creator of the contract, is invested in it, and will follow through with the behaviour it requires. In addition, Bob states he wants to "make sure" (line 47) that Joe meets the contract's specifications, which include opening up to his parents. The language used in these few lines show Bob developing a discursive position of *certainty* that Joe will uphold the contract and keep himself safe. Notice in line 46, Bob uses the word "um," but in a different way than Sandy does earlier.[88] He does not combine "um" devices that communicate caution (e.g., rising intonation), but follows up with continued definite statements ("make sure", "he has"). Bob seems be to delaying his

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[88] Clark (2002) discusses a number of "strategies" speakers have when then use the often overlooked utterance "um". I use his ideas throughout this analysis to better understand how this word is utilized in this session.

speech to "pursue the ideal delivery" of the utterance that follows (Clark, 2002) or to decide what to say next (Clark & Tree Fox, 2002). "Um" works to delay his talk and keep his turn. Bob suspends his speech with "um" to continue discussing what Joe "says he's gonna follow through" on.

As Bob develops this position in his talk, Joe's body language noticeably changes. He looks down, fiddles with his fingers (line 44), and begins to bite his nails (line 48). Family therapy is an obvious example of multi-party talk where one utterance is consequential in multiple ways. Bob directs his talk to the therapist by addressing Joe as "he," but he also simultaneously subtly addresses Joe (as seen in Joe's non-verbal uptake), the "overhearing audience" (Heritage, 1985). Sandy's non-verbal behaviour shows evidence of her attendance to Joe's non-verbal communication; she continues to look to Joe. However, Bob continues his turn looking at Tomm while seemingly unaware of the developments in Joe's gestures.

Tomm attends to Joe's body language (who shows he is uncomfortable with his father's line of talk) by attempting to negotiate a "transition relevance place" (TRP) in line 51. The end of each utterance brings the possibility for legitimate transition of speaking turns or a transition relevance place (Hutchby & Wooffitt, 1999). The therapist immediately (as seen = between lines 50 and 51) takes the opportunity, as Bob uses the word "um" (which can indicate that the speaker invites a response), to suggest that they "can't really make su[re]" the contract is followed or that Joe is safe.

The phrase "make su[re]" is an example of an extreme case formulation (Pomerantz, 1986). An extreme case formulation is a way of referring to an object or event, which invokes its maximal or minimal properties (Hutchby & Wooffitt, 1999).

Observe the work that this extreme formulation does when it is offered by Tomm in this

exemplar. Tomm reformulates Bob's use of the phrase "make sure" (line 47) by

prefacing the phrase "make su[re]" with "you can't really." He invites Bob to rethink his

developing position of certainty in the contract by drawing attention to the difficulty of

meeting extreme expectations.[89]

Tomm's turn in line 51 is an example of what O'Hanlon and Wilk (1987) called a

therapeutic interruption. They describeed therapists as using this practice to pre-empt

clients from talking themselves into "unhelpful corners" – in this case, an extreme

position opposite to the son's. In CA terms, this has been called an "anticipatory

completion" (Lerner, 1996). The therapist attempts to convert a "potential disagreement"

into an agreement by attempting to complete Bob's sentence. The potential

disagreement, or, in CA terms, the dispreferred response[90] that Tomm is pre-empting in

this anticipatory completion could possibly be Joe's. Tomm anticipates Joe's

dispreferred response following Bob's turn by interrupting Bob and offering a differing

account of the contract (line 51). His anticipation is influenced by Joe's previous non-

verbal behaviour in relation to his father and Joe's uptake of his mother's invitation to

discuss his anxiety. By anticipating a disagreement or prompting the father to reconsider

[89] Pomerantz (1986) discussed how speakers use extreme case formulations to legitimize claims. However, she also suggested that speakers could challenge the extreme position of their conversational partners when they take a position of doubt vis-à-vis an extreme assertion in order to invite reconsideration. Tomm uses phrases prior to his extreme case formulation in a similar way to invite negotiation of a more moderate response – he packages his extreme formulation to make it contestable.

[90] A preferred action is usually carried out quickly and directly, while a dispreferred response is one that shows evidence that the speaker disagrees with the previous utterance (in this case the dispreferred response that the therapist is working to avoid could be Joe's responding to his father's turn in a quiet tone after a long pause). Preference does not refer to the internal motives of the speakers. Rather, in CA terms, speakers show preference in the structural features of the actual talk (ten Have, 1999).

his extreme position, the therapist works to bridge the two discursive positions being played out by Bob and Joe.

However, in line 54, Bob rejects Tomm's turn completion where the therapist attempted to invite further talk about less certain possibilities. He interrupts Tomm to return to his position of wanting Joe to be "<u>unconditionally</u>" safe. Bob's interruption here provides evidence that his previous use of the word "um" (line 50) was intended to delay his talk (Clark, 2002), or keep his turn (Clark & Tree Fox, 2002), rather than to invite Tomm to join him.[91] The language used in Bob's continued response develops his position that in no circumstances will Joe's safety be jeopardized or the contract broken. Bob constructs his position by emphasizing the word "unconditionally," with voice tone, pausing before and after that word, and making a swiping hand movement. His interrupting, overlapping talk in line 52 demonstrates his commitment to constructing this position.

There is a difference between how Sandy and Bob approach this issue that suggests that the parents do not hold a unified position. Sandy is willing to invite Joe to voice any doubt he may feel about following through with the contract and continues to attend to Joe (looks at him). Bob, on the other hand, clearly insists that Joe will follow through unconditionally. The non-verbal behaviour in line 55 also shows that Sandy is uncomfortable with Bob's position of certainty in relation to the contract. Tomm's suggestion in line 51, therefore, invites a display of difference between Bob and Sandy in the positions they take in relation to the contract. Furthermore, Joe non-verbally (lines 40, 44, and 48) takes up his mother's invitation (lines 38 and 39, plus non-verbally in

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[91] Clark also found speakers used "um" to signal longer delays while "uh" was used to signal minor ones. Perhaps, in line 50, Bob is marking a longer delay in his talk to signal Tomm to wait for his continued account.

lines 45 and 49) to discuss the anxiety he may be feeling, and, so indicates that he has

some doubts that he will be safe when he gets home. Instead of joining Joe and Sandy,

however, Bob generates the position that because Joe has made this contract, he must

follow through with the expectations it dictates. Joe shows that he is uncomfortable with

his father's position (line 48). A temporary opening to forward moving conversations

(one worth noting as it relates to the discussion to come) almost develops at the

beginning of this exemplar, but Bob's talk brings the interaction back into a differend; he

and Joe speak from opposing positions in relation to their confidence in Joe keeping

himself safe. We also see Tomm attending to the extreme nature of Bob's position by

attempting to negotiate an entry point in promoting less galvanized ways of going

forward (using a therapeutic interruption/anticipatory completion in line 51).

Bob articulates a position of *certainty* in relation to Joe's carrying out the

specifications of the contract. He insists with conviction (emphasis on words) that Joe

will uphold the contract. In Exemplar IV, Bob continues to develop this position of

certainty in relation to the contract.

Exemplar IV (00:05:06)

```
56   B:                    …He has got our unconditional love and we will
57        do what ever we can to keep him safe (1.2) but we need to have now
58        is we need some checks from Joe (1.9) to give use some feedback  to
59        make sure that he is safe. (1.8)  Feeling (.4) internally,
60        emotionally we don't want him (.5) he signed a contract that
61        you have a copy of where he is not going to cut {Bob extends
62        his head forward} (.) anymore (1.6) uh and hurt himself (.8)
63   J:   {Joe leans on one hand and crosses the other arm over his waist}…
```

Bob says that the family has done what they can and will continue to try to help Joe keep himself safe. This is qualified in line 57 with Bob's use of the word "but"[92] and a statement indicating that what really needs to happen at present (emphasis on the word "now") is that Joe follow through on his part of the contract. In line 59, Bob once again uses the phrase "to make sure that he is safe," further asserting his position of certainty that Joe's safety must be assured. In line 60 (Exemplar IV), Bob states, "he has signed a contract…where he is not going to cut (.) anymore (1.6) uh and hurt himself." The language clearly demonstrates Bob's position of certainty in relation to the contract: Joe has signed the contract, which means he will not "cut." In this last sentence, with the use of this language, pauses, non-verbal behaviour, and emphasis on certain words, Bob stresses the importance of Joe's not cutting any more. In this way, Bob upgrades his "invitation" to his son to attend to his position, to an "insistence" that he follow through.

Joe, as the "overhearing audience" (Heritage, 1985), does not take up on this insistence. His nervous body language up until now has consisted of looking down and picking at his hand now, it changes, as he seems to withdraw from the conversation by leaning on one hand, looking down, and placing the other arm over the front of his body. This shows father and son demonstrating their stuck discursive positions within a differend that does not promote forward moving interaction.

Joe's rejection of Bob's position continues in Exemplar V.

Exemplar V (00:05:56)

```
67    B:                              …and um (3) myself (1) and I can't speak
68           for everybody else but I want to make sure (.)
69    J:    {Joe picks up a pop bottle}
```

---

[92] Schiffrin (1987) states that "But" is another discursive marker that speakers offer to communicate a contrasting idea, and as in this case, highlight the main point that follows. Joe's response shows that Bob is successful in stressing his main point, which is demonstrably inconsistent with Joe's.

70   B: I mean I understand that the way it was is not the way it is going
71   to be in the future it is going to be totally different it has to be. (3)
72   And I don't know how Joe feels about that but um (.8)
73   JOE and I over the last couple of days (.6) {Looks at Joe} we had
74   a chance to talk one on one huh (.8)
75   J: {Joe leans back and looks away from Bob}*uhuh* (1)
78   B: just him and me (.5)

Bob continues his response in line 67 using "um" as a delay for him to "pursue

the ideal delivery" (Clark, 2002) of the carefully delivered utterance to follow.   Bob then

pre-empts his turn by saying "I can't speak for everyone else." With this statement, he

shows that he recognizes there may be other ways of understanding what he is

introducing. He thereby manages[93] the risk that others would see him as having a sole

interest or stake in his way of seeing things.[94] This statement also speaks to the limited

access that Bob has to other family members' positions, including Joe's, as this session

begins (Miller & Silverman, 1995).

Joe shows a further possible sign of withdrawing from the conversation. He picks

up a bottle of pop (line 69) just after Bob uses the phrase "make sure" for the third time

in this session. Bob is either unaware of his son's non-verbal behaviour or he ignores it.

He continues by stating, "…in the future it is going to be totally different it has to be."

Bob then attempts to engage Joe in lines 72 and 73, using a few interesting practices. In

line 70, Bob offers the discourse marker "I mean" coupled with his emphasis on "I" to

---

[93] According to Goffman (1967), conversations are encounters where speakers *manage* their interactions. In
conversation, Bob and Joe "stage-manage" their way through such circumstances improvisationally. Bob is
faced with the challenge of advancing his own interests while not compromising the relationship with his
son. He packages his talk on the basis of what becomes evident to him in the course of their talking. His
responses are at least partly based on how he senses he will be received. Making use of hopefully well-
received conversational practices could help him in this regard.

[94] When there is a risk that the recipient of a turn (in this case, Joe) may perceive the person proposing
something (in this case, Bob) as having a "stake" or "interest" in what is being said, speakers in ordinary
conversations manage that risk by means of a device that Potter (1996) has termed "stake inoculation" (e.g.,
Horton-Salway, 2001).

invite others in the room to attend to his upcoming modification of the meaning in his prior talk (Schiffrin, 1987). In addition, he pre-empts his discussion of their father/son talk with another stake inoculation (Potter, 1996) ("And I don't know how Joe feels about that but um (.8)"). Once again, he demonstrates that he understands there may be other ways of seeing the topic, and manages the risk that he has overstated his interest or stake in his way of seeing things. He also emphasizes his son's name ("JOE," line 73) and looks at him to invite his response. Joe takes up this invitation tentatively, as suggested by his quiet voice (line 75) accompanied by his leaning away from his father and looking in the opposite direction. Although Joe's words ("uhuh") convey that he agrees with his father the way those words are spoken communicates likely disagreement.

Kitzinger and Frith (1999) looked at the different ways in which acceptance and refusals are routinely done in ordinary talk. They found that agreements are usually constructed by the speaker saying a simple direct "yes"; disagreements or refusals, however, do not necessarily occur in such straightforward statements. Often, there is a slight delay in responding (a pause of even two-tenths of second can be taken as evidence for a rejection being set up) and a "weak agreement" (Kitzinger & Frith, 1999) indicated in this case by a quiet voice tone. Furthermore, Joe has moved from his relaxed body position when they began the session, towards nervous non-verbal behaviours when the contract was introduced, to withdrawing behaviours (leaning away from his dad and looking in the opposite direction) when Bob voices his position of certainty insisting that Joe must collaborate in this development. In addition, "uhuh" can be an "acknowledgment token" (Jefferson, 1984). In contrast to "yeah," which exhibits "active recipiency" or readiness to take a turn in talk, "uhuh" is passive and acts as more of a

"continuer" (Bangerter & Clark, 2003; Goodwin, 1986; Schegloff, 1982). Joe

acknowledges Bob and signals that Bob is free to continue his line of talk, but he is

clearly not agreeing with what Bob says. The specifics of Joe's brief response provide

evidence (quite voice tone, non-verbal behaviour, and use of passive continuer) of Joe's

differing position within this conversation.

In Exemplar V, through the use of particular practices, including stake

inoculations, non-verbal behaviour and lexical choices, we see Bob attempting to engage

Joe in his position that things are "going to be totally different." However, Joe's

differing position is evident in the weak agreement/acknowledgement token and non-

verbal behaviours he makes in response to Bob's efforts (line75). Bob's continuation

without attending to Joe's weak agreement here can be seen as a lost opportunity for a

father to engage with his son; Bob continues talking without acknowledging Joe's

contribution (line 78). As will be demonstrated, this stands in contrast to later instances

where Tomm orients to Joe's weak agreements (e.g., Exemplar IX) or minimal responses

(Exemplar VI) successfully facilitating Joe's involvement and Joe's development of his

position. Once again, despite the practices utilized by Bob and Joe in response to a

differend, that differend is sustained in this interaction.

After Exemplar V, Tomm briefly discusses the contract by reading some of its

contents aloud. The contract states that Joe will tell his parents immediately if he "cuts"

himself and that there will be consequences for cutting. If he cuts and fails to tell his

parents, there will also be consequences. The discussion of the contract as it stands

leaves little space for Joe to work through mistakes, or for the parents to take on an

understanding or supportive role. After Tomm reads the excerpt from the contract, he

invites Joe to voice his confidence in his ability to live up to it (Exemplar VI).

Exemplar VI (00:07:25)

```
88    T:    >Okay< (.7) um (1.2) now how do you feel about this like is
89          this is something you feel that you can live or (.5) or are you not
90          sure that you can live up to this or not er:: (3.4)
91    J:    >I don't know< (.4) I don't know yet I guess (.)
92    B:    {Bob furrows his brow}
93    T:    Don't know ya (1.2) well that is probably an honest statement
94          because you don't know for sure right? (.)
95    J:    *Mhmm* (.)
96    T:    But I guess your intention at the moment is to try to (1.2) honour
97          this (.7) agreement? (.3)
98    J:    Uhuh (1)
```

Exemplar VI starts with a question/answer adjacency pair that begins with the

word ">Okay<".   This is a particular discursive marker (Schiffrin, 1987) that can invite

participants to enter into a slightly different topic – how Joe feels about the contract. The

second pair-part (line 91) shows that Tomm and Joe have successfully coordinated their

talk, as Joe takes up the therapist's invitation. While Joe voices doubt in his ability to

live up to the conditions set out in the contract (line 91) Bob furrow his brow. In doing

so, he plays his role as the "overhearing audience" in this multiparty talk (Heritage,

1985). The furrowed brow in line 92 shows that Bob declines to join Joe in his position,

and further communicates his own.

This exemplar shows two good examples ("don't know" or "uhuh") of the

minimal or ambivalent responses that Joe tends to offer in this session. Researchers have

discussed similar responses as practices young people use to avoid commitment

(Hutchby, 2002; Silverman, Baker, & Keogh, 1998). Goffman (1974) discussed how,

through language we invite each other into participant frameworks. These frameworks

are culturally derived frames of meaning for how one is typically to act in particular

social circumstances.[95] Once a person joins another person within a framework the

former usually feels obliged to be involved in what the latter proposed in the framework

(Shotter, in press). In this exemplar, Tomm invites Joe to join a participant framework in

which the proposed safety contract is something that he will have to "live up to."

Silverman et al. (1998) would suggest that Tomm's question invites Joe to acknowledge

and commit to the "institutionally-provided strategy" for going forward – the safety

contract.[96] Silence or non-responses ("don't know") are ways of resisting a commitment

to join "institutional discourses" that frame and constrain adolescents' social

competencies (p. 220).

However, in Tomm's response to Joe's non-response ("Don't know"), he

demonstrates that he is not invested in an allied position with the parents to introduce an

institutionalized discourse (e.g., "making sure he follows through with a safety

contract"). Tomm treats Joe's response as a *legitimate* answer, not an avoidance strategy.

He collaborates with Joe to develop a position of doubt in the contract. In Gale's analysis

of a solution-focused therapist's session, he discussed the therapeutic practice of

"utilization." This practice involves "building a bridge from where the client is now to

the eventual goal" (O"Hanlon & Wilk, 1987, p. 133). By considering "Don't know" as a

---

[95] These frameworks like positions are particular ways people make sense of lines of talk. Like discourses, they inform specific conversations in locally adapted ways. Furthermore, in their use, researchers tend to reify meaning in a similar way to a critical discourse analyst (e.g., discourses in the noun sense). Goffman's (1974) notion of participant frameworks, however, stresses the role obligations and boundaries for what is acceptable in a social interaction. Although this compares with subject positions, I have defined positions as more indexical within ongoing fluid developments in conversations (Harrè & van Langenhove, 1999; Korobov, 2001). See appendix I for further details on term definitions.

[96] Silverman et al. (1998) described how parents and professionals collaborate in the "moral work" of introducing an institutionalized discourse. Such institutionalized discourses are similar to agendas that fit with the goals of the institution. In Silverman et al.'s case, this was the school system; here, it is the institution of psychotherapy.

legitimate response (one valid way of seeing the contract, alongside Bob's equally valid position) Tomm sets the stage for the family to consider a number of valid ways of seeing their situation, including a possible third alternative. Instead of responding in a manner that communicates that he does know (e.g., "Are you sure you don't know?"), Tomm "selectively listens" and responds, utilizing the portion of what Joe communicated that facilitates continued discussion. Consequently, Joe remains engaged, and he and Tomm continue to collaborate to develop Joe's position in relation to the contract.

They demonstrate evidence of collaboration in their shared way of talking, including the use of similar language (Tomm uses the phrase "don't know" twice in lines 93 and 94 to match Joe in line 91) and similar pauses in their talk (lines 91 and 93). Counsellor training literature (e.g., Cormier & Hackney, 1999)[97] has frequently equated such matching or mirroring with good conversational rapport. In CA terms, Clark and Brennan (1991) discuss similar practices as "verbatim displays" that update common ground. They suggest that "grounding" is the collective process by which participants try to reach mutual understandings in conversations. Verbatim displays and their adjacent acknowledgment are particular practices that contribute to mutuality and demonstrate its accomplishment.[98] Mellinger (1995) calls these practices "understanding checks". Tomm attends to Joe's limited response (line 91) with a quick uptake in line 93. He continues to articulate a challenge to Bob's position of certainty with a statement mirroring the lexical choices Joe used in his previous turn (lines 93 and 94).

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[97] O'Hanlon and Wilk (1987) suggest this is a strategy in joining clients that they call "speaking the client's language."

[98] Clark and Brennan (1991) give a common example. A customer calls a directory service for a telephone number and then confirms the number she is given with a verbatim display.

While Joe and Tomm develop Joe's position, Tomm also subtly challenges it. Tomm uses the phrase "for sure" (line 94) to address Joe in a similar way Tomm responded to Bob earlier (Exemplar III, "Cause you can't really make sure"). Tomm uses this extreme case formulation (Pomerantz, 1986)[99] to invite Joe to consider a more moderate middle ground. Tomm's formulation of Joe's turn works to co-author the contract in less extreme terms. Rather than having extreme doubt, Joe does not know "for sure" if he can or cannot follow through with the safety contract. Tomm then further develops a middle position, by asking Joe whether his "intention at the moment is to try to (1.2) honour this (.7) agreement" (.3).

Tomm and Joe vigorously develop a shared understanding in a series of quick uptakes (lines 91 through 96). They work up a position as they produce an understanding that Joe's intentions are good ("your intention at the moment is to try to (1.2) honour this (.7) agreement?") but that he is not sure about his ability to follow through ("don't know for sure right?"). Joe's final response in this exemplar is an example of an acknowledgement token (Jefferson, 1984) similar to the one offered to Bob in the previous exemplar (line 96). Joe's use of "uhuh" in this case shows evidence of a stronger acceptance of Tomm's previous turn. Joe does not offer it with the non-verbal behaviour and quiet voice tone that he used to package his earlier response to his father.

In the above exemplar, the therapist cultivates Joe's position of doubt in his ability to live up to the expectations set out in the contract. Joe has eloquently expressed his part in the differend as he non-verbally counters his father's position; however, Tomm

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[99] As Tomm did earlier in his invitation to Bob (Exemplar III), Tomm packages the extreme case formulation ("for sure") as contestable ("you don't know for sure") to invite Joe to reconsider his extreme position. As suggested by Pomerantz (1986) extreme positions can be challenged as one speaker offers doubt vis-à-vis an extreme assertion.

also works to help Joe *join* the conversation verbally. As Tomm works to engage and voice Joe's position, he helps put forward both positions to set up a negotiation between them. Without this effort (lines 93, 94, 96, and 97), we would probably see the verbal development of only the parent's strongly voiced position, leaving little opportunity to bridge the differend between parents and son over the contract. At the same time, using a carefully packaged extreme case formulation (line 94), Tomm is working to negotiate middle territory around the doubt Joe expresses. They build on the notion that Joe is not saying "for sure" if he can or cannot follow through with the contract. Thus, Tomm encourages a less entrenched position that could allow a common language between the family members.

As in any multi-party talk, a conversation between two people can also attend to others in the room (Lerner, 1996). Tomm's question in lines 88 to 90 and Joe's uptake communicates to the parents that their position is in conflict with their son's, and that a negotiation is therefore needed if they are to move forward. Once again, however, Bob and Joe make evident two conflicting positions within a differend. Just as Joe has demonstrated his differing position in the differend through non-verbal behaviours (lines 69 and 75), Bob furrows his brow in response to Joe's vocalized position in this exemplar. Joe and Bob verbally and non-verbally express what family therapists have traditionally called complementary positions (Nichols & Schwartz, 1998). The use of the term complementary is helpful in highlighting interactions based on differences that fit together. Joe and Bob are in complementary positions; they interact from two different locations in the differend that mutually reinforce and sustain each other's positions. The more Joe develops his position of doubt in his ability to live up to the contract, the more

committed Bob is to his own position of certainty in relation to this document.[100] In the

sequence of talk in Exemplar VII, Joe and Bob continue to perform the two conflicting

positions of doubt and certainty related to the contract.

Exemplar VII (00:07:56)

```
99    T:    Okay (hhh) now::(.5) was this um who's idea was it do you
100          think (.4) to make this contract? (3.6)
101   B:    {Bob wringing his hands}
102   T:    Was it yours your mom's your dad's, the hospital staff (.8)
103          your uncle's:: (.3)
104   J:    The nurses' I guess (.7)
105   T:    The nurses idea? (.4)
106   J:    *Ya* (.7)
107   T:    Okay(1.2) and um (1.8) who most in your family do you think (.6)
108          believes the most strongly that this is a good idea? (1.7)
109   J:    I've got no clue (2.4)
110   T:    Would you say it would be you that (.6) think >this is even more
111          important than your parents do or they probably think it is more
112          important than you do<?=
113   J:    =They probably think it is more important (1)
114 S & B:  {Parents lean heads down into their hands in unison}
115   T:    Ya (.6) *ya I suspect that is probably the case.* (.8)
116          Okay (2.8) well (.8) did you did you write this yourself
117          or did you get some help in writing this? er:: (.8)
118   J:    Help I guess. (.4)
119   T:    Help from whom?=
120   J:    =Sandy (.7)
```

In line 99, Tomm does some interesting work to invite Joe to build an

understanding of how he regards the contract. Tomm first offers a discursive marker

"Okay" to invite Joe into another slightly different topic. In coordination with this,

Tomm's slow build-up (pauses, inhalation, and drawn out words) is reminiscent of an

Ericksonian strategy that creates a sense of curiosity for the clients in order to increase

the importance of the question asked (Gale, 1991). Erickson (1977) was a well known

hypnotherapist. Conversational work is central to building rapport in hypnosis, and

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[100] It is important to note that the term complementary is not intended to be an evaluative term (meaning
that the interacting pair is more stable or functional); rather, I use it descriptively.

Erickson was very deliberate in his style of communicating and a master at engaging the

imaginations of his clients to elicit their participation. One could envision him skilfully

using a slow build-up to nurture his client's curiosity to join him in his coming question.

In CA terms, Goodwin (1980) did a detailed study of the use of similar pauses and

slow starts. He found that participants used these devices to invite the recipient of the

speech to more closely attend to what their speaking partner was saying. These pauses

signal that "the services of the hearer are needed" (Goodwin, 1980, p. 284). Clark (2002)

discusses these "disfluences" as helping to synchronize or coordinate a speaker's talk

with the addressee's attention.[101] In this case, Tomm is attempting to engage a rather

distant adolescent (who is looking down) and the slowly building questions invite Joe to

respond to his inquiries (uptakes in lines 105 and 107). In addition, to introduce possible

direction for the conversation, Tomm offers what Pomerantz (1988) calls candidate

answers (more commonly called multiple choice answers) in his questions (e.g., lines 110

through 112).

One of the major concepts of CA is referred to as "recipient design" (Sacks et al.,

1974). Recipient design or "packaging" means a speaker constructs an utterance in a

manner intended to fit for its recipient. In lines 99 through 103 the therapist uses a

discursive marker, slow build-up, and candidate answers to structure his talk in a way that

facilitates the conversation with Joe. This packaging shows the flexibility of the

therapist. Tomm does his packaging both in conceptual terms, through his word choices,

and in performance through his ways of talking.   In his question (starting in line 99)

Tomm demonstrates even more therapeutic flexibility by forming his turn to address both

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[101] This is something that, personally, brings me back to my primary school years as I remember when
teachers would pause or use another device that slowed their delivery. It seems to me, that this practice
always invited us to look up from our daydreaming.

Joe and Bob, to promote talk between them. The slow-build-up used at the start of line

99 is an example of what Silverman (1997) calls "expressed caution." The therapist

prefaces his question that introduces the notion that the contract was not Joe's idea with a

"perturbed speech pattern" ("Okay (hhh) now::(.5)"). This works to mark and manage

the talk as potentially delicate. By marking the talk as developing a delicate topic, he is

also engaging Bob rather than estranging him from the discussion. By packaging the

question for both participants, Tomm works to engage both in similar lines of talk.

One sees evidence of Tomm's packaging facilitated engagement with Joe in

subsequent lines of this exemplar (lines 104 through 106). Joe does hesitantly take up the

invitation to develop an understanding of whose idea the contract was. Joe offers a

qualified endorsement of this understanding in line 104 ("I guess") which is attended to

by Tomm in line 105 (he matches Joe's language saying "The nurses"). Joe responds in

line 106 with a tentative uptake (after average pause length and quiet voice tone), thereby

disavowing his full commitment to the idea of the contract, and his openness to other

means of addressing the concerns at hand. However, Bob as the "overhearer" of Joe and

Tomm's conversation communicates his conflicting position by wringing his hands. He

shows his worry about this small challenge to his position of certainty (line 101).

In lines 107 and 108, Tomm asks Joe, "Who most in your family do you think (.6)

believes the most strongly that this (the contract) is a good idea?" This is an example of

Milan Style "circular questioning" (Selvini Palazolli, Boscolo, Cecchin, & Prata, 1980);

the therapist conducts his investigation on the basis of the information he solicits about

the "difference." Key to this approach is the notion that "difference is a relationship" and

all knowledge of external events or people is derived from the relationship between the

people involved (systemic stance). This contrasts with a linear stance in which differences are seen as properties of the person or act (Bateson, 1972). Eliciting such differences permits a view that not all share similar positions; in this case, that some of the family think the contract is a good idea while others do not. As in line 99, Tomm designs his question to engage both Bob and Joe. Once again, he uses a discursive marker ("Okay") to offer a slight topic change; in addition, he uses a slow build-up ("Okay (1.2) and um (1.8)") so as to increase interest in the question (Erickson, 1977; Goodwin, 1980) and manage the delicate nature of the question to come (Silverman, 1997).

Joe rejects the inquiry in the second pair part in line 109 ("I've got no clue"). The therapist then continues to develop this line of inquiry by redesigning the question. This redesigned question is an example of what conversation analysts call a repair. Repair is a generic term used in CA to describe errors in turn-taking (e.g., those involved in much overlapping talk) and faults in the contents of what someone has said (Hutchby & Wooffitt, 1999). In repairs, speakers use words to continue sharing an understanding together after it has broken down. Tomm works to repair Joe's rejection in line 109 by using another circular question that includes candidate answers. He asks if it would be Joe or his parents who think the contract is more important (lines 110 through 112). Tomm also speaks quickly, as he seems to be responding to the "already known" character of the question. He repeats what he has already said in a slightly different way, but speaks quicker to keep Joe engaged.

In line 113, Joe clearly accepts this redesigned invitation (in an immediate up-take of Tomm's question) and extends his position of doubt in the contract by saying that his

parents probably think the contract is more important than he does. One sees Joe's actions in line 113 as part of a sequence of talk between the therapist and himself. However, family therapy is a multi-party interaction in which speakers negotiate a variety of interactions as they take turns in talk (Lerner, 1996). Joe's actions in line 113 also invite his parents (intentionally or not) to respond in what Pomerantz (1980) would call a "fishing" device. Utilizing the practice of "fishing," Joe is able to indirectly solicit information. By offering his own experience ("They probably think it is more important"), Joe is providing the recipients (his parents) the opportunity to possibly orient to this information. The success of this fishing device is evident in line 114, as both Sandy and Bob simultaneously bring their hands to their faces. Their non-verbal behaviour communicates that they were unaware of the large discrepancy between Joe's and their levels of commitment to the contract. Further evidence emerges, as Bob begins to pinch the bridge of his nose as if he has a headache and Sandy rests her head on her hand. Tomm's quiet response in line 115 shows that he recognizes the conflicting positions the parents and Joe perform. Tomm "expresses caution" (quiet voice tone) to keep Bob and Sandy engaged.

Exemplar VII ends with Tomm and Joe continuing to develop a position of doubt about the contract. They generate an understanding (lines 116 through 120) through establishing that Joe received help in making this contract, thereby implying that it did not all come from him. One sees evidence that this is a shared understanding in the smaller pauses between turns (e.g., lines 119 and 120) and the shared use of words (e.g., "help"). Tomm facilitates this understanding in line 116 by using "Okay" to offer a slight shift in topic and by building up slowly to his question to set up interest in it. Clark

(2002)[102] found that "okay" was clearly used more often in dialogues that reflected well-defined tasks[103] than in less goal-oriented conversations. He also found that within these more task-related dialogues, participants used fewer "okays" to coordinate their talk as they become more familiar with the activity. Tomm uses "okay" to invite coordination in this well-defined task of talking with Joe, an adolescent who has been difficult to engage. As Tomm becomes more familiar with navigating joint talk with Joe, perhaps his use of this marker will decrease.

As they generate understanding around the notion that Joe received help in making the contract, the participants perform further conflicting positions of doubt and certainty through non-verbal behaviour. Joe slouches in his chair and looks at the floor in front of him. Bob and Sandy show their conflicting position by leaning their heads on their hands and having worried expressions on their faces.

As in Exemplar VI, Tomm and Joe continue to co-elaborate Joe's position of doubt in relation to the contract. The therapist uses a number of devices to engage the adolescent; he packages questions, matches Joe's words, and redesigns questions. They develop certain shared understandings – that the nurse suggested the contract; that his parents think it is more important than he does; and that he did not write the contract on his own. By working to engage and voice Joe's position Tomm is negotiating the first step in bridging incompatible positions – engaging both in the conversation.

A family therapist's job is to work with multiple family members who come from a variety of positions; what family therapist call neutrality or multiparitality. Selvini-

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[102] Note that Tomm also used the discursive marker "Okay" in the previous exemplar to coordinate talk with Joe.

[103] Clark (2002) had participants do a number of different tasks, such as build similar lego structures, by just coordinating their actions through dialogue.

Palazzoli et al. (1978) suggested that neutrality is a way for therapists to negotiate a balance between the positions of each family member. They encouraged family therapists to behave in a strictly neutral fashion and to remain unresponsive to family members' needs for approval and liking (Friedlander, Wildman, et al., 1994). Neutrality, however, can imply detachment. Neutrality as understood as detachment has been connected to poor outcomes in therapy (Green & Herget, 1991). Anderson (1997) frames the therapist's need to balance different family positions as practicing "multipartiality." She states that neutrality is impossible, and that when therapists attempt to appear neutral, clients experience them as having a hidden agenda (Anderson, 1997). She suggests that the therapist be on each person's side simultaneously by engaging in multiple, even contradictory conversations without invalidating any of them.[104] Seen in this way, neutrality is not synonymous with therapist approval but implies a willingness to hear stories told from a variety of positions (Parry & Doan, 1994).

I connect this concept to the "differend," in which, "one side's legitimacy does not imply the other's lack of legitimacy" (Lyotard, 1983/1988, p. xi). Throughout this part of the analysis, Tomm has practiced Anderson's notion of multipartiality as he demonstrates that he considers each of the family member's position valid or worthy of being told. He welcomes each position but also sees them as negotiatble or open to eboration in ways that still fit for the client.

At the same time, as Tomm talks to Joe, however, his words can also work to engage the parents and Joe in ways that aim to bridge the differend. He expresses caution through turbulent delivery patterns and quick or quiet talk. He carefully works to

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[104] The therapists in the Public Conversations Project (Chasin & Herzig, 1993) work with groups of people to move through polarized public issues. They describe a similar "facilitative process" when they get to know the old unmoving conversation (differend) by promoting exploration rather than confrontation.

develop Joe's position in a way that invites the parents to notice their son's differing location on this issue. He does this not to prove one right and the other wrong, but to recognize each position as another way of understanding the topic and to lay the groundwork for a more shared way of moving forward (Strong & Tomm, 2004).

There is little evidence that Tomm's efforts here are meeting any success. However, as will be seen in Exemplars XXI and XXII, the therapist's talk serves as 'modelling' for Bob by shedding light on possible ways he can engage his son. Regardless, a continuing performance of the differend is evident as the parents orient and respond to this developing understanding with non-verbal behaviours demonstrating their position in clear opposition to Joe's. The last exemplars continue to show the participants performing a differend while Tomm attempts to engage the family and bridge their talk.

Exemplar VIII (00:12:06)

```
157   T:   Oh Okay (.2) So Brooke and you did this together (.) w::ere your
158        parents involved? (.)
159   J:   No (1.4)
160   T:   (hhh) But they signed it? (1.3)
161   J:   W::ll ya they signed it after it was done (.8)
162   T:   Okay so they agree with it (.4)
163   J:   *Ya* =
164   T:   = But they didn't have anything to say in developing it (.8)
165   J:   No (.4) {shaking his head no}
166   B:   We had no input (2.1)
167   T:   Oh that's a bummer (1.4) {Sandy laughs in the background}
168   T:   You [   should    have    had    some   input]
169   B:        [YOU KNOW WHAT YOU KNOW WHAT] [I::I::]
170   S:                                      [I'm happy with that]
171   B:                                                  [I'm] real
172        happy with that because (.7) we were talking today with with
173        with Brooke (.8) um (.6) this came from Joe (.5)  All she said
174        she did was give the questions? and Joe filled in the blanks (.4)
175   T:   Really!(.6)
176   B:   So I am real happy with that (1.2)
```

Through a series of short turns including a small repair (lines 157 through 165), Joe and Tomm work up an understanding of how much his parents contributed to the contract. In line 160, Tomm pauses to contemplate the previous utterance marking his response to Joe as what conversation analysts would call a dispreferred response (Hutchby & Wooffitt, 1999). A previously mentioned the term "preference" does not refer to the internal motives of the speakers; rather, speakers show preference in the structural features of their actual talk. In line 160, the therapist pauses, breathes in loudly and then asks "But they signed it?" making evident that he does not fully accept the previous adjacency pair (lines 157, 158, and 159). He is working to coordinate his turn with Joe's to repair the talk between them. Joe and Tomm move from there to develop the notion that the parents were not "involved" but they "agree with it." One witnesses a developing position of doubt in the contract, as the developing talk shows that not all parties were involved in its creation. Once again, Tomm uses "okay" to coordinate his talk with Joe as he signals small shifts in the topic (line 157); however, in line 162, this word is used more acknowledging understanding (Clark, 2002). The differences between the action that "okay" accomplishes in these two turns, reminds us to consider every device used by a speaker in context.

The therapist then uses humour (Buttny, 2001) to invite the parents into a discussion that challenges the certainty of the contract. He suggests in line 167 that it was a "bummer" that the parents were not involved in developing the document. He also uses the discursive marker "Oh" to offer his acknowledgment of the information presented by the family as "unanticipated" and to set up his differing response (Schiffrin, 1987). The humour used in this response points to the absurdity of a contract that the

parents were not involved in developing. It serves to invite the parents to discuss the contract, by highlighting their non-involvement in it as potentially germane to why they need to be involved now in new ways. Tomm introduces this idea in a lighter way by using slang term "bummer." As discussed below he dissipates the building tension, as he packages his turn so that is less likely to be rejected by the parents (Buttny, 2001).

Once again, the practices Tomm uses in his turn only become resources when the family orients and responds to them as such. Prior to line 167, Bob leans on his hand with his finger over his mouth, and Sandy looks at Tomm intensely while fiddling with her fingers. After line 167, Bob and Sandy are more relaxed (both smiling). However, although Sandy shows some evidence of accepting the humour offered (laughter in line 167),[105] in line 169 Bob uses overlapping talk and a louder voice to underscore his rejection of the previous line of talk. After this interruption, he further develops his position that he is "happy" with the contract as it stands because the nurse said it "came from Joe" and "All she (the nurse) said she did was give the questions?" (He emphasizes "All" to further stress his son's investment as being larger than the nurse's). Sandy also joins Bob in this position (in line 170) with a "collaborative completion" (Kangasharju, 2002). This is seen in the overlapping talk where she completes Bob's turn stating she is "happy with that."[106] Kangasharju (2002) studied oppositional alliances in committee meetings to investigate how two or more people join or team up in the course of a disagreement. The overlapping talk between Bob and Sandy is an example of an

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[105] I suggest Sandy's laughter in line 167 shows *some* evidence of acceptance as it could also be her way of orienting to the interaction as delicate (Haakana, 2001). I regard her acceptance as partial here especially in light of the allied disagreement Bob and Sandy offer Tomm in subsequent turns (lines 170 and 171).

[106] Del Vento, McGee, and Bavelas (2004) discuss similar collaborative completions as interruptions. Rather than conceptualizing interruptions as being disruptive, they discuss how speakers use interruptions to make evident a sharing of perspective or a common ground.

"oppositional alliance" where two people in multi-party talk join in disagreement with another speaker.[107]

Throughout the above exemplar, Tomm invites the family (first Joe, and then his parents) to challenge how collaborative the writing of the contract initially was; thereby, he is indirectly questioning its viability as it stands. With this invitation, he negotiates an entry point permitting the family to discuss the contract in less certain terms. From a less certain way of understanding the contract, a struggling adolescent and parents insisting on unconditional safety may find common ground. Aspects of the contract might be called into question and it might then be revamped in ways that lead to more shared ways of going forward. For example, the contract might require *both* the parents and adolescent change their behaviour.

This exemplar shows the parents rejecting the suggestion of doubt in the contract that developed in the first part of this exemplar. They collaboratively (almost in stereo) communicate their position in the differend (certainty in the contract) in the later part of the exemplar (lines 169 through 176). Tomm appears to be "testing the ground" to see how much work needs to be done to generate movement between family members. The parents show that they are not ready to accept the notion that they need to adjust how they carry out this contract.

As will be seen in the exemplars to come, Tomm upgrades the work he does before he introduces or invites the family to reformulate their positions in relation to the contract. I will revisit this Exemplar VIII at the end of this analysis. It provides a helpful contrast between practices used in this rejected attempt to invite the family to

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[107] Collaborative completions are a common device that participants use in alignments in general, and particularly in disagreements (Kangasharju, 2002).

rethink their positions and the forward moving attempts in future exemplars. Tomm,

however, has proposed, or "planted the seed," that the contract may not be working

because the parents were not involved in its development (something Tomm is inviting

them to participate in now). There is little evidence of agreement in this exemplar

(except for Sandy's take up on the humour in line 167, which once again shows her

slightly different position from her husband's). However, the therapist has laid

groundwork for expand on the notion (as seen in further exemplars) that part of the

differend relates to a contract the parents have not been sufficiently involved in

developing or implementing.

After Exemplar VIII, the therapist continues to go over what is included in the

contract by reading it aloud. The contract includes suggestions of things Joe can do when

he is feeling unsafe, privileges he would like to earn back, and things that he is

responsible for. In Exemplar IX, Tomm stops to consider what he has read, and

introduces some enthusiastic support for it.

Exemplar IX (00:16:17)

```
218   T:   That's great stuff (1.4) wow (.8) (hhh) the following are
219        things that I still need help (.4) with from my parents or
220        others (1.2) (hhh) shelter (.6) money support food (.9)
221        advice for problems (1.2) school:: life (.5) general I guess (2.3)
222        Oh! It sounds like you did a lot of work! (1)
223   B:   {Bob sits up straight with a small smile}
224   J:   *Mhmm* (.7)
225   T:   Oh (2.4) you must feel (.) >pretty good about< (.6) what you've
226        done here eh? (1)
227   J:   {Joe looking down at his bottle of pop}
228   T:   ya no? (1.5)
229   J:   *Ya* {Looking down and fiddling with bottle}(1)
230   T:    Or do you feel like you were kind of forced into it? er:: (1.9)
231   J:   *Kind of* (1.4)
232   T:   Or pushed a little bit? (.)
233   J:   Ya (1)
```

234   T: Not forced but pushed=
235   J: =*Ya* (1.2)

    Tomm underscores his comments in line 222 with excitement over how

wonderful the contract is. He states, "this is great stuff (1.4) wow" (line 218) and "Oh! It

sounds like you did a lot of work!"   This is a good example of what solution-focused

therapists call "cheerleading;" the therapist works to amplify or reinforce positive

developments (Berg, 1994). Tomm offers "Oh!" as a discursive marker to invite the

family to orient to how he considers the contents of the contract - as new and

unanticipated (Schiffrin, 1987). His use of the words "great" and "wow" and the

animated tone construct an excitement with the contract as it stands, and contribute to the

development the position of certainty in its strength. Acting as an "overhearer"

(Heritage, 1985) to the conversation between Joe and Tomm, Bob joins Tomm with non-

verbal behaviours that suggest he also thinks some great work has been done here (in line

223, he sits up straight and smiles). However, in line 224, Joe produces an unconvincing

acceptance or weak agreement (Kitzinger & Frith, 1999) of the therapist's suggestion

(quietly mumbles "*Mhmm*" after a long pause).

    Kitzinger and Frith (1999) saw weak agreements as subtle ways speakers

formulate refusals when it is difficult to just say no. By expressing weak agreement, Joe

may also be showing his lack of willingness to commit to the institutionalized participant

framework of using a safety contract to go forward (Silverman et al., 1998). By quietly

mumbling "Mhmm," he has resisted being involved in or obliged to this this process

(Shotter, in press).[108] In line 225, Tomm pauses to contemplate this previous utterance or dispreferred response (Hutchby & Wooffitt, 1999).

In lines 224 through 235, Tomm and Joe do some interesting collaborative work to articulate the understanding that he was "pushed" into doing the contract. Rather than continuing to invite Joe to take up the notion of the contract as it stands, Tomm once again practices multipartiality (Anderson, 1997). His talk shows he is willing to look at other valid ways of viewing this topic. Rather than treating Joe's minimal response as an avoidance strategy (similar to Joe's use of "don't know" in Exemplar VI), he treats Joe's answer as legitimate. As discussed below, Tomm follows up on what he hears Joe communicating with his response.

After Tomm pauses in line 225 (perhaps to contemplate the dispreferred response in line 224), he begins a conversational repair, working to "correct" the faults in the contents of what he has previously said in line 222 (Hutchby & Wooffitt, 1999). Here Tomm begins with "Oh," inviting Joe to recognize Tomm's surprise at his earlier response and work with him in a repair sequence (Schiffrin, 1987). He then restates his earlier statement in a more tentative manner (lines 225 and 226 contain pauses and quick talk to show tentativeness.) Once again, Tomm uses candidate answers ("ya no?") to further invite a reply. These candidate answers also set up Joe's response to include an agreement response ("ya') rather than an acknowledgement response ("uhuh"), that Joe has used up to this point (Clark, 2002). The candidate answers invite Joe to take a position (Clark, 2002). The therapist helps Joe develop his position as one valid way of

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[108] Although Goffman (1974) tended to discuss participant frameworks in a prescriptive way (e.g., a frame means a person acts in a particular way), Joe shows that the participation in a particular framing of a situation can be rejected and adapted in local ways. As will be seen, the role obligations prescribed in the framework of a therapeutic contract are adapted in local ways (e.g., two-way contract).

viewing the situation; in doing so he encourages Joe to acknowledge his commitment to a particular participant framework (Goffman, 1974).[109]

Tomm's practices become resources as Joe takes up Tomm's first pair part in line 229 with an agreement token. However, Joe qualifies his response by using a weak agreement. (He says *Ya* in a quiet voice tone accompanied by non-verbal behaviours that do not indicate a strong agreement; he looks down and fiddles with his pop bottle.) The pause before "Ya" (line 228) and the quiet voice tone used in the delivery are devices Joe uses to indicate his disagreement with the first pair part (lines 225 through 228).[110] Tomm collaborates with Joe here in a small repair in line 230. He takes up this weak agreement or dispreferred response and introduces the idea that Joe was "kind of forced" into the contract (line 230). In line 231, Joe once again produces a dispreferred response ("*kind of*," delivered after a pause in line 230 in a quiet tone), indicating his disagreement with what Tomm said in line 230. Tomm attends to this dispreferred response and works out a repair with the Joe in line 232 by suggesting that Joe was "pushed a little." Joe accepts this understanding, as shown in the almost immediate response and more solid voice tone in line 233. In line 234, Tomm works to clarify the understanding they have worked up.

In lines 230 through 235, Joe and Tomm co-develop an understanding around Joe being "not forced but pushed" into the contract. Joe moves from taking up this idea with a hesitant "*Kind of*" in line 231 to a quick uptake and solidly spoken response of "Ya" in line 232 and another slightly less solid agreement in line 235 (spoken in a quiet tone

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[109] Participant framework is a term I introduced briefly earlier. Goffman (1974) coined the term to mean that particular ways acting are set up and built into frameworks when others accept them.

[110] As discussed earlier, "devices", in this sense are meaningful behaviours (whether *used* intentionally or unconsciously) that influence the course of the developing conversations.

but after an immediate uptake "="). Joe continues to make evident his position of doubt

in the contract performed to this point in the session.

Exemplar IX is an interesting example of how the therapist can independently

suggest an idea but this does not alone determine what speakers produce in conversation.

Tomm starts out inviting Joe to join his parents in their position of certainty in the

contract. He ends with an excellent example of a jointly produced turn sequence (lines

224 through 235) that builds on Joe's position of doubt in the contract.

The therapist continues to develop openings to bridge the differend by inviting

Joe to join his parent's position; however, once again he is unsuccessful in cultivating a

shared language that this family can use to move forward together.   At this point, the

main accomplishment is the clear development of two incommensurate ways of

understanding the contract. Consequently, instead of engaging in a debate, they can

consider a third possibility that incorporates commonalities from both valid positions.

Although forward movement is not evident, the participants have set the stage for the

change to come; the differences in a differend hold the potential for opportunity.

Summary of the Differend

In this section, I first provide a summary of the conceptual piece (the content of

the differend). However, from a therapist's perspective, the performative piece (how the

family perform two incommensurate positions and the therapist works to bridge the talk)

is particularly useful. Consequently, I also briefly[111] answer the question, "How does the

therapist, together with the family, develop a differend to set the stage for forward

moving conversations to come?"

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[111] I pause here to give an initial summary for the reader. However, in my final integration, I discuss the
entire session, including the development of the differend, as it relates to how participants construct
forward movement.

Positions of Certainty and Doubt

Through his use of non-verbal behaviours and language, Bob develops a position centered in the notion of *certainty in the contract.* He suggests that Joe has created his own contract and that "…he's gonna follow through…," stating that Joe is not "…going to <u>cut</u> (.) anymore." With this use of language Bob creates a position that "…it is going to be totally different." He is "real happy" with how the contract is as it stands.

Joe, on the other hand, is not as certain about his adherence to and the meaningfulness of the contract; he voices a position of *doubt in the contract*. When Tomm asks if he can live up to what is written in the contract, he responds by stating, ">I don't know< (.4) I don't know yet I guess (.)." When the therapist invites him to comment on whom, in his opinion, believes most strongly that the contract is important, he responds that "=They probably think it is more important (1)." At one point, he works up an understanding with Tomm that he was "not forced but pushed" into making the contract. Sandy seems to have divided loyalties between these two positions. At one point, she invites Joe to discuss his anxiety; later, she joins Bob in stating how happy she is with the contract as it stands.

The Performance of a Differend

They perform, or make evident, this differend in a variety of ways. Bob articulates his position by interrupting Tomm (e.g., line 52, Exemplar III and line 169, Exemplar VIII) and using a louder voice (e.g., line 169, Exemplar VIII). He utilizes disfluences in his speech pattern to produce ideal deliveries (e.g., "um" in lines 46 and 47, Exemplar III) or indicate continuation of a turn (e.g., line 50, Exemplar III). He also offers discursive markers ("but" and "I mean") to invite others to join him in qualifying

his position (e.g., line 57, Exemplar IV) or to invite other to coordinate their talk with his (e.g., line 70, Exemplar V). He uses particular lexical choices (e.g., "make sure") or emphasizes important words in his speech (e.g., <u>unconditionally</u>) to communicate his position. In addition, he attempts to engage Joe in dialogue by "packaging" his turn with stake inoculations[112] (Exemplar V), emphasizing his son's name and looking at him.

Joe uses much different conversational tools to communicate his position. He offers weak agreements and acknowledgment tokens (e.g., line 75, Exemplar V), a quiet voice tone and longer pauses before his uptakes (e.g., lines 224, 229, and 231 in Exemplar IX) to invite his speaking partner to repair misunderstandings. In addition, he uses quick uptakes and agreement tokens to develop shared understandings (e.g., line 233, Exemplar IX). He uses these mundane conversational details in dialogue with the therapist to communicate his position in relation to the contract. The articulation of Joe's position is clearly important as Tomm works to find a middle ground to bridge the differend. In one instance Joe uses one of these devices (quick up-take on therapist's extreme case formulation in line 95, Exemplar VI) to work with the therapist's efforts to co-construct a less entrenched position for all to speak from.

Initially, Sandy articulates a more tentative position than Bob's with within-turn pauses and disfluencies ("um" or "I:::") (e.g., line 30, Exemplar II), non-verbal behaviours indicating she is sensitive to what Joe is experiencing (e.g., line 28, Exemplar II and lines 38, 45, and 49, Exemplar III). Through different practices she shows that she

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[112] When there is a risk that the recipient of a turn (in this case, Joe) may perceive the person (Bob) proposing something as having a "stake" or "interest" in what is being said, speakers in ordinary conversations manage such risk by means of a device that Potter (1996) has termed "stake inoculation" (e.g., Horton-Salway, 2001). In this case, Bob says "I don't know how Joe feels about that" to suggest that he recognizes there may be other ways of understanding what he is introducing. He uses this statement to manage the risk that he has an interest or stake in his way of seeing things.

may even disagree with Bob (e.g., line 55, Exemplar III and line 167, Exemplar VIII). With these practices, she communicates a much less certain position than Bob's in relation to the contract. However, she eventually demonstrably accepts her husband's position with her synchronized non-verbal behaviour in Exemplar VII (line 114) and "collaborative completion" through mirrored overlapping talk in Exemplar VIII (line 170). Although there are some signs of weak solidarity between Bob and Sandy at the very beginning of the session, they demonstrate some evidence of a common position as the session continues.

The family's non-verbal behaviour underscores the difference in discursive positions performed by the participants. When Bob presents his position of certainty in the contract, Joe shows his resistance to joining this position with non-verbal indicators such as slouching shoulders, looking down, leaning away from his dad, or fiddling with his hands or a bottle. As Joe demonstrates his position, Bob and, to a lesser degree, Sandy, make evident a conflicting position through their own non-verbal behaviours. For example, when Joe develops his position of doubt in the contact with Tomm, Bob and Sandy attend to this by leaning their heads into their hands in frustration. However, as we see throughout many of the exemplars, Sandy's non-verbal behaviours communicate that she does not fully support Bob's position. She attends to Joe by looking at him when Bob elaborates on his position. She offers a possible sign that she is uncomfortable with what Bob is saying by scratching her head when Bob states that Joe's compliance with the contract must be "unconditional." In sum, the different positions shown by the family members in this differend can be seen in not only *what* they say, but in *how* they say what they say.

Therapist Attempts to Engage and Bridge

Tomm maneuvers between the family members' verbal and non-verbal performances as he works to engage each person and bridge the differing positions within the differend. Tomm makes a noticeably stronger attempt to collaborate with Joe to help him articulate his position. One could hypothesize that this is the result of the therapist's attempt to join with the quieter, more reserved adolescent in order to allow him to voice his position. By helping Joe communicate his position, Tomm is setting the stage for negotiation between both positions in the differend. In family therapy language, Tomm is working to develop both positions in an effort to practice multipartiality (Anderson, 1997). Tomm helps participants begin to construct each family member's position as a valid, albeit initial way of understanding the contract. Consequently, instead of engaging in a debate, they can consider a third possibility that incorporates commonalities from both valid positions.

To facilitate the communication of Joe's position, Tomm uses circular questions (e.g., lines 107 and 108, Exemplar VII), and a variety of slow building questions (e.g., line 88, Exemplar VI; line 99, Exemplar VII) to add interest or curiosity to the questions he is asking (Erickson, 1977). He proposes candidate answers as tools in conversational repairs (e.g., line 112, Exemplar VII) and in invitations to Joe to communicate his position more clearly or acknowledge his commitment to a participant framework (e.g., "agreement tokens, Ya" line 228, Exemplar IX). He also shows his flexibility by "packaging" his turns in both conceptual (choice of words) and performance (ways of talking) ways (e.g., line 102, Exemplar VII). He closely attends to dispreferred responses to facilitate other conversational repairs (e.g., lines 225, 226, 228, 230, and 232,

Exemplar IX). In these repairs, Tomm responds to Joe's minimal responses (e.g., "don't

know" in Exemplar VI and weak agreements in Exemplar IX) by treating them as

legitimate responses. Tomm's discourse markers (e.g., "Okay" and "Oh") generously

invite Joe to join him to coordinate their talk, especially at transitions in topic (e.g., lines

99, 107, and 116, Exemplar VII). Mirroring verbatim displays of words (e.g., line 105,

Exemplar VII) or how they are spoken (e.g., lines 94 and 95, Exemplar VI) and quick

uptakes (e.g., lines 93 and 96, Exemplar VI) are other devices he utilizes to produce

shared understandings.

As he and Joe work to develop Joe's position, Tomm also invites Joe to consider

his parents' position or shift into a more moderate position in relation to his parents. He

employs a version of what solution-focused therapists call "cheerleading" (Berg, 1994),

to bridge the gap between discursive positions, by inviting Joe to build on Bob's position

that the contract contains "great stuff" (Exemplar IX). However, Joe uses his own

devices here (e.g., weak agreements) to circumvent this attempt. In addition, with the use

of a carefully packaged extreme case formulation (line 94, Exemplar VI) Tomm

endeavours to bring the conversation back to a more moderate middle ground (Joe

doesn't know "for sure" either way if he can live up to the contract or not) as he attempts

to bridge the differend. He then further constructs middle ground, suggesting that Joe has

positive intentions to follow through although he may lack the ability. By using these

many devices, Tomm successfully engages Joe to communicate his position. With an

extreme case formulation packaged as contestable, he negotiates a small entry point to

voice a less entrenched position of doubt. However, the participants do not transcend the

differend.

In dialogue with the parents, the therapist also attempts to create openings to move forward. First, he gives the parents space to develop their position in relation to the contract at the beginning of the session (Exemplars III, IV, and V). Second, he works to counter Bob's galvanized position of certainty in relation to the contract. He attempts to finish Bob's line of talk with his own (anticipatory completion/therapeutic interruption) when he works to pre-empt a potential disagreement in Exemplar III (line 51). Tomm also employs humour, using lighthearted slang, to avoid the parents' rejection of his invitation to talk in less certain terms (e.g., lines 167 and 168, Exemplar VIII).

The more obvious attempts by Tomm to facilitate forward movement occur when he talks directly to Bob and Sandy. However, as family therapy is an example of multi-party talk (Kangasharju, 2002), conversations the therapist has with Joe also attend to the parents. When Tomm works to engage Joe, through the methods discussed above, he is inviting the parents to acknowledge Joe's differing, complementary position in relation to the contract. In Exemplar VII, we witness a good example of this when Tomm packages his talk to address both the parents and Joe in his effort to bridge their talk.

While giving the parents space to present their position (Exemplars III, IV, and V), Tomm attempts to introduce conversational middle ground that may provide another way of understanding the topic. In a similar manner, Tomm works with Joe to develop Joe's position, but also takes opportunities to invite Joe to appreciate other ways of understanding the contract in a shared middle ground (see Figure 2).

DIFFEREND

DOUBT IN CONTRACT   CERTAINTY IN CONTRACT

Engage Family Member's position
(Mulitpartiality)

Invite to Middle
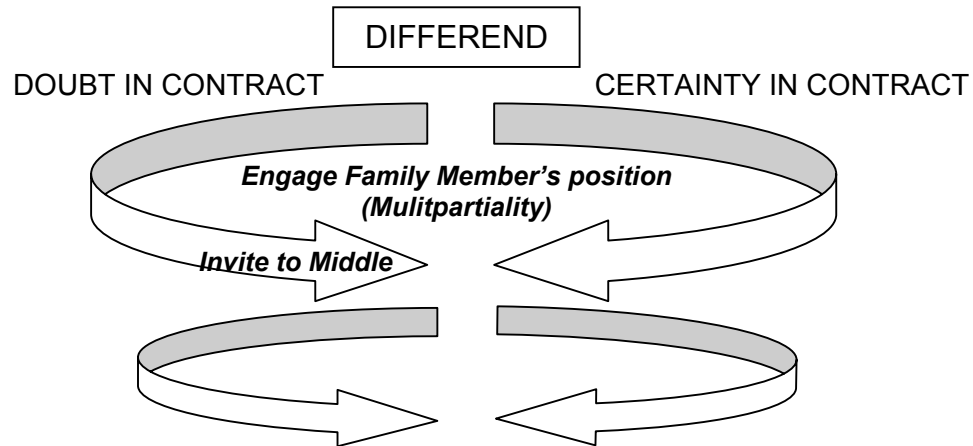
Figure 2. Setting the stage by engaging positions and inviting to the middle.

As these positions are performed, a differend is evident. However, in this

performance, the participants have prepared the groundwork to transcend differences.

Because of the way that the participants have developed their positions and called them

into question, each option is an equally valid one to consider. By practicing

"multipartiality," Tomm has helped this family articulate and build on the differences in

the way they understand the contract. These new distinctions can provoke new questions

as the family members are informed of each others' position but recognize something is

missing. Consequently, rather than setting up a debate, the participants have opened

space to consider other possibilities in understanding the contract. They co-construct

those possibilities in the conversations to come.

Stuck in Incommensurate Positions

Without considerable ongoing work, this family can remain stuck performing

their two positions. Differend opportunities do not automatically appear in differences;

speakers work for them in continued conversations. Without this continued

conversational work, speakers find little space for discussion or forward movement. A

review of the first part of the session shows very little actual dialogue between the parents and Joe. When there is talk, it is laboured (e.g., lines 73 through 75 in Exemplar V, Joe leans back and looks away as he quietly answers his dad after pause). Some families within a differend perform their positions by accumulating verbal conflicts. In this case, the family plays out a differend through fragmented performances (except for interspersed non-verbal invitations and uptakes) in what looks like a developing stalemate involving a withdrawn adolescent and pursuing parent. The positions that family members speak from prevent them from being able to generate any forward moving dialogue. The therapist's questions and responses play a role in making this differend evident, while simultaneously accomplishing preliminary work to bridge the conflicting positions.

In sum, with respect to the contract, the parents communicate a position of certainty: to keep Joe safe. Joe, on the other hand, expresses a position of doubt about his ability to stop his cutting behaviours. A continued performance of these positions will leave family members more entrenched in their positions. In systemic, circular terms (Selvini Palazzoli et al., 1980; Tomm, 1991), the more the parents' language demonstrates a position of certainty in the contract, the more Joe will voice his position of doubt that he can live up to their expectations. The more Joe voices that doubt, the more his parents, fueled by concern, will entrench themselves in their discursive position of certainty in the contract. The family is stuck in a differend based on their use of incompatible ways of talking and understanding. Their positions offer incommensurate ways of relating to the same situation and can leave little space for dialogue on how they

can collaborate to keep Joe safe. However, these incommensurate positions can also provide opportunities to co-construct something new.

<div align="center">Forward Moving Conversations</div>

I now analyse exemplars that contribute to more promising lines of talk. I will continue to balance *how* the participants accomplish these conversations in the back-and-forth of the interaction with *what* they work up in the talk of the session. At the end of this analysis, I will also give a brief summary of how the family described these conversations as being influential to their future conversations and interactions.

<div align="center">*Small Two-way Steps*</div>

As the session continues, two main shifts develop. The conversational impasse involving conflicting positions of certainty and doubt in the safety contract changes. The participants move towards a dialogue in which they can work up more forward moving conversations to bridge the two positions built in the talk. Rather than remaining in an impasse, they begin conversationally to develop a way to move forward.

I split the content of these conversations into two main parts or "forward moving shifts." Once again, I have artificially split the conceptual level (discussion of the content of the forward moving shifts) from the performative level (discussion of how participants accomplished these shifts). When I discuss forward moving conversations and name them in terms of the content they contain, I am not talking about something already cognitively thought of and then talked about. Participants *work out* understandings as they conversationally (in their talk-in-interaction) orient and respond to each other and coordinate their ideas and talking behaviours. I have categorized two main shifts in terms

of their content. They are used as conceptual tools in providing a heuristic starting point for the analysis.

In the first shift, the family and Tomm collaborate to develop an understanding about the importance of taking small steps rather than investing themselves in one large step of following through with the contract. In the second shift, the participants work together to craft a shared understanding that these small steps must be taken by Bob and Sandy as well as by Joe; Tomm introduces a *parental contract*. I separate these two main shifts into two sections in my written discussion.[113]

The participants develop the notion of making "smaller two-way steps" (language used by the participants). They bridge the differend as they accept and expand on the idea that both the parents and Joe need to concentrate on the small steps (as opposed to Joe's adherence to the fomer contract alone) they can take to keep Joe safe. I will discuss these two main shifts in the following sections by demonstrating how this was *done* in the talk of the session.

Small Steps to Safety

The first seven exemplars demonstrate how the participants accomplish a shared understanding to take small rather than large steps to make Joe's safety a reality. The exemplars continue once again in a linear progression from the nine presented in the previous section. In Exemplar X, Tomm works with the parents to develop the possibility of breaking down the contract into smaller steps through periodic renegotiations.

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[113] However, as in any therapeutic encounter, it is difficult to separate work done in these conceptual categories into clear sections in the actual interview. I will periodically attend to evidence of invitations into two-way contracts in the section of the write-up titled *small steps*. Similarly, I will discuss uptakes on the notion of taking small steps in the section of the write-up titled *two-way contract*.

Exemplar X (00:19:19)

270 T: Okay (1.6) (HHH) umm ah now is there been any understanding about
271   how long this contract (.4) is in place and will it be reviewed and
272   renegotiated? (.4) {First looks down and then looks at all family members}
273 J: No (2.3) {Looking down and playing with bottle}
274 B: We didn't talk about (.9) a timing (2.1) {Looks to Sandy}
275 S: I just (.6) thought it was indefinitely ((Short Laughter)) (.7)
276 T: Oh well that is kind of tough isn't it {Therapist looks to parents and Laughs
277   Loudly. Sandy joins him and Bob smiles}For life at age 50 ((Laughs))
278   Joe you have a contract here {Said in a voice of an old man while holding
279   the actual contract} (3)
280B&S: {Bob and Sandy join him in loud laughter}
281 T: Well >I think I think< it would be important to:: (.6) for Joe to have (.)
282   an opportunity to (.6) ah reopen the (.7) contract? to renegotiate? (1)
283 B: {Now leaning his head in his hand and looking down}
284 T: because otherwise (.9) it would (1.1) It'd feel like a trap (.) and there is
285   a need to >get out of the trap<? (.9)
286 B: The issue I think that we've got here is (1.2) is (1.0) you know Joe
287   talks about trust (1.6) umm (1.2) the issue we have is that we've
288   got (0.7) some trust that needs to be built back up (0.7) with (0.8)
289   Sandy (1.0) and myself (0.8) with Joe (1.9) It just doesn't (.) just coming
290   out of the hospital (0.3) today (1.2) doesn't automatically generate (.)
291   like nothing's happened here (0.9) It doesn't automatically assume
292   that (0.2) you know that we can forget the last three days and things go
293   back to normal, I don't think so (0.8)

In the first line of Exemplar X, Tomm "collectively solicits" (Garcia, 2000) the

family rather than soliciting one particular individual. He shows evidence of this in his

non-verbal behaviour as he looks down when asking the question and looks back-and-

forth to all family members at the question's end. Garcia discussed how this creates a

sense of "we-ness" to solicit and encourage collective or collaborative responses;

something that Tomm invites as they look for a mutually shared position to interact

within. Tomm begins this solicitation by offering "Okay" as a discursive marker

(Schiffrin, 1987) to invite the participants to jointly navigate movement into a new topic,

concentrating on renegotiating the contract (Clark, 2002). Tomm also uses a slow build-

up to his question (through pauses, loud inhalations of breath, and utterances such as

"umm" and "ah"). This build-up creates a sense of curiosity for the clients by underscoring the question's importance (Erickson, 1977) while inviting closer attention to it (Clark, 2002; Goodwin, 1980).

The questions in lines 270 through 272 are those Tomm has labelled "strategic" in his own academic writing (Tomm, 1987b). A strategic question is used by therapists to be strongly influential, rather than being an orienting or information gathering attempt. Further, strategic questions are often used to suggest one "correct" way of seeing things rather than opening the door to a number of possibilities. Here, Tomm asks if "there has been any understanding about how long this contract (.4) is in place and will it be reviewed and renegotiated?" In asking this, he is inviting the family to consider the merit of this process.[114] This strategic, collective solicit is successful in setting up a response from both the parents and the adolescent. It invites a quick response from Joe (line 273) and succeeds in its design to invite parental curiosity (lines 274 and 275). Bob attends to this question thoughtfully (as shown in his pause to think before the word "timing") and then invites Sandy to join him in this curiosity (he looks to his wife in line 274). Sandy's response in line 275 ends with brief laughter. That opens space for Tomm to use humour to continue inviting this family to consider renegotiations.

In the later part of Exemplar X, Tomm does some interesting work with humour (lines 276 through 279). Buttny (2001) states, "Humour offers the therapist a way to reframe the on-going interaction or the discursive position being advocated" (p. 303). In this case, Tomm is articulating a challenge to the previously developed position of certainty in the contract. He attends to Sandy's short instance of laughter in line 275 with

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[114] By asking this question, Tomm also positions himself in relation to the positions performed by the family members.

an "extreme case formulation" (Pomerantz, 1986).[115]   Extreme case formulations are a common way that therapists use humour; they exaggerate the experience discussed in the dialogue (Buttny, 2001). Here Tomm also uses a "non-linguistic vocalization" (by talking in the voice of an old man in line 278) to "key the talk from the serious into the humorous" (Buttny, 2001, p. 308). In addition, he offers the discursive marker "Oh" (line 276) to mark the previous responses as unanticipated and further invite the family to attend to his humour. With the use of these practices, the therapist and the parents are successful in co-creating the notion that the contact is absurd without renegotiations (they coordinate their laughter as it grows in intensity).

Tomm follows up this instance of humour by tentatively talking about how it is important to renegotiate the contract, as otherwise it may feel like a "trap" (lines 281 through 285, Exemplar X). Tomm begins with the marker "Well" to, once again, help coordinate their talk. According to Schiffrin (1987), this discursive marker commonly invites speaking partners to orient and respond to an upcoming contribution not fully consonant with prior contributions.   He also uses what Silverman (1997) called a "turbulent speech pattern" (repetition of words, rising voice tone throughout, quickly stated phrases, and multiple pauses) to express caution in this proposition.

I could also call this tentative proposition an "opinion" (Schiffrin, 1990). Tomm shares his opinion by stating that he "thinks" it would be important for Joe to have an opportunity to reopen the contract. Historically, counsellors from many therapeutic orientations have warned against opinion giving or more specifically advice giving (see

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[115] Although Pomerantz (1986) suggested extreme case formulations are often used to legitimize claims, she also discussed how speakers could challenge extreme positions by taking a position of doubt vis-à-vis the extreme assertion; something Tomm does as he uses humour to invite the family to reconsider the necessity of contract renegotiations.

Couture & Sutherland, 2004b, for a summary). Haley (1978) argued that advice giving is

useless because it assumes people have rational control over what they are doing. Adler

(1956) suggested that therapists should avoid advice giving in order to place

responsibility back with the client. Freud (1937) suggested that advice giving rarely

works because clients do not want to heal, for they unconsciously desire gratification

from their problems. Rogers (1951) suggested that advice giving is a judgement

detrimental to the therapeutic process.

Currently, there remains a strong orientation in therapeutic approaches to respect

"the clients' autonomy", "expertise on their own affairs", or experience (Vehvilainen,

2001, p. 373).   From this stance, advice giving requires particular interactional work on

the adviser's part (Vehvilainen, 2001). Consequently, Tomm's opinion sharing is of

particular interest, especially as he offers it numerous times in the exemplars to come.

Although his opinion sharing is not explicitly advice giving[116] (he does not say he

thinks they should do something), I found CA studies on advice giving helpful in

understanding these turns in talk. A handful of CA studies have examined the structure

of advice provision and reception in ordinary conversations (e.g., Goldsmith & Fitch,

1997; Jefferson & Lee, 1981) and institutionalized settings (e.g., Erickson & Shultz,

1982; He, 1994; Heritage & Sefi, 1992; Kinnell & Maynard, 1996; Maynard, 1991;

Vehvilainen, 2001). These researchers understand advice as being interactionally

accomplished rather than a unilateral act administered by the advisor on the advisee. By

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[116] I define advice giving as the prescription of a particular course of action for the advice-recipient to
follow (Prochaska & Norcross, 2003). Opinion giving is similar to information giving, which consists of
sharing relevant information about the issue or problem, while leaving the decision about the final course of
action to the client (Prochaska & Norcross, 2003). However, because the information is an opinion of a
therapist, it does imply a certain element of advice provision.

"interactionally achieved," I mean that both the advice-giver and the advice-receiver design their communicative actions by drawing on the preceding and anticipated actions of their speaking partners (Couture & Sutherland, 2004b). From this standpoint, clients are not excluded from the interaction as merely passive recipients of therapist's expertise, but have the capacity to negotiate and contest the therapist's ideas. However, as will be seen, the manner (e.g., timing and tentativeness) in which therapists offer the advice is key to the invitation of client contributions (Anderson, 1997; Jefferson & Lee, 1981).

CA researchers discuss successful (e.g., accepted by recipients) advice provision in terms of steps or turns taken (e.g., Erickson & Schultz, 1982; Vehvilainen, 2002), question/answer sequences (Heritage & Sefi, 1992), or circular versus straightforward strategies (Maynard, 1989, 1991). Instead of highlighting the advice itself these studies notice how (communicative behaviours) and when successful advice is offered (e.g. timing/preparedness; Heritage & Sefi, 1992; Jefferson & Lee, 1981).

I found Vehvilainen's (2001) work studying career-guidance training to be particularly helpful in understanding Tomm's opinion giving. Vehvilainen (2001) discussed two overall structural organizations of turn taking that he calls "step-wise entries" into advice giving. One of these step-wise entries involves three steps. First, the counsellor elicits ideas or plans regarding a particular task. Second, clients describe their plans, ideas or intentions. Third, the therapist begins advice giving, in which the therapist subtly evaluates the client's response.[117] Vehvilainen likens this to the common "teaching cycle" in which the teacher's questions elicit a response that displays the

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[117] In a similar manner, Maynard (1991) found that advice giving in a medical setting was more productive when the adviser asked the advisee his or her perspective before offering the advice.

pupil's knowledge or understanding, and then the teacher provides an evaluation of this contribution.

A version of this step-wise entry is evident at multiple points in this session.   The step-wise entry I noticed in this session is part of a process that the family and therapist use to orient to and build on possibilities in their talk. In so doing, they set the stage for middle ground or a hybrid position to be introduced between the conflicting positions. However, rather than setting up the therapist to enlighten the family about the "right thing to do," the step-wise entry I noticed opened space for the therapist and the family to co-construct a forward moving position together in a cyclical step-wise process.

In Exemplar X (p. 164), Tomm develops Step 1 in this entry into "opinion sharing"[118] as he elicits (through a collective solicit discussed previously) the family's ideas or plans regarding renegotiating the contract (lines 270 and 271). In lines 273 through 275, Bob, Joe and Sandy relate their ideas about renegotiation (Step 2). The responses given by the family offer acknowledgment but show little uptake on the idea that the contract should be revisable. With laughter, Sandy offers Tomm an opening to follow up this simple acknowledgment through humour. Tomm does just this in lines 276 through 279, in which he returns to Step 1 and continues to open space for an alternative position: that the family periodically renegotiate the contract. This turn is met with a parental response in line 280 (Step 2) that sets the stage for Tomm's opinion offering in lines 281 through 285. In this case, the extra step the therapist takes to solicit the parents, using humour, is important. It invites some acceptance (joint laughter; Osvaldsson, 2004) of this notion of renegotiation. With this partial acceptance Tomm is able to build on the parents' uptake in his opinion giving in lines 281 through 285 rather

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[118] Maynard (1989, 1991) discusses similar opinion giving sequences as "perspective-displays."

than simply delivering his opinion in opposition to those of his speaking partners. As CA studies investigating advice giving have found, Tomm's opinion sharing was productive when the participants developed it through an interactive process (Heritage & Sefi, 1992; Jefferson & Lee, 1981; Maynard, 1991).

Tomm clearly gives his opinion by stating that he "thinks" it would be important for Joe to have an opportunity to reopen the contract. I previously discussed Sandy's use of "I think" (Exemplar III, line 38) to set up her following utterance to be contestable rather than a statement of objective truth (Schiffrin, 1990). Because of the often-assumed role of therapist as expert, the phrase, "I think"[119] holds more authority in line 281. However, when Tomm does offer what he "thinks" he "downgrades" his authority to invite the family's input, rather than closing down dialogue or delivering a one-way delivered directive. Tomm offers his opinion tentatively (tentative delivery pattern and humour).[120] This works to downgrade it to a "provisional suggestion" (Miller & Silverman, 1995) or another contestable way of seeing the topic (Buttny, 1996). In addition, Tomm works to collaboratively introduce his opinion through a family shared step-wise entry. He invites the family to consider, rather than instructs them to employ, another way of viewing the contract in a possibly more mutually satisfying bridging

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[119] Tomm's use of "I think" throughout the transcript is also an example of "transparency" (Hoffman, 2002) where the therapist is very open about what he or she is doing – in this case offering an opinion.

[120] Tentatively does not refer to being timid, but refers to the notion that the therapist's intent is to invite and facilitate collaborative relationships and dialogical interactions, not impose, directly or indirectly, how the client should live their life (Anderson, 1997).

position. Consequently, he creates a balance between the authority of the therapist and the autonomy of the client to rid the opinion sharing of a directive feel.[121]

Tomm attempts to engage the family in the development of his opinion and works to downgrade his opinions to suggestions (Buttny, 1996; Miller & Silverman, 1995). At the same time, he *strategically* uses questions and humour and overtly marks his utterance as his own (e.g., with the use of "I think"). Hoffman's (2002) discussion of Lyotard's distinction between "listening in order to speak" and "speaking in order to listen" is relevant here. In the latter case, rather than speaking as an author (pushing one's opinions on the other), one speaks with the aim of understanding what the other person might say in response, or to invite his or her further elaboration of a position taken. Hoffman suggests that, in order to do this, one should take a "slower pace", have "bottomless patience" and display an "odd kind of earnestness" (p. 247). Taking this stance in one's speaking, a therapist is simultaneously listening or waiting for something to fall into his or her lap (Hoffman, 2002).

In this case, Tomm does offer his own ideas, but instead of simply instructing, he steps back, making space, or evoking and attempting to combine "expert and collaborative postures" as he "speaks to listen" (Hoffman, 2002). As he uses what I have called a step-wise entry and a tentative delivery, he is slowing the process down. He shows patience and demonstrates a certain earnestness to invite the family to "drop something into his lap."

I argue throughout the remaining analysis that this stance of "talking to listen" facilitates a collaborative forward moving process. The family members act as active

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[121] The therapists in the Public Conversations Project (Chasin & Herzig, 1993) work with the public to transcend polarized issues (e.g., abortion) and suggest something similar to the practices Tomm uses in this step-wise entry – genuine inquiry, curiosity rather than knowing and persuading.

participants rather than passive opinion recipients in what is developing in the conversational performance.[122] From a social constructionist lens, an opinion or preferred knowledge involves relational or dialogic activity. Rather than understanding knowledge as a noun, one engages in the process of knowing (as a verb) as people construct knowledge in social interaction. The specific methods that Tomm uses to "talk in order to listen" open space for the not yet said or possibilities yet to be developed in the conversation. The therapist still thinks and knows and intervenes, but does not impose knowledge. Throughout the rest of the session, Tomm offers the knowledge he holds (asking strategic questions; giving opinions prefaced by "I think") in an active collaborative manner (step-wise entry and tentative delivery) to invite the family to jointly construct knowing or opinion giving in the session. He balances his commitment or stake in his ideas with his clients' potential for contesting these ideas. He operates from "authorative doubt" so that he is both an expert and uncertain (Mason as cited in Larner, 2000), to create the space for mutual co-construction and negotiation of new meanings.

Tomm's efforts to invite (through humour and tentative suggestions) the parents to reconsider negotiations facilitate a small shift within the broader shift of taking *small steps*. Through collective laughter, they show evidence of accepting the notion that renegotiation is inevitable. However, as Tomm offers his opinion, Bob also makes evident that his uptake is not complete (line 283) with his changing non-verbal behaviours. To respond to that behaviour, Tomm incorporates rising intonation into the design of his opinion giving. He forms his opinion as a question, thereby beginning

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[122] The solution focused therapists (social constructionist approach) De Jong and Berg (1997) suggested "Tell me and I'll forget. Show me, and I may not remember. Involve me, and I will understand" (p. 119). Larner (2000) would probably change this to "involve me and I will contribute to new understanding."

another step-wise entry, eliciting the family to share their response to the therapist's

opinion in line 284 (Step 1). Bob offers Step 2 in his discussion of how "trust" needs to

be earned before renegotiations start and "things can go back to normal" (privileges

earned back). In Exemplar XI Bob, however, does build on the developments in the

previous step-wise entry regarding contract renegotiations. He shows evidence of

partially accepting the space opened by Tomm and sets the stage for Tomm to offer

another Step 3.

Exemplar XI (00:21:09)

```
299   B:    >you know so< for the length of time I mean
300         I agree I mean this:: this is not going to be (.)
301         forev[er
302   T:         [Okay]
303   B:          This] has to [be]
304   T:                      [hhh]
305   B:                      [until] we have some sort of a (.6)
306   T:    {The therapist begins to lean forward, put his head down and
307         scratch the back of his head}
308   B:    a degree that Joe shows us (.7)
309   S:    That he's sa[fe]
310   T:                [Hmmm] (.) {therapist looks up and rubs his lips}
311   B:          That [he's safe]
312   S:               [not hurt]ing himself=
313   B:    =First and foremost thing is his safety (.8)
```

In line 301 of Exemplar XI, Bob agrees that the contract is not needed "forev[er"

showing a small shift in his partial uptake in the previous conversation. However, this is

short lived. Bob then co-constructs with his wife, in overlapped talk (lines 308 through

311) and quick uptakes (between lines 311 and 312), that Joe needs to be safe before they

can rebuild and renegotiate trust. In lines 311 through 313, Bob and Sandy demonstrate

another example of a collaborative completion (Kangasharju, 2002) as they finish each

other's statements ("safe" and "not hurting himself"). As discussed earlier, collaborative

completion is a very common device that people use to indicate an alliance in multiparty talk. As a team, the mother and father continue to build on their earlier position of certainty that Joe's safety should be accomplished in one big step: Joe should follow through with the contract by keeping himself safe ("safety" emphasized) unconditionally. Although the participants have successfully developed the idea that the contract will not extend "forever," the notion that the family needs to take smaller steps or "renegotiations" to build trust and keep Joe safe is yet to be accomplished.

Tomm attends and responds to the parents' collaboration. Using overlapping talk, he attempts to create a transition relevance place (TRP)[123] in line 302 when he says "Okay." He seems to be attempting to contribute to Bob's brief acceptance of this idea (lines 299 through 301) that they must periodically renegotiate the contract. In previous exemplars, Tomm has used the word "Okay" to signal a slight shift into a related topic. Perhaps he is attemping to do that here by further expanding on Bob's uptake on revising the topic ("not going to be (.) forever"). However, he is unsuccessful in developing a turn in the dialogue. As Bob and Sandy's dialogue continues (lines 305 through 309), Tomm breathes in heavily. He shows noticeable non-verbal behaviour suggesting that he would like to develop a line of talk alternative to the one the parents develop from lines 305 through 313. As seen in Exemplar XII, Tomm continues to concentrate on collaborating with the parents as he builds on their small uptake ("not going to be (.) forever") to develop this alternative notion of taking small steps (Step 3). In Exemplar XII (and continuing into Exemplars XIII and XIV), the therapist starts a rather long sequence of talk.

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[123] At the end of each utterance, there is the possibility for a legitimate transition of speaking turns or what CA terms a transition relevance place (Hutchby & Wooffitt, 1999). Here Tomm attempts to negotiate a transition space after Bob's statement "this is not going to (.) be forever".

Exemplar XII (00:21:25)

```
314  T:   (hhh) Kay so there is two issues (.) that are important to look at
315        when there is issues of trust (1.3)  Like >like< (.) when you trust
316        somebody you have to first feel they have good intentions (.6)
317        hmm? (.) That is usually straight forward *>I don't think<* (.3)
318        I mean clearly (.9) umm Joe does have good intentions because
319        they are clear in what he has written here right?=
320  B:   =Mhmm {Nods his head in agreement}(.9)
321  T:   But the second point is not so obvious and is more difficul(.)t
322        sometimes and that is that (.6) to trust somebody you have to
323        believe not only that they have good intentions (1.2) but they
324        have sufficient COMpetence (.4) to make good on those good
325        intentions (.6) Right? (.9) (hhh) and that's the part that's the dilemma
326        here right?=
327  B:   {Bob places his hand over his mouth}=[Mhmm]
328  S:     [Mhmm] (.)
329  T:   Cause I (.) I w::: imagine that you probably believe that right now (.6)
330        Joe has good intentions (.6) right? (.)
331  B:   Mh[mm] {Hand still on his mouth and nods slightly}
332  T:      [He ]wants to (.) fulfill this=
333  S:   =Mhmm (.5) {Fidgeting with fingers}
334  T:   The big question is (.) is he able to?(.2)
335  S:   Exa[ctly] (Nods to therapist)
336  T:      [>right<] Does he have that ability does he have the competence (.5)
337        yet to do that? (.)
338B&S:    {Bob and Sandy both nodding head agreeing, Bob leans
339        on his hand and Sandy fidgeting with fingers}
340  S:   Mh[mm]
341  T:      [mm] (hhh) (.7) and once (.4) that's a (.) umm difficult issue right?=
342  S:   =Hmm (.2)…
```

Tomm uses the phrases "*>I don't think<*" and "I mean clearly" at the beginning

of this sequence to mark his utterances in a similar manner as he did in what I am

referring to as the previous Step 3 of the opinion giving sequence (Exemplar X).[124]

However, in this case, he can be seen to extend Step 3 over three exemplars. Although he

has overtly marked his offering as his view, he uses a number of practices to once again

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[124] I use the step-wise model as an analytic guide, but I do not mean to imply that it was a model Tomm
was following. The model only served as an analytical resourse to make sense of the actions of Tomm and
the family.

downgrade his view to a proposition. Rather than labelling client behaviour or presenting expert judgements, Tomm takes a less certain stance that promotes curiosity. It invites the family to understand the topic though a new discourse and look for commonalities in the positions of the differend they have performed. He "wonders aloud (a la Columbo)"[125] or "muses" (Parry & Doan, 1994, p. 123) in his invitation to the family to entertain the information he offers – once again "talking to listen" to what they offer in return (Hoffman, 2002).

It is helpful again to look at this opinion giving while utilizing Vehvilainen's (2001) previously introduced model of step-wise entry into advice. I described Tomm developing Step 1 in this entry into advice giving as he ended the previous opinion giving with a rise in inflection (line 284, Exemplar X) to elicit the family's further ideas regarding renegotiating the contract. Bob and Sandy then offer their account[126] of this renegotiation process as one that can only be initiated if Joe follows through with the contract and keeps himself safe (Step 2). Bob and Sandy do demonstrate a potential uptake on renegotiations ("not going to be (.) forever") which Tomm attempts to build on in line 302 (by interrupting with the discursive marker "Okay"). Tomm is unable to negotiate a transition relevance place (TRP) to initiate the third step and promote the uptake of a new way to talk about the contract. His non-verbal behaviours following this (leaning forward; putting head down; losing eye contact with parents; scratching his head) show that he is waiting to create an opening to join the family (at another possible TRP) and persist in this effort.

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[125] Columbo was a detective in a popular television series who used this practice of "wondering aloud" as he asked suspects questions in criminal cases.

[126] An account is a statement that explains something unanticipated or something that people do no not engage in routinely that has critical implications for a relationship (Scott & Lyman, 1990).

In Exemplar XII, Tomm successfully negotiates the third part in the step-wise entry sequence I am using to classify his actions, (which continues through Exemplars XIII and XIV) as he begins giving his opinion. As discussed earlier, therapy in general is an activity where therapists understand the client as the main agent in the learning process or the "expert in her/his own affairs." However, the therapist also needs to use his own understanding and knowledge in the process (Vehvilainen, 2001). A detailed CA exploration of the talk can help us understand how a therapist invites or proposes things without being coercive. The key is in how the advice is worked-up or co-managed in the interaction – most importantly, how the therapist *orients and responds to* what the client does with what he offers.

Exemplar XII shows the very beginning of this opinion giving sequence (which continues in Exemplars XIII and XIV) when Tomm and the parents work to produce a shared understanding in a number of interesting ways. Tomm uses a discursive marker ("Kay") that signals another shift in topic that he offers in a subsequent "reformulation." CA researchers refer to a formulation as an utterance that formulates how the speaker understood the previous turn and what was being proposed as important (Gale, 1991). A reformulation[127] is a response that accepts portions of the previous assertions while also modifying them. In line 314, Tomm accepts the parents' focus on the issues of earning back "trust" by mirroring their language used in Exemplar X (lines 287 and 288). Mirroring is a practice commonly used by therapists (e.g., Cormier & Hackney, 1999) and discussed in CA studies (e.g., Clark & Brennan, 1991; Mellinger, 1995) as a practice people use to work out mutual understandings. However, Tomm reformulates the topic

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[127] Buttny (2001) also describes this as "retelling client tellings".

by characterizing trust as having two components. He suggests that "when you trust somebody you have to first feel that they have good intentions" as well as "sufficient COMpetence (.4) to make good on those good intentions." Consequently, Tomm has begun his opinion giving sequence by building on and slightly modifying a topic that was previously introduced by the family.

Tomm is introducing a topic that has the potential to be quite difficult to talk about – their son's lack of ability to keep himself safe. One sees evidence that it is a difficult topic in the parents' non-verbal behaviour as the therapist brings up the idea that Joe might not have the competence to keep himself safe (lines 327, 338, and 339). However, both parents and Tomm clearly collaborate on this shared understanding concerning a sensitive topic. This is evident in the parents' quick uptakes (lines 320, 327, 328, 331, 333, 335, 338, 340, and 342), the matching[128] quick or even overlapping responses of the therapist (lines 329, 332, 334, 336, and 341), and the parents' non-verbal behaviours indicating agreement (nods in coordination with responses). Further evidence that the parents have joined Tomm here is in the lack of conversational repairs. One would notice repairs in how the therapist would orient to, or interject, at any signs of the parents rejecting this line of talk (e.g., long pauses; Schegloff, 1992).

So the question remains, how are they able to accomplish this small shift concerning the notion that Joe has insufficient "COMpetence" but "good intentions"? How does Tomm accomplish this collaboratively in what, from first glance, looks like

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[128] Mirroring of turn-taking strategies are offered to coordinate speaking turns in a similar way to the commonly discussed counselling practice of "matching" (e.g., Cormier & Hackney, 1999) and what CA researchers call "understanding checks" (Mellinger, 1995).

simple one-way opinion giving?[129] Silverman's (1997) research on the construction of

"delicate" topics in counselling is relevant here. One device he found helpful in

successfully developing sensitive topics was endeavouring to put the client in a "positive

light" (Silverman, 1997). By suggesting that Joe has "good intentions," the therapist has

done just this. He invites the parents to consider Joe as sincerely wanting to keep himself

safe, but at the same time, as not having the actual ability to do this.

In addition, Tomm uses a number of what Silverman (1997) described as

"turbulent delivery patterns" (e.g. "(1.3) Like >like< (.)" in line 315; "(.6) Right? (.9)

(hhh)" in line 325; "Cause I (.) I w:::" in line 329; "mm] (hhh) (.7) and once (.4) that's a

(.) umm" in line 341). Each example of turbulent delivery patterns that include pauses,

breath intakes ("hhh"), verbal fillers ("umm") repeated words ("Like >like<"), and

unclear words("w:::"), is followed by the parents' quick uptake and convincing nods of

agreement. The therapist then continues to follow-up on his previous ideas. Using this

pattern of delivery, Tomm has "fashioned his account in a way which attends to the

implications of his descriptions" (Silverman, 1997, p. 135). This helps facilitate the

understanding that develops.

When Tomm invites the parents to join him in the production of the sensitive

notion that their son may not have the ability to keep himself safe, he also uses an

interesting combination of assumptive yet tentative questioning.   For example, in lines

318 and 319 Tomm says, "Joe does have good intentions because they are clear in what

he has written here right?" He uses similar phrases throughout the rest of the exemplar

(lines 325, 326, 329, 330, and 341). Each starts out with an assumptive phrase (e.g.

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[129] Mirroring, quick uptakes, and non-verbal behaviours are discussed as evidence supporting the idea that
they are developing common ground. At the same time, they are also contributing to the accomplishment
of shared understanding, in addition, to the devices I discuss in the following paragraphs.

"That's the part that is the dilemma…"; "you probably believe…"; "that's a (.) umm difficult issue…") and then is followed up with the same tentative use of the word "right?"

The therapist in this session (Tomm) has written some influential articles concerning "interventive" interviewing (Tomm, 1987a, 1987b) which are relevant to this notion of assumptive questions. He used this term to highlight how even seemingly innocuous questions by therapists, such as, "What problems would you like to talk about today?" are interventive. In this example, the therapist has assumed that some type of problem exists for the client, thereby inviting "problem talk" rather than "solution talk." Interventive interviewing underscores that it "is impossible for a therapist to interact with a client without intervening in the client's autonomous activity" (Tomm, 1987a, p. 4). As discussed throughout this analysis, this is also a key assumption in CA. In CA, speakers are understood as continuously shaping and renewing the context of the conversation as they take up and propose new understandings in the dialogue.

In the above exemplar, the assumptive yet tentative questions are clearly interventive. Furthermore, they are a good example of a particular interventive question that Tomm has called "strategic" (1987b). As discussed earlier, a strategic question, firstly, is used by therapists with intent to be strongly influential rather than as an orienting or information gathering attempt. Secondly, strategic questions suggest one "correct" way of seeing things rather than opening the door to a number of possibilities. The assumptive questioning in Exemplar XII is clearly influential as the language used works strategically to "lead" the family to a particular way of discussing the topic (e.g., "you probably believe that right now (.6) that Joe has good intentions (.6) right?"). The

additional word ("right") invites only a limited response, as the question's design invites a closed brief response ("yes" or "no") rather than open response (explanation as to why Joe's intentions are seen as good). Further to this, Tomm repeats the starting phrase of this question ("*>I don't think<* (.3) I mean clearly") which works to show a commitment to his upcoming statement (Clark, 2002) especially in the use of "I." Consequently, Tomm communicates in a number of ways his *commitment* to what he is "strategically" offering.

At the same time, the therapist crafts the question to have a tentative, *contestable* feel that invites the family into "dialogic knowing".[130] Tomm's tentative uses of the word "right" accompanied by a rising inflection invites the family's input rather than their compliance. Further to this, he expresses caution (Silverman, 1997) in his delivery (quiet voice tone line 317, restarts "I (.) I" and tentative language, "w:: imagine" and "probably" in line 329). With these questions, Tomm balances his commitment to a particular way of going forward, while still leaving space for the family to contest and potentially alter this suggestion. Once again, he "talks in order to listen" (Hoffman, 2002). He makes evident a certain commitment to his talk, yet he develops a proposition rather than a directive and opens space for the family to join him.

Tomm (1987a) has discussed this as balancing "neutrality" and "strategizing." The assumptive nature of the questions clearly avoids the downside of adopting too much neutrality, so that the therapist "only accepts things as they are, and eventually he or she stops doing therapy" (Tomm, 1987a, p. 10). He tentatively packages his questions so as to avoid too strong a perceived commitment to his own ideas and values about "correct"

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[130] As discussed earlier in a social constructionist sense knowing is understood as a process that is accomplished in the back-and-forth – a verb not a noun.

solutions. Too much purposefulness can leave questions feeling "violent" in their imposition, leading to client's rejection, and "strategic means defeat therapeutic ends" (p. 10). By using assumptive yet tentative questions in this exemplar, the therapist is showing "a strategic commitment to neutrality" (Tomm, 1987b, p. 10). Rather than imposing a directive that the family is likely to reject anyway, Tomm invites them in to co-construct an alternative position by which they could move forward.

As discussed earlier, this notion of "neutrality," or as Anderson (1997) framed it, "multiparitality," is important because of its strong connection to addressing differences in family therapy work. In the first part of this analysis (the differend section), Tomm practices multipartiality as he demonstrates that he considers each of the family member's position valid or worthy of being told. In Tomm's assumptive questions (turbulent delivery pattern amd tentative "right?") he expresses caution (Silverman, 1997) and preserves his position of neutrality with respect to the matter at hand. By neutrality, I mean in the multipartiality sense (Anderson, 1997). Tomm presents one possible view rather than a particular correct view that disqualifies other positions. The therapist constructs his proposition as "contestable" or "not above question" rather as prescriptive advice that this family must follow.[131] It is *his* way of viewing the situation, but he presents his opinion as a proposition or suggestion in how he offers it. Consequentially, he invites the parents to collaboratively counter what he proposes and work out, with him, an understanding, in this case through a smooth back-and-forth production. Rather than presenting his opinion in a one-way delivery, the therapist noticeably orients and responds to what the clients do with his talk in their uptake of it.

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[131] Miller and Silverman (1995) discuss a similar notion as "downgrading advice" to "provisional suggestions" (p. 231).

Throughout the exemplar, the parents demonstrably accept Tomm's invitations to collaborate in his opinion giving (lines 320, 327, 328, 331, 333, 335, 338, 340, and 342). Bavelas, Coates, and Johnson's (2000) investigation into the "listener's" active involvement in the story telling of another speaker offers an interesting way to understand the turns the parents take in the development of this opinion giving. As with opinion giving, story telling or recounting narratives seems different from regular conversations, because individuals appear to produce them in a monologue. However, Bavelas et al. investigated speaker listener dyads to explore the listener's contribution to his/her speaking partner's story telling. Rather having the listener function as a "mute" or "invisible" person who passively acts as a "speaker in waiting," the dyads collaboratively dialogued; listeners were actively involved in the narrative process.[132]

These researchers reliably distinguished between general and specific listener responses. In this case, general responses are verbal or non-verbal turns in dialogue unconnected to the talk but useable in a wide variety of narratives as they communicate a general understanding (e.g., line 320 "Mhmm {Nods his head in agreement}"). A specific listener response is highly connected with what is said and indicates an understanding of the implications of the words (eg., line 327, "{Bob places his hand over his mouth}=Mhmm"). The results of Bavelas et al.'s investigation suggested that listener responses, especially specific ones, were highly connected to "good story telling." By using external judges and an analysis specific features of the talk, they rated good dialogic story telling. For example, poor story telling ended inappropriately or abruptly,

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[132] Bavelas, Coates, and Johnson (2000) found that the partners of non-attentive listeners who were busy silently completing tasks (counting speakers words beginning with "th") told stories significantly less well than the partners of attentive listeners (measurement of quality was done by general raters and identification of specific features of good and poor story telling).

extended as speakers "talked on and on," was choppy or involved speakers giving justifications for why the story was important. Stories told by speakers who had previously shown their skills in narration would falter or fall flat when they shared them with inattentive or unresponsive[133] listeners. Listeners also began with general responses and then moved to specific responses. This study gives strong support for the notion that the listener contributes to the extent and quality of her/his speaking partner's narration and suggests a repertoire of patterns in general or specific attending.

The above study is helpful in examining the parents' contribution to Tomm's opinion giving. In Exemplar XII, Bob's first turn is general (line 320). Subsequent responses show more specific connection to the opinion giving (lines 327, 331, 333, 335, and 338). These contributions noticeably invite Tomm to continue his opinion giving (quick uptake or overlaps as the therapist continues his talk in lines 328, 332, 333, 336, and 341). The general parental response in line 320 is met with the longest pause (in relation to other pauses after the parents respond and Tomm speaks). This suggests that the more specific the parents' attending and responding, the more that such attending and responding facilitates Tomm's continuation, even if it is not supportive of the lines of talk (line 327, 331, 333, 338, and 339).

Other CA researchers have discussed this attending/responding in terms of acknowledgement or agreement tokens (Clark, 2002; Jefferson, 1984). An acknowledgment token is a response that communicates that the listener has received the utterance (e.g., "Mhmm", line 320) whereas an agreement token shows that the listener agrees with a "position" and is aligning himself or herself with this position (e.g., "Exactly" line 335). In line 336, Tomm overlaps Sandy's agreement token with his own

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[133] Listeners do not simply attend. They also respond to the speaker in multiple communicative behaviours.

("right"), thereby further developing their alliance on this position. Highlighting the

specifics of listener's responses in either framework underlines how both the therapist

and parents use practices as they work to coordinate their talk; opinion giving is a

reciprocal activity. The practices of each participant work together in a reciprocal

fashion to facilitate a piece of opinion giving.

Rather than taking on a role as sole author, Tomm presents his view in a way that

invites the family in as co-authors. As the family takes him up on this offer in their brief

listener responses, together they become curious about another way of understanding the

topic. Tomm is tentative as he proposes a new position for the family to move forward.

As he talks to listen, a micro look at the talk makes it clear that the family joins him in

this development.

In Exemplar XIII Tomm continues to expand on his opinion giving.

Exemplar XIII (00:22:32)

```
343    J:    {Joe is leaning forward looking down at his hands}
344    T:    …(hhh) Now (.) lets assume (.4) that he doesn't right? that he is (.4)
345          trying to give you more than he can actually do (.8)
346B&S:      {Bob leans side of face on his hand and Sandy uncrosses her legs}
347    T:    >I don't know if that is the case maybe he is able to do all this right?
348          < but let's assume for a moment that he can't (hhh) follow through (.9)
349          Then what?(1.2) Umm then he's (.5) he's going to (.5) do something(.6)
350          to indicate (.) that he is not trustworthy (.) right? (1.2) and so then (.)
351          this is where I think (.6) it's it's useful to try to (.) umm be open to
352          renegotiate because (hhh) (.6) if you can't take big steps then you
353          have to take small steps? (.)
354    S:    Mhmm=
355    B:    =Absolutely=…
```

Tomm uses similar practices, including assumptive yet tentative questioning (line

344; lines 349 and 350) and turbulent delivery patterns (lines 344; lines 349 through

352), to promote collaborative opinion giving. One sees evidence of shared

understanding in the parents' immediate uptakes (line 354) and strong words of agreement ("absolutely" in line 355). Tomm also pursues talk around this delicate subject through a few other methods (non-verbal behaviour to support the delicate nature of the topic are seen in lines 343 and 346).

First, Tomm begins this line of talk with a discursive marker ("Now"). Schiffrin (1987) showed how speakers use this marker in combination with "then" (see line 349) to offer an orderly progression through a sequence of subparts. Tomm organizes two topics: the assumption that Joe does not have the ability to keep himself safe, and the consequences of that assumption ("he's (.5) he's going to (.5) do something (.6) to indicate (.) that he is not trustworthy"). Discursive markers invite the family to orient and respond to the progression of Tomm's idea to help them makes sense of what he offers.

In addition, Joe's and his parents' nonverbal responses (lines 343 and 346 respectively), and Bob and Sandy's specific listener responses (line 346; Bavelas et al., 2000), communicate that they are uneasy with Tomm's line of talk. In lines 344 to 353, the therapist attends to these behaviours by using two interesting practices to prepare the ground for the idea that the family needs to take "small steps." First, he introduces the idea that Joe does not have the ability to follow through as a "hypothetical possibility" (Peräkyla, 1993). Instead of simply saying, "Joe does not have the ability to follow through," he says, "lets *assume* (.4) that he doesn't right?" He tentatively invites the parents to entertain this potential scenario and engages the parents' continued participation. They continue to listen, maintain eye contact, and immediately take up on a TRP in line 354.

Second, in situations when people give accounts, especially controversial ones, there is always the possibility that the listener will dismiss their talk because the speaker has a "stake" in what is being said. In this case, Tomm has spent considerable time working up the idea that Joe may not have the ability to follow through with the contract. There may be a risk that the parents perceive the therapist as having a "stake" or "interest" in this possibility. CA studies have found that speakers in ordinary conversations manage such risks by means of a device that Potter (1996) has termed "stake inoculation" (Horton-Salway, 1999). He states ">I don't know if that is the case maybe he is able to do all this right?<" (line 347) to manage the risk that the parents see him as having a "stake" in the idea that Joe lacks ability to keep himself safe; he suggests that he is open to other possibilities. He delivers this phrase faster than the surrounding talk, a practice often seen by CA researchers as a quick inoculation against the parents perceiving him as acting in self-interest. These conversational practices work to further invite the parents to join Tomm to develop this shift around renegotiating the contract through "small steps."

Although the parents show non-verbal signs of initially rejecting this invitation (line 346), Sandy and Bob eventually demonstrate acceptance through a collaborative completion (Kangasharju, 2002) in lines 354 and 355. Sandy accepts Tomm's invitation to take small steps, and Bob joins her brief verbal endorsement by strongly voicing his uptake of this notion (through quick uptake and the strong language "=Absolutely="). In this team effort, a potentially pivotal shift is evident as the parents demonstrably accept the bridging proposition made by the therapist that they need to replace "big steps" with "small steps." Tomm continues putting forward this notion of taking small steps in

Exemplar XIV when he introduces what he calls the "down side of the contract" (line

357).

Exemplar XIV (00:23:13)

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356   T:    …=you know towards bigger steps (1.2) and one of the (.)
357         the down side of a contract (2.5) (hhh) >I mean contracts can be
358         very useful because you< (.4) yu clarify responsibilities and
359         commitments and you set directions right? (hhh) but the downside
360         of a contract (.2) is that it can set up conditions (1.1) for failu::re (.9)
361   J:    {Joe starts playing with a tissue}
362         or it sets up conditions for umm what I refer to sometimes as
363         promissory violence (1.2) where (.8) umm (.9) people like a::h if in
364         your case (.6) a:: parents (hhh) would (.) um (.7) confront (.6)
365         Joe >in not fulfilling the contract< in ways that he can feel are
366         umm (1.1) violating him?
367S & B: {Both Sandy and Bob raise their heads}
368   T:    in terms of (.) that is if you would sort of ride him for this (      )
369         because he didn't fulfill it right? (.6) And you >srt of< give
370         him hell for it? (.6) then (.) he's umm (.6) he's vulnerable to being ( .6)
371         violated that way? (1) So I find that the disadvantages of making (.5)
372         promises that are too big >right< because if you know (.5) you know
373         >get down on him< when he can't fulfill them right?=
374   S:    =Mhmm (.7)
```

In lines 357 and 358 he uses another quickly voiced "stake inoculation" with the

statement ">I mean contracts can be very useful because you<…". Once again, the

parents might see him as being overly invested in lessening the value of the contract

because of his questioning. To negotiate this risk, he shows that he understands both

sides before he continues this line of talk.[134]

In this exemplar, the therapist talks about what he calls "promissory violence"

(line 363). He proposes that if the family makes promises that are "too big" the parents

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[134] By using the discursive marker "I mean," Tomm also marks his upcoming modification of what he has proposed in previous talk to help invite the parents to orient to the stake inoculation (Schiffrin, 1987).

can ">get down on him<" in ways that feel like a "violation." The family[135] responds to

Tomm's invitation to conceptualize the contract as setting up "conditions (1.1) for

failu::re" or a situation that may violate Joe with interesting non-verbal behaviour. Joe

starts to play with a piece of tissue, underscoring his possible nervousness with this

suggestion of "failu::re." His parents raise their heads almost taken back by the idea that

they may be setting up these "violating" conditions. The therapist pairs strong specific

language (e.g. "violating him") with the use of what Potter (1996) called "vague

descriptive categories" ("parents" instead of the more direct "Bob and Sandy") and

"impersonal constructions" (use of the word people, "people like a::h if in your case"), to

lessen the possibility that Sandy and Bob feel directly accused. The parents are invited to

accept the notion that "people," or more specifically, "parents," would "confront (.6) Joe

>in not fulfilling the contract< in way that he can feel are umm (1.1) violating him." In

combination, the impersonal construction (use of the work "people") and vague

descriptive category ("parents") are generally experienced by a range of people and

therefore feel less blameworthy (Potter, 1996). Aronsson and Cederborg (1996)

discussed these practices of vague descriptive categories or impersonal constructions as

"obliqueness in multiparty talk" (p. 208). Using these practices can help facilitate and

de-personalize otherwise threatening proposals.[136]

  However, there is little evidence that Tomm (by using a stake inoculation, vague

descriptor categories, and impersonal constructions) has successfully invited the family to

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[135] In multiparty talk, each utterance can be simultaneously addressed to many recipients. In this case, the opinion giving Tomm develops with Bob and Sandy is also indirectly offered to Joe as the "overhearing audience" (Heritage, 1985).

[136] These authors also suggest that these practices can facilitate therapeutic talk without aligning the therapist himself with one of two opponents in multiparty situations. If the therapist were to directly implicate Bob and Sandy as practicing "promissory violence," he would be strongly aligning himself to Joe.

accept this understanding of "promissory violence." Sandy gives a small acknowledgment token (Jefferson, 1984) response in line 374 ("Mhmm"), but Bob continues to lean his head on his hand and Sandy looks to Tomm with a strained facial expression. Yet, in the future (discussed later in Exemplar XIX) the parents eventually do join the therapist in this conversational development. The family's minimal uptake in Exemplar XIV does not necessarily mean that the family has rejected his invitation. A minimal response need not be equated with an absence of consideration. This underscores the importance of therapeutic patience. A therapist prematurely concluding that the client and he have not established movement could lead to the abandonment of a fruitful topic or to the therapist's upgrading of his invitation to an insistence out rightly rejected by the client. Here, the therapist lays the seeds for this family to consider the importance of taking small steps. At the same time, he foreshadows the conversations to come that focus on the parents' part in making the contract a success (not riding Joe or giving him "hell"). One could say that Tomm is demonstrating the small steps he is discussing in the content of his talk in how he performs it (or what is often colloquially referred to as "walking his talk").

There were many disfluencies in the three exemplars showing collaborative opinion giving (Exemplars XII, XIII, and XIV). Tomm uses the word "umm" in a variety of places (once in Exemplar XII, three times in Exemplar XIII, and four times in Exemplar XIV). Within the context of the interactions, one could understand these "umms" as serving a few possible functions. First, the parents' responses lessen from the first to the last exemplar. Tomm may be inviting the parents to attend to his talk in light of their decreasing responses (Clark, 2002; Goodwin, 1980). He also could be pausing in

order to "pursue an ideal speech delivery" (Clark, 2002), to make his propositions in a careful and deliberate manner. Although these practices do not seem to facilitate an immediate change in the parents' responses, they do provide evidence that Tomm is continuing to orient to the longer term back-and-forth production involved in the process.

In summary, the step-wise entry into this opinion giving begins in Exemplar X (line 284) when Tomm invites the family to further comment on the renegotiation process. In Exemplar XI, Sandy and Bob show a pivotal uptake on this notion. However, this is combined with evidence of their continued concern that Joe needs to build trust by "not hurting himself" before this happens. Although they make some movement, they are still speaking from a position of certainty in the contract. Tomm enters Step 3 of this sequence in Exemplar XII. He builds on the parents' small uptake and reformulates the information that Sandy and Bob offered about Joe's earning "trust." In Step 3, the participants use a variety of devices to collaboratively develop another possible way to understand the contract.[137]

After Exemplar XIV, Tomm proposes that they incorporate a re-evaluation process so they can "create conditions (1.1) for maximum success." After this lengthy opinion giving sequence (Exemplars XII through XIV), the family seems to be either deep in thought or a little tired. Bob continues leaning his head on his hands and Sandy looks at Tomm with some small nods of acknowledgement. Joe continues to lean forward and look down at the floor. As the family attends less and less to Tomm, he responds in a way similar to the story tellers in the Bavelas et al. (2000) study. First, he

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[137] I am describing one particular way of making sense of these conversations. Alternative ways of understanding them are also evident. Each turn in Exemplars XII through XIV may be seen as a step-wise entry into advice giving. Tomm invites their response through assumptive yet tentative questioning. The family gives their response, showing uptake, and the therapist then gives advice. I found it helpful to discuss one larger sequence in order to contextualize specific practices used within an overall framework.

extends his talk, almost repeating the content in a few different ways (e.g., by discussing

how the parents should avoid "violating" Joe, and then extending this by talking about re-

negotiating a contract "to create conditions for maximum success"). He then abruptly

stops this line of talk, as seen in the first line of the exemplar (XV) below, and invites the

adolescent to share his views on the topic. As Bavelas et al. (2000) discussed, such

features of Tomm's talk can be seen as attempts by the therapist to orient and respond to

the family's diminishing attending and responding; thus, these responsive features further

demonstrate the collaborative nature of Tomm's opinion giving. In this exemplar, a lack

of listener response is an important response for the therapist to orient and respond to as

he co-develops an opinion in collaboration with the family.

The next exemplar shows how Tomm introduces an entry point, or proposal,

enabling him and Joe to talk about Joe's worries concerning the contract. In their

dialogue, they negotiate an opening for talking about the idea of taking small steps to

safety – a bridging position between the conflicting locations in the differend.

Exemplar XV (00:25:09)

```
383   T:   So uhhh that is one of the things that (.) is an issue here I believe. (1.6)
384        Wwwwhat do you think about what I have just said (.)
385        Joe, does that make sense to you?=
386   J:   =Yep (.) {looking down}
387   T:   It does? {Looks at Joe and furrows his brow}(2) Umm well do you worry
388        a little bit about (.) whether you might be able to follow through on some
389        of these agreements?(3.6)
390   J:   Ya {He shrugs his shoulders} (.)
391   T:   Y[a]
392   J:      [*I guess*] {Looks up at the therapist}
393   T:          [Ya]I'm not surprised I would worry too (1) you know. (2.8)
394        Oka::: (1.3)(hhhh) Ummm (2.5)
395   B:   Which ones are your biggest concerns Joe? (2.3) {looking down not at Joe}
396   J:   *>don' know<* {looking down}
397        (5.6)
398   B:   {Looks up to the ceiling and purses lips} See part of wha[t]
```

399   T: [S]ee I would of I think one of the biggest worries would

400   be the <u>second</u> one (.8) ummm that when he is feeling <u>unsafe</u> that he can

401   ta:::lk to people (.)

Tomm offers the discourse marker "So" as he begins this question/answer

adjacent pair (Sacks et al., 1974) to invite the family (who have begun to attend/respond

less and less in previous exemplars) to orient and respond to his central[138] idea (Schiffrin,

1987). Note Tomm's hesitancy in beginning his question (pauses and drawn out word,

"<u>Wwwwhat</u>"), and the brief pause that follows, to elicit Joe's responses. Joe's quick

answer in this adjacency pair extends and renews the context given his uptake of the

question.[139] Joe's quick response seems to take Tomm off guard (therapist pauses and

furrows his brow after his initial matching quick uptake) but ultimately it invites Tomm

to inquire more about the contract as it stands.

The therapist sets up a challenge to Bob's, and to a certain extent Sandy's,

position of certainty in the contract by asking if Joe is worried about following through

with the agreement. One can see follow-through on this invitation as a collaborative

accomplishment in the working. Joe hesitantly takes it up in his pause before responding

in line 390 (shrugs his shoulders and talks with a quieter inflection in line 392). Joe also

gives a rare instance (given his nonverbal behaviour throughout the interview) of looking

at Tomm in his uptake (line 392) of the therapist's question, thereby underscoring his

investment in what Tomm was saying (Goodwin, 1980). Joe is now using stronger

agreement tokens ("ya") than his previous acknowledgment tokens ("uhuh"). This could

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[138] Schiffrin (1987) differentiates between subordinate idea units and main idea units. Subordinate material
has a secondary role and is often marked by "because," in relation to a more encompassing utterance which
can be marked by "so."

[139] Joe's response can be seen as cued or contextualized by the therapist's question (Kogan, 1998). In other
words, Joe's talk is somewhat context-shaped by Tomm's immediately prior talk (Heritage, 1997).
However, speakers are continuously shaping and renewing the context of the conversation as they take up
and propose new understandings in the dialogue.

be the result of the previous commitments Joe made in Exemplar VI and IX to a position of doubt in relation to the contract.

In lines 393 and 394, Tomm attends and responds to Joe's worries about living up to the contract. He overlaps his speech to agree to a legitimate worry, and accents the words "surprised" and "too" to reinforce that others may share in this worry. He responds to Joe's discussion of worry (line 394), using a series of drawn out words (including a discursive marker "Oka::"), pauses, breath intakes, and the word "Ummm." Previously in the session, he used the marker "Okay"[140] to signal a transition to a different but related topic and the word "ummm" to mark a delay while formulating his utterance to come. One sees evidence that Tomm is attempting to accomplish a slight shift in topic in lines 394 as in line 399 he interrupts (discussed more below) Bob to regain his turn and proposes that Joe might be worried about the contract. In line 395, Bob takes the opportunity to negotiate a transition relevance place (TRP) in order to question this worry. With this action, one understands Tomm's previous talk as not only engaging Joe but also as subtly (and successfully) soliciting Bob to attend to his son's worry. Aronsson and Cederborg (1996) called these compounded invitations "veiled addresses" in which talk indirectly addresses other family members.

In lines 395 through 398, Joe responds to his father's inquiry with a quiet tone, the words "*don' know*", and non-verbal behaviour. A long pause follows after which Bob chooses to discontinue his dialogue with his son in frustration (he looks up to the ceiling and purses his lips). Bob's attempt to engage Joe here is the latter of two such instances so far in the session. The first instance occurs in Exemplar V (p. 129). Both

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[140] Bangerter and Clark (2003) also showed evidence that people use "okay" as a "pre-closing" device, where the speaker marks a turn that constructs an exit to a particular topic. People use words in a variety of ways depending on the conversational context.

these interactions are important; they serve as a baseline for conversational practices and formulations Bob exercises as shifts are accomplished in the exemplars to come (Exemplars XXII and XXIII). In Exemplar V, Joe meets Bob's invitation with a weak agreement ("{Joe leans back and looks away from Bob}*uhuh*") that Bob fails to attend to. In the current exemplar, Bob treats Joe's response ("don't know") as a rejection or avoidance strategy. Instead of following up in the manner that Tomm did in Exemplars VI and IX by treating the answer as legitimate in its own right, Bob is lost for what to say next. He shows this with a long pause in line 397 and abandons a direct dialogue with Joe in line 398. In both Exemplar V and this case, Bob demonstrates a lack of capacity to do what Tomm has described earlier as "hearing his son out." Bob's insistent invitations and lack of attention to his son's responses (line 395) are a strong contrast to the practices Tomm modeled (tentativeness and persistent development on Joe's position) in previous dialogues with Joe (e.g., Exemplar IX). The conversational practices Bob uses here are also very different from methods he uses to engage his son as they accomplish forward movement. Once again, the conversation foreshadows the discussion to come that highlights the need for a *two-way contract* requiring Bob to change the way he presently interacts with his son. This time, the participants foreshadow future conversations in how the talk is performed rather than in its content.

Still attending to Joe's worry, Tomm follows up (line 399) by disrupting Bob's turn with a "therapeutic interruption" (O'Hanlon & Wilk, 1987) or, in CA terms, an "anticipatory completion" (Lerner, 1996). As discussed earlier, these two devices can be used to do similar work. Here, the therapist attempts to help Bob not "talk himself into a corner" (Gale, 1991) or avoid a "potential disagreement" by interrupting and almost

completing the sentence that Bob had started (Lerner, 1996). Bob has just abandoned a direct, laboured interaction with his son and his body language suggests that he is feeling let down and frustrated (in line 398 he looks up and purses his lips). Tomm's interruption halts Bob's entrance into what his non-verbal behaviour suggests could be frustrated talk that further blames Joe's withdrawn behaviour for the stalemate in their interaction. Here Tomm formulates Joe's position, proposing that small steps in talking – like those Bob and Joe had been undertaking together immediately prior to this – can be very difficult. In response to Joe's apparent unwillingness to engage with the topic, Tomm recruits Bob to continue to engage Joe indirectly as the "overhearer" (Heritage, 1985) of talk (I. Hutchby, personal communication, April 1, 2004). Tomm attends to Bob's frustration as he uses another example of an impersonal construction ("people"). This device allows Tomm to speak to a more general experience (Potter, 1996) and invite Bob to continue his participation by lessening the implication that the parents are to blame. As will be seen in the next exemplar, these devices are successful in inviting Bob to engage at a point in the session when he shows signs of giving up.

In this section of dialogue, a small shift occurs, as the participants develop an opening to talk about a very difficult small step – what to do "when he is feeling unsafe that he can ta:::lk to people (.)." In the content and the performance of the talk (Joe's laboured dialogue with Bob, lines 395 through 398), they illustrate Joe's difficulty in taking the small step of talking to "people" about his problems. Tomm challenges the differend, shown in the incommensurate positions of the parents and Joe, as he invites Joe and his parents, to talk differently about the matter at hand. Rather than talking about Joe either unconditionally following through with not cutting or doubting if he can meet these

standards, they now talk about Joe's ability to take the small step of talking to others. This shows a definite shift or forward, collaborative movement as the family develops more shared lines of talk than they had in their previous differend. Here and in other exemplars (Exemplars VI through IX), Tomm and Joe model practices that facilitate small steps in dialogue. They create mutual understandings, evident in how they build on each other's prior turns at talk. In the exemplars to come (Exemplars XXI and XXII), these practices serve the dual function of facilitating the talk with Joe and proposing alternative methods for Bob to emulate as he attempts to "hear Joe in new ways."

If one steps back and looks at this previous exemplar and its overall structural organization (Heritage, 1997), one notices a version of Vehvilainen's (2001) step-wise entry sequence into advice giving (or, in this case, opinion sharing). In lines 387 through 389, the therapist elicits Joe's experience of the contract. This can be seen as Step 1 of a step-wise entry into opinion giving. Joe and Tomm then co-construct a response communicating Joe's uptake on what the therapist proposed in his initial invitation in Step 1 in lines 390 through 396; this fits Step 2 of the entry to opinion giving. The laboured dialogue in lines 395 through 398 provide an extension to Step 2 as father and son offer further information of what Joe's worry may be related to – talking to his dad. The opinion giving that starts in line 399 therefore builds on Joe's uptake to the therapist's invitation to expand on his worry and the information provided in the performed interaction between lines 395 and 398. Once again, Tomm does not begin what I regard as Step 3 of this step-wise entry without evidence of uptake by the family. Moreover, he incorporates the information given by the family members in Step 2.

However, Tomm offers his opinion (starting in line 399 with the use of "I think" and continuing into Exemplar XVI) to the parents rather than to Joe. (In line 400, therapist uses the pronoun "he" rather than "you" when he speaks of Joe.) This parent-directed opinion suggests that the question in lines 387 through 389, which at first glance seemed to be an individual solicit to Joe, functioned as a subtle collective solicit or "veiled address" (Aronsson & Cederborg, 1996). With this question, he invites both Joe and his parents to take up the notion that Joe is a little worried about following through on "some of these agreements." As is common in multi-party talk (Aronsson & Cederborg, 1996), invitations that might seem intended for one speaker can address multiple parties simultaneously.[141]

The therapist then invites the family to discuss how talking could be a "real struggle for him [Joe]" as it is "<u>extremely </u>difficult to do." He continues "opinion sharing" into the section of talk below.

Exemplar XVI (00:26:37)

```
407   T:   Now if he is able to achieve that (.) I think that's marvellous (.6)
408        and I think that would be (hhh) a reason (.) to celebrate? quite frankly
409        and if he is able to come to you at some point and say (1.4) you
410        know hey mom (.6) you know w::I am really struggling now (1.2)
411        er (.) f:for the last half hour I've been thinking about (.6) you know (.4)
412        doing this or >what ever and I know it is not the right thing to do<
413        but (.2) >I don't know how to handle it< right? (hhh) So if he was
414        able to do that and talk with you and discuss (1) what it is that (.3)
415        stirred up the (.2) turmoil (.) to get to that place=
416   S:   =Mhmm=
417   T:   =so that he feels some (.1) relief after that (.8) then he succeeded
418        in overcoming that sort of impulse (.6) and not caved into it right? (.)
419   S:   mm[mm {noding her head in agreement}
420   T:      [So that is a major success (.)
421   B:   Absolutely and and [we're always
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[141] An excellent example of veiled addresses is seen as Erickson (1977) practiced hypnosis on a mother prior to attempting hypnosis with an anxious daughter, only to have the daughter fall into trance during the mother's hypnotic induction.

422   T: [So I mean what to do when he has a <u>success</u> right (.)
423   that is not written out here right? (.7) …

In Exemplar XVI, Tomm uses a number of devices to facilitate uptake of, and involvement in, his opinion giving ("I think" in line 407), just after Bob has experienced frustration in trying to engage his son (Exemplar XV, lines 395 through 397). Tomm uses a hypothetical quote (Buttny, 2001) to illustrate concretely what this small step might look like. He discusses how there could be "reason to celebrate" if Joe was able to say, for example, "…you know, mom, you know I am really struggling now for the last half hour…" (lines 410 through 413). By proposing a small way of honouring the contract, he scripts an action that Joe can carry out and his parents could accept. Note how Tomm uses Sandy in his quote. This works to lessen the tension evident in Bob's body language in the previous interaction with his son and engages him in the talk (he stops looking at the floor, looks to Sandy, and then initiates talk in line 421). Tomm also uses a tentative qualifier, "right," in lines 413 and 418 in a similar way to the last instance of opinion giving (Exemplar XII) – to invite the parents to co-develop his ideas (e.g., line 419).

Lines 415 through 421 show the therapist and parents joining to further work up a notion that Joe's capacity for this kind of disclosure would be a "major success." One sees evidence of this consensus-building in Sandy's quick uptakes in lines 416 and 419 combined with non-verbal agreement (head nodding in line 419) and Bob's responsive strong language of agreement ("Absolutely" in line 421). In this exemplar, another small shift develops in the consensus the parents and Tomm generate, in the midst of Tomm's opinion giving about the importance of taking small steps in talk.

As this conversation continues, Tomm interrupts Bob (line 422) to carry on with his previous discussion (lines 417 and 418). This interruption in line 422 is a "repair of the turn taking system" (Schegloff, Jefferson, & Sacks, 1977). In this case, the turn taken by Bob in line 421 is a violation of the "one speaker at a time" ideal, as Tomm was not ready to negotiate a transition point (Schegloff et al., 1977). The therapist uses this turn taking repair (overlapping talk in line 422) to promote further development of the notion of small steps that, as discussed above, the parents have demonstrably accepted.

Tomm also uses discursive markers in this exemplar to help the family orient and respond to what he offers; this helps them successfully (discussed above) coordinate their talk. First, Tomm offers "temporal markers" (Schiffrin, 1987), "Now" in line 407 and "then" in line 417. These markers organize his talk to invite the family to orient to the relationships in the order or timing of events. In this case, "success" follows Joe's "sharing" with his parents. Second, Tomm uses "so" four times in this exemplar to offer "main points" (Schiffrin, 1987) (e.g., line 420, "So that is a major success").

In the above exemplars, they negotiate a conversational shift to talk about the contract differently. The therapist uses a number of conversational devices as he orients and responds to the family members to bridge the two positions in the differend. He meets some success in his entry into, and packaging of, three different opinion giving sequences. The family begins to accept and contribute to a newly shared, bridging language based in, and performed according to, taking *small steps in dialogue* to help keep Joe safe. I will continue to discuss more evidence that the family has taken up this shared notion and has begun to transcend the differend. At the same time, I will show how they accomplish another shift, concerning the development of a *two-way contract.*

Two-way Contract

In the next six exemplars, the participants continue to build on the notion of taking small steps in dialogue, and generate another shift that constitutes these small steps as being genuinely dialogic or *two-way*. I show evidence of what the participants *accomplish* in the talk, most notably in the last two exemplars. In addition, I discuss how the participants construct this conversational shift.

In the previous exemplar (XVI), I examined how a small shift developed, and how the parents and therapist co-created a consensus around the importance of taking small steps in talk. In the exemplar to follow (XVII) Tomm continues to expand on this shift by introducing the idea that the parents need to assume their own part in taking this small step and engaging them in talking this way. Tomm suggests they create a "contract to him" (Exemplar XVII, line 424).

Exemplar XVII (00:27:33)

```
423  T:                                      …Should you u:::mm should that be
424        part of (1) your contract to him (1.2) offer him something (.8)
425        if he is able to achieve some of the things that are on here
426        (6.9)
427  B:   Part of the part of the (1.8) the major success (.) that would be was that (.)
428        that would be in my opini[on
429  T:                              [Not buying him a Ferrari or something like that
430  S:                              [ (laughter)
431  T:                              [ (laughter)
432  B:                              [Don't go there= (Bob now joins the therapist
433        and Sandy in laughter)
434  T:   =Sorry about that (laughter continues) (2) …
```

This invitation to the parents to create their own contract is followed by a long pause in line 426 (Exemplar XVII) in which Tomm gives the parents space to respond to his suggestion. Bob, however, goes on to discuss Joe's major successes rather than addressing the issue of a parental contract. This long pause and avoidance of the subject

introduced shows Bob's rejection of Tomm's invitation to talk about the parents' role in

helping Joe make these changes. Tomm then initiates a further repair[142] using humour.

In line 429, Tomm interrupts Bob and for the second time in this session uses "extreme

case formulation" (Hutchby & Wooffitt, 1999) to produce humour by exaggerating what

the parents could offer the son (Buttny, 2001). With an extreme suggestion ("Ferrari")

the therapist offers a repair to the parents' rejection of his previously stated question

(lines 423 through 425). He decreases the pressure they may feel, something attempted

in how he comically compares buying an expensive car to other actions they could take

under a two-way contract.[143]

Humour can facilitate the introduction of awkward or delicate topics especially

when other attempts to move forward are rejected as speakers find it difficult to continue

their discussion (line 427, Bob does not directly answer Tomm's question; Buttney, 2001;

Osvaldsson, 2004). Tomm's use of humour succeeds in lessening the tension evident in

the space after line 426 (Exemplar XVII). This lessening tension is evident as both

parents' laugh. Bob continues in Exemplar XVIII in a much more relaxed voice tone and

with a smile.

Exemplar XVIII (00:27:68)

```
435   B:    ...{Bob smiles} PARt of part it for me (.8) that would be a huge success
436   T:    {therapist puts his arms up over his head and leans back with a smile}
437   B:    is for Joe (1.2) and I know its >it it may be a little bit difficult for him<
438         (.8) would be to (.7) share with us (1) in his own way (2.2) {Bob waves
439         his hand toward Joe}
440   J:    {Joe picks at bottle he is holding hard enough to make a noise}
```

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[142] This repair attends to the content of the talk (avoidance of the topic) rather than the turn taking system (e.g., Exemplar XVI, line 422).

[143] This is an example of what Schegloff, et al (1977) would call a self-initiated self-repair as the repair was both initiated (with the suggestion of a parental contract) and carried out (with the use of humour) by the speaker (the therapist) of the "trouble source".

441   B: when he feely when he's feeling umm (1) stressful (.) or potential (.2)
442   that something could happen (.) a::nd (1) just also checking in with us
443   and saying >you know I am okay< (.8)   don't worry (.8) Cause the one
444   thing [we are]
445   T: [That takes] a lot of maturity though=
446   J: {Joe quickly leans back and then forward}
447   B: =Sure it does but Joe Joe is yes he only 14 years old (1.1) yes (.2) but
448   Joe sometimes comes across as a mature individual too (.4) like he
449   has got the skill set for both (1.3) …

A clear shift is evident in Exemplar XVIII. Bob enthusiastically endorses the idea of taking small steps to Joe's safety. He says it would be a "huge success" for Joe to "share with us" or "check in with us." This section of talk also shows his agreement that these small steps may be a struggle for Joe (">it it may be a little bit difficult for him<"), a notion that Tomm has previously introduced to invite the parents to take on a more supportive role. Bob's uptake of Tomm's invitation is further evident as he uses Tomm's previously used device, a hypothetical quote (Buttny, 2001). He takes the position of his son and gives an example of what his son could say that Bob would positively accept as "small step" (">you know I am okay< (.8) don't worry").

Bob has accepted the invitation to talk differently about what is expected of Joe. Instead of asking Joe to take the large unconditional step of not cutting, Bob furthers the "bridging" notion that the small step of "checking in with us (parents)" is a "huge success." By "bridging" notion, I am referring to the idea introduced by the therapist and slowly acknowledged by the family that they can follow through on the contract by using "small steps in dialogue." This is a mutually satisfying (as will be seen in later exemplars) way of understanding the contract. Both Joe and his parents can adopt it to allow them to speak from less conflictual positions. This notion can potentially "bridge" the two previously described conflicting positions by replacing it with a hybrid of the two

that invites mutually shared goals. From this hybrid position, Joe can take the small step of sharing his experiences, while the parents can hear their son out in "new ways" to encourage these small steps.

However, as Bob expands on what Joe (the overhearing audience) needs to do, Joe shows signs of being agitated (e.g., he picks loudly at his bottle as Bob refers to him in language and hand gesture in lines 438 through 440). The adjacent non-verbal behaviour between Bob's turn (lines 438 and 439) and Joe's (line 440) shows how father and son use their non-verbal behaviours as "bartering devices"[144] as they try to sort out a language about taking small steps. When one looks more closely at the language Bob uses in this exemplar, a contradiction is evident. He suggests Joe's "checking in" would be a "huge success," however, he elaborates in a quick voice that this will be "a little bit" difficult. In line 442, he uses another qualifier stating that Joe should "just" check in, implying this is an easy thing to do. In this turn, he also focuses on Joe's part in taking these small steps. This focus and use of qualifiers lead Joe to feel some pressure (seen in his non-verbal behaviour in line 440).

The therapist responds to Joe's non-verbal behaviour in line 440 through another therapeutic interruption (O'Hanlon & Wilk, 1987), proposing that the small steps Joe is being asked to carry out take "a lot of maturity" (line 445). In one sense, Tomm is inviting Joe to rhetorically step into "maturity." Although there is no direct evidence that Joe has taken up on this invitation, his non-verbal behaviour in line 446 seems to indicate he hears Tomm's proposal. At the same time, Tomm invites Bob to expand on how difficult these small steps may be. As will be seen this serves as preparation for the

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[144] By bartering I am referring to Joe and Bob trading or exchanging non-verbal behaviours as they negotiate a mutual position to move forward in.

conversations ahead about how Joe's parents can help him with those steps. In line 447,

Bob's response implies that he accepts the therapist's suggestion that this is a difficult

step and he further builds on this with the proposal that Joe is up for the challenge.

They make forward movement as the two positions in the differend are more

closely bridged. The family now can talk about[145] taking small steps to Joe's safety - a

potential middle ground between positions of certainty and doubt about the contract.

However, Tomm continues to sow the seeds for the second shift in line 445, stating that

these steps are difficult and that Joe needs his parents to support him in making them.

Bob's response in line 447 suggests that he recognize the difficult nature of what he is

asking his son to do.   To this point there has been no mention of what the parents could

do to help Joe in this endeavour; however, this is about to change in the exemplars to

come. In Exemplar XIX, Bob shows a partial, yet delayed uptake on the previous

conversation concerning "promissory violence" (Exemplar XIV).

Exemplar XIX (00:28:55)

```
449   B:   But one thing a:::h(.3) we don't want
450        to do is we don't want to ride him and say are you safe or are
451        you not safe (.5)
452   T:   Well terrific (.1)
453   B:   We don't want to do that (.3) but we also wa[nt]
454   T:                                    [Go]od that you don't want
455        to ride him [that's good]
456   B:               [We also wa]nt Joe to feel comfortable (.2) cause he hasn't
457        in the past (1.1)
```

When Bob uses the phrase "We don't want to ride him," Tomm works to develop

a transition relevance place through overlapping talk in line 454 to collaborate on this

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[145] They are talking about taking small steps (noun), but they are also practicing taking small steps in the actual conversation (verb).

idea. However, Bob regains the floor[146] in line 456, using overlapping talk. In this case, the therapist is attempting to negotiate a TRP at a point in Bob's utterance that speakers do not commonly recognize as such (Wennerstron & Siegel, 2003).[147] Consequently, Tomm breaks the "one speaker at a time" rule (Schegloff et al., 1977) which Bob works to repair in line 456. Although in general conversations such an interruption would be inappropriate, as discussed below, Tomm uses this therapeutic interruption in line 454 to facilitate further forward movement in this family. As Peyrot (1995) suggested, "therapists cannot afford to give in to clients merely because it is the conversationally preferred thing to do; therapeutic concerns must take precedence" (p. 324).

Although Bob makes evident a partial uptake on the notion of promissory violence in stating, "We don't want to ride him," this statement may also be a qualified rhetorical move by Bob. He also seems to communicate indirectly that he and Sandy *will* have to "ride" Joe if he does not do his part (use of "but" in line 453). Schiffrin (1987) suggests that "but" is a marker for upcoming contrasting ideas. Bob offers this marker in lines 449 and 453. This makes evident that he does not understand his actions of not "riding" Joe as being complementary to Joe's checking in with him and Sandy (Exemplar XVIII) or to Joe feeling comfortable with sharing (lines 456 and 457 in Exemplar XIX). Bob's turn starting in line 456 further confirms this, as he offers a circular proposal that Joe will feel more comfortable if Bob does not have to nag him about his follow-through.

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[146] This metaphor, "regains the floor," refers to practices used in turn taking as "floor-keeping strategies." Pause duration (in this case lack of) and intonation are strategies that speakers commonly use to signal turn continuation or open space for a TRP (Wennerstrom & Siegel, 2003).

[147] The study referenced here is a quantitative investigation that found correlations with pause duration and specific intonations and instances of turn taking. For example, rising inflection, syntactic completion (an increment completed in the grammatical sense), and longer pauses were found to coincide with turn shifts. High rising intonation paired with syntactic completion had as high as an 80% probability of facilitating a turn shift.

In lines 452 and 454, Tomm addresses Bob's ambivalence by enthusiastically endorsing the part of Bob's statement that signals an uptake on Tomm's idea of "promissory violence." This is reminiscent of a solution-focused therapeutic strategy to highlight positive movements (De Jong & Berg, 1997), or of what O'Hanlon and Willk (1987) discussed as utilization. Tomm uses "selective listening" (lines 454 and 455) or "utilization" of one part of this ambivalent message and is successful in inviting Bob to downgrade his focus from not wanting to "ride" Joe, to wanting Joe to "feel comfortable." However, the majority of Bob's talk in Exemplar XVIII and *after* Exemplar XIX, focuses on how his son's sharing is an important small step without mention of how both parents could participate in such a development.

Let us return to the earlier introduced process of a step-wise entry (Vehvilainen, 2001). In lines 423 through 425 in Exemplar XVII, the therapist can be seen to enter Step 1 of this entry process – eliciting plans or ideas regarding a particular task. In this case, he discusses a two-way contract ("should you u::mm should that be part of (1) your contract to him"). As in the first instance of opinion giving (Exemplar X), the parents are taken back by the proposition offered in Step 1 of the entry and the therapist responds to this with humour. In Exemplar X, Tomm used humour in the form of an extreme case formulation ("For life at age 50") with the help of a linguistic vocalization (voicing this statement in an old man's voice). These practices facilitated a small uptake in the second step of the entry into opinion giving; the clients joined Tomm in laughter concerning the absurdity of a contract without renegotiations. In Exemplars XVII and XIX, Tomm also uses extreme case formulation humour to elicit the parents' plans concerning a contract of their own, this time in the form of a "therapeutic interruption" (O'Hanlon & Wilk,

1987). He invites Bob to address the previous question (lines 423 through 426) by interrupting Bob. This interruption in the form of humour further solicits the parents' views (Step 1) on a contract the parents can offer to Joe.

The parents join Tomm's humour and initiate the second step of the opinion giving sequence by describing their intentions. They are beginning to "walk the talk" as they take "small steps" in dialogue with Tomm. However, the plans they articulate do not directly relate to the initial proposition offered by the therapist. Rather than discussing a two-way contract in which Joe and his parents share efforts and responsibilities, they talk about the small steps Joe can take in simply complying through his "check-ins." However, in Exemplar XIX, they do mention that they will try not to "ride him." This partial, qualified uptake of the initial solicit (lines 423 through 425, Exemplar XVII) works to open the space for Tomm to "selectively listen" and initiate a brief Step 3. He briefly states an opinion in the form of an assessment token (Jefferson, 1984) in lines 454 and 455 of Exemplar XIX ("That's good").   Bob does downgrade his understanding of Joe's part in the contract (from an understanding that he should follow through so his parents can stop riding him to an understanding that he should follow through so he feels more comfortable). However, Bob abandons discussing any part that he and his wife might have in this contract and focuses on what Joe is not doing. With this combination of uptake and rejection, Tomm enters another step-wise sequence in Exemplar XX. Instead of negotiating the step-wise entry into opinion giving with Bob, Tomm shows therapeutic flexibility as he curries favour for the notion of a two-way contract through an alternative route. As seen below, he works to facilitate a collective effort toward a new understanding about *two-way contracts*.

Exemplar XX (00:29:53)

```
470   B:   Sorry (     )
471    J:   {Joe is very quiet and Bob touches him and he moves away}
472   S:   I:[::]
473   B:    [b]ut he's got to mean it (.5) you know what I am saying (.5)
474   T:   (hmm)=
475    J:   {Joe looking down and fiddling with the label of a pop bottle}
476   B:   =THAT MEANS A LOT TO US and (.)until[l]
477   T:                                        [O]kay ww just hang on
478        (.hhh)…ummm (hhh) >can I check out with you Joe< (.8)
479    J:   {Joe looks up}
480   B:   {Bob starts scratching the back of his neck}
481   T:   Ww::ould you like your parents to consider making a contract with
482        you? (2.3) >Othwords<Do you trust your dad (.) to be able to hear
483        you
484   B:   {One arm crossed over chest with other arm up supporting his head.
485        He is also leaning back in chair and looking down}
486   T:   >*hear ya out*< when you are feeling uncomfortable right? (.5)
487    J:   uhumm=
488   T:   = that you can actually talk to them about some issues (1) do you
489        trust him?(2.1)
490    J:   *Ya I guess* (1) {shrugs and remains playing with the label on the bottle}
491   T:   You don't sound too convinced (2.1) :::or do you think that (.hhh)
492        You'd like to see your dad make some commitments to work
493        towards (.9) you know showing you that he is willing to hear you in (.9)
494        in new ways or something?
495        (16.5)
496   T:   >Or do you think that I'm<getting into dangerous territory >by even
497        raising this<? (2.1)
498    J:    >Doesn't matter<(1.3)
499   T:   >Doesn't matter to you< but (.)
500    J:   {Joe looks up at therapist}
501   T:   what about your dad do you think your dad might be a bit (1.4)
502        offended by me suggesting that he could make a contract with
503        you too? (.9)
504    J:   *I don't know* (3.4)
505   T:   Am I:::treading on (.) risking (.) territory here >with you
506        *you t[hink*<? ] do you
507   B:        [hmmmf]  {shaking his head no}
508   T:    think it would be useful for you to (.) srt ov (.)
509         >give some thought< to a contract that you can make (.hhh) for
510        yourself to::to srt ov >try to< follo::w (.3) with him? (1.5)
511   B:   Sure (.) absolutely I mean I'm I'm not apposed to that umm (.3) …
```

Exemplar XX demonstrates how the participants construct a commitment to *two-way small steps* in the back-and-forth small steps of their conversation. In line 473, Bob uses the discursive marker "but." Bob has used this marker multiple times to qualify what he expects of Joe (Before he stated, "<u>We also</u> want Joe to feel comfortable" and "He's got to <u>mean it</u>"). This shows further evidence of Bob's qualified uptake of small steps as he communicates that he desires more certainty in the small-steps required to follow through with the contract. In his qualifications, he suggests that Joe should make large confident steps to keep himself safe where he is "comfortable" and "means it."

Line 477 shows Tomm checking back with Joe, after Joe's apparent withdrawal from the immediately preceding conversation (in the non-verbal behaviours in lines 471 and 475). In line 477, the therapist interrupts Bob's lengthy and increasingly insistent (loud voice in line 476) discussion of what Joe needs to do. The therapist proposes that a two way process between Joe and his parents might best serve all. In line 477, he offers the discursive marker "Okay" to invite Joe into a different topic (Bangerter & Clark, 2003) and directly asks if he wants his parents to join him in developing a contract together. Tomm then follows this with an indirect request, in line 486, that the parents "hear Joe out" on his answer to this question.   What at first glance appears to be an individual solicit, is a subtle collective solicit to Joe and his parents (Aronsson & Cederborg, 1996). Evidence that Bob attends and responds to this indirect solicit is seen in lines 484 and 507 as well as in his eventual positive endorsement, discussed in the next exemplar.

The questions Tomm uses here (lines 481, 482, 483, and 486) are examples of "preference questions" that narrative therapists (e.g., Freedman & Combs, 1996) use to

ask clients to take a position on topics. These questions are another attempt by Tomm to invite this family out of the positions in their differend and into a new position enabling them to transcend an impasse for forward moving conversations. In Exemplar XVII, the parents offer a partial and qualified acceptance to Tomm's first invitation concerning the possibility of their making a contract with their son. Tomm repeats this solicit in the current step-wise entry (Exemplar XX). With this second solicit, Tomm shows his commitment to inviting this family to transcend their differend through a particular hybrid position. His solicits offer space for the family to consider a middle ground so that they can address both positions in the differend by viewing the contract as two-way.

The therapist sets up the first question by attempting to slow down the discussion, to invite Joe into the dialogue and propose an alternative line of talk. He literally asks everyone to "just hang on" (line 477). He then begins with a slow-building question (breath intake, verbal filler and audible exhalation), perhaps to build curiosity to engage the family (Erickson, 1977). Goodwin (1980) and, more recently, Clark (2002), discuss how speakers use similar pauses and slow starts consistently to invite the recipient of the speech to attend to what a speaker says. These pauses signal that "the services of the hearer are needed" (Goodwin, 1980, p. 284).

In addition, Tomm uses a turbulent delivery pattern in lines 481, 482, 483, and 486 to package his talk for Bob's acceptance, in light of Bob's increasingly evident non-verbal communications (lines 480, 484, and 485). Bob's non-verbal behaviours communicate his withdrawal from a line of talk that Tomm re-introduces about a parental contract. Tomm's pauses, changes in speed of delivery, and drawn out words work to mark what he is saying as sensitive and show him orienting/responding to what Bob

offers (Silverman, 1997). Tomm also begins this question with the phrase ">can I check out with you Joe<" in line 478. This is an example of an action projection (Peyrot, 1995; Schegloff, 1980) in which a phrase serves to mark out and request formal permission for potentially "delicate actions." Tomm's use of this device is very effective in inviting Joe to hear the therapist out as seen in Joe's rare instance of eye contact (line 479). Peyrot described this behaviour as a "preliminary" to foreshadow a forth-coming proposal or announcement.[148] In this case, Tomm has left his conversation with the parents that had focused on Joe's one-way effort to promote small steps. He has shifted back to a discussion of a "two-way" contract. With these practices, Tomm works to negotiate a return to the previously discussed subject of a parental contract; thereby creating an opening that eventually leads to Bob's strong uptake on this notion in line 511.

The therapist's methods in delivering this inquiry offer a strong example of recipient design as Tomm designs this question anticipating the parent's response (Sacks, et al, 1974). The discussion of a two-way contract has proven to be a delicate subject, so Tomm packages his question to address the recipients' sensitivity as he revisits this idea. I have continually suggested that talk is performative. Here, it is clear that the therapist's utterances do more than convey information; they invite a particular range of possible responses from his conversational partners. They invite Joe and, more subtly, solicit his parents to accept Tomm's proposition of a two-way contract.

Joe responds, in lines 479 and 487 to both invitations (the one put to him, and the one put to his parents to grant an audience to Joe's response) and builds on them in lines

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[148] Schiffrin (1980) call this phrase an instance of "meta-talk" where Tomm interjects talk about his talk within a turn. Similar to Peyrot's notion of "an announcement," this is often done to allow talk to emerge as a subtopic within ongoing talk about something else (Schiffrin, 1980).

490, 495, 498, 500, and 504. Joe's words in line 498 suggest that he is not concerned with introducing a parental contract (">Doesn't matter<"). However, his weak agreement (Kitzinger & Frith, 1999)[149] in lines 487 and 490 ("uhumm" & "*Ya I guess*) to the question of whether he trusts his father to hear him out communicates his pessimism that Bob has the ability to listen empathetically. Joe communicates this weak agreement by using quiet talk after a significant pause, qualifying his utterance with "I guess" and accompanying it with nonverbal behaviour indicate his uncertainty (line 490). He is indirectly expressing his uptake of Tomm's invitation to participate in developing a two-way contract. Similarly, in an extensive pause in line 495 Joe shows his uncertainty about agreeing with the therapist - and his parents.

In line 499 Tomm treats Joe's "Doesn't matter" as a *legitimate* response, not avoidance strategy. This is reminiscent of other points in the session where Tomm engages Joe, regardless of minimal or non-responses (e.g., Exemplar VI, line 93). Rather than treating Joe's comment in line 499 as indicating that what Tomm asks in his question (lines 496 and 497) "doesn't matter" in general, Tomm joins Joe in talking about how although it doesn't matter to him it might matter to his dad. He "utilizes" (O'Hanlon & Wilk, 1987) the part of the ambivalent statement that allows him to join Joe towards the larger goal of seeing the contract in another way – as two-way. Tomm's use of this practice works to further engage Joe (line 500) and set the stage for what family therapists call a circular question or, more specifically, an interpersonal perception question (Tomm, 1988).

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[149] As discussed earlier, Kitzinger and Frith (1999) discussed how "no" is discursively accomplished in our talk. They demonstrated that weak agreements were subtle ways that speakers formulated refusals when it was difficult to just say no.

An interpersonal perception question invites one person to attend to the experience of the other. Here Tomm asks Joe to answer the question as his father might ("do you think your dad might be a bit (1.4) offended…"). As seen in line 505, this is also a "veiled address" to Bob through Joe that sets the stage for a follow-up solicit directly offered to Bob. Joe's answer to it ("I don't know"), and the previous uncertainty Joe communicates in this exemplar (lines 490 and 495) further reinforce Joe's lack of confidence that Bob would entertain a two-way contract. Joe's multiple ambivalent responses (lines 487, 490, 495, 498, and 504) are good examples of what Pomerantz (1980) would call a "fishing" device. He uses ambivalence to indirectly "lure" his father to join Tomm's strategic invitation to a middle ground (similar to lines 390 and 392 in Exemplar XV). Tomm and Joe set the stage for Bob to further share his stance in relation to hearing Joe out in new ways.

Tomm uses a number of other conversational practices or devices to further co-construct a two-way contract, and to invite the participation of Joe and his parents in carrying it forward. For example, he matches[150] Joe's hesitancy by using a number of pauses in his talk (e.g., line 505), a quiet voice tone and quicker mumbled words (e.g., lines 481, 482, 483, and 486). He also responds to the significant pause in line 495 with an "option marker" ("Or") that invites Joe to consider another option (Schiffrin, 1987). After this marker, Tomm proposes that he is getting into "dangerous territory."

After further careful invitation by Tomm, who again uses a turbulent delivery pattern in lines 505, 508, and 510 (more pauses, drawn out words, quiet phrases, etc.),

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[150] This is another good example of the commonly discussed counselling practice of "matching" (e.g., Cormier & Hackney, 1999). In CA terms, researcher have called this "verbatim displays" (Clark & Brennan, 1991) or "understanding checks" (Mellinger, 1995). Speakers repeat pieces of the previous utterance (in this case, how it is said) to provide evidence that they have developed a shared understanding.

Bob noticeably attends more to the therapist's proposed two-way contract (line 507).

Tomm asks a final preference question (Freedman & Combs, 1996), this time to Bob

(lines 506 through 510). His question acts as the final solicit in this entry into opinion

giving. Tomm's previous indirect solicit (lines 481 through 494) and this direct solicit

(lines 506 through 501) to Bob is followed up in line 511, at which point it is finally

accepted (Bob emphasizes the words "Sure" and "absolutely"). Tomm successfully

invites Bob to transcend their differend by taking up new positions located in a different

way of understanding the contract – as two-way. As seen in the exemplar below, Bob

develops this acceptance as he says he is "very open" to this development and is ready to

start "making a progression."

Exemplar XXI (31:67:50)

```
512   B:   I'm I'm very open to that (1.7) {Resting his face in his hand with
513        other across his chest} You know all we want is we want to start (2.3)
514   T:   S[ee
515   B:    [making a progression= {Hands come down and leans forward}
516   T:   =Ya right I think it might be useful to actually do that (.2)
517        Bob because (.8) I think it would (.5) umm (.4) create a bit of a
518        process of reciprocity (.1)
519   B:   Mhmm (.3)
520   T:   Between you and him (1) and >is a way that both of you< (.7)
521        srt of (.4) collaborate in your efforts to get past thisss family crisis (1.4)
```

In Exemplar XXI, Bob continues to endorse a notion that the therapist introduced

in Exemplar XVII. Bob joins the shift that Tomm has patiently and repeatedly invited

him to join through his repeated solicits (e.g., preference questions). Bob expresses

another extension of what I regard as the second step in the step-wise entry into advice;

he gives his response to Tomm's proposal of parental involvement in the contract ("I'm

very open to that"). Just as there have been multiple solicits made by the therapist in

what I have called a step-wise entry, so there have been multiple responses made by the

family (second step). The current response (line 512) shows Bob's acceptance of Tomm's offer of a new lens through which to see the contract. Tomm takes this opening to offer his opinion (as shown by use of "I think") in lines 514 through 521. In this process, Tomm now presents his opinion in agreement with Bob ("Ya right").

In summary, in this last entry into opinion giving (Exemplars XX through XXI) Tomm offers multiple solicits including a preference question to Joe, a preference question to Bob, and an interpersonal perception question (Exemplar XX). The family's responses (second step) to these solicits evolve until we finally witness Bob's acceptance of Tomm's invitation to understanding the contract in a new way (Exemplar XXI, lines 512, 513, and 515). Tomm patiently invites the family to view the contract as two-way after the family (especially Bob) partially rejects this notion (Exemplars XVII and XIX). In a circular fashion, these multiple solicits and responses provide an extension to Steps One and Two of this step-wise entry. Tomm accepts and responds to Joe's ambivalent uptakes to invite Bob into an alternative hybrid position for all.

In this patient development, Tomm and the family are actually performing the notion they are building on. They take small two-way steps in their dialogue to construct forward moment. Rather than simply telling the family that they need to start doing this differently and prescribing how, Tomm has slowly, in a back-and-forth collaborative dialogue, co-developed this forward movement *with* them. As in previous sequences of opinion giving, the family's acceptance of Tomm's proposed new discourse opens space for Tomm to share information or give his opinion. By offering his opinion after the step-wise entry, Tomm is able to offer a proposition in common incorporating the

position communicated by the family members as it has been co-constructed in the process.

In Exemplar XXI, Tomm again communicates his opinion through a turbulent delivery pattern. Even with Bob's acceptance, Tomm still expresses caution about his proposition (Silverman, 1997) ("I think it would (.5) umm (.4)", line 517; "srt of (.4)", line 521). He downgrades possible authoritative advice giving to a "provisional suggestion" (Miller & Silverman, 1995).[151] Bob takes up these suggestions offered to him by Tomm (change in non-verbal behaviours from lines 512 to 515, and his quick up take in line 519). Opinion giving thus becomes a collaborative endeavour between Bob and Tomm. One sees further evidence of this in how Bob then discusses a concrete example in which he and Joe took "two way small steps" in dialogue. He describes an instance when he went to the hospital and spent a few hours talking to Joe.

Exemplar XXII (00:32:58)

```
528   B:   Remember that Joe? (.2)
529   J:   Mhmmm (1.3)
530   B:   a::nd we talked about a lot of stuff (.2) we talked about (.9) stuff I
531        have done stuff I have done right stuff I've done wrong.  We just
532        >we just< talked (.7)
533   T:   Oh neat =
534   B:   = a::nd and it was (.) I think (.) ::I think we both kind of came up
535        out of there (.3) and >Joe you can (.) speak for yourself< but (.)
536        what I came out of it was that (.1) ummm >we need to do things
537        a little bit different< (.5) we need to start (.1) >do things a little bit
538        different< …
```

Bob's acknowledgement that he, Joe, and Sandy, need to collaborate in *two-way small steps* ("I am very open to that", line 512) towards Joe's safety invites more positive responses from his son. When I describe line 529 as positive, I mean in relation to an

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[151] By drawing on these down-grading techniques, the therapist can present his utterances as limited or open to revision (Buttny, 1996).

earlier attempt Bob made to engage Joe in the same discussion (Exemplar V, lines 70

through 78). In Exemplar V, Joe mumbled "*uhuh*" after a pause. Here he shows a

more committed response than the previous acknowledgment token (Jefferson, 1984).

He quickly takes up his father's invitation in a regular voice tone. The question Bob

poses here is different than the one in Exemplar V; however, both questions invite Joe to

join a dialogue[152] with his father concerning taking small steps by talking. Joe's positive

response to Bob's question in line 529 illustrates his stronger acceptance of taking small

steps in dialogue, in light of his father's acceptance of this being a "collaborative effort"

between himself and Joe.

Forward movement continues as Bob, Joe, and Tomm continue to develop a

shared discursive position around the notion of *two-way small steps in dialogue*. Within

a previously performed differend, Bob asked Joe to unconditionally follow through with

not hurting himself in one large step. As evident in the communicative behaviours in the

last exemplars, they are now beginning to perform smaller steps in dialogue to work

towards keeping Joe safe. Bob uses particular devices that work as invitations to Joe and

Tomm to see him now positioned differently. Phrases like "…stuff I have done (.) stuff I

have done right stuff I've done wrong." show Bob's increasing participation in

developing the contract as two-way. These utterances communicate Bob's awareness

that his behaviours are also in need of changing. In addition, in the phrases, "we need to

do things a little different" and "we need to start" (lines 536 and 537), Bob uses the word

"we." Formerly, he had talked only about Joe's responsibility for making the small steps

on his own. Now he joins Joe and Tomm in finding a way forward.

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[152] As Goffman suggested (1974), they invite Joe to join Bob in committing to a participant framework or a new position.

CA researchers have studied the use of the word "we" for its use in presupposing that people have worked something out (in this case a two-way contract) as shared by more than one person (e.g., Sacks, 1995). In conversations, people move from topics having no meaning to the speaking partner to those having some meaning to assuming or taking for granted that what is communicated by one person is shared with the other. As Clark and Brennan (1991) stated speakers cultivate "common ground" that can then be taken for granted in their future interactions. By using the word "we," Bob is doing just this as he speaks for Joe about what they need to do.

In Exemplar XXII Bob's use of the word "we" is not contested by Joe (absence of verbal or non-verbal behaviours in response to Bob's turn).[153] Earlier in the session Bob used "we" to develop a shared position between himself and Sandy (e.g., Exemplar III, line 56). He stated, "we want Joe to be safe" and thereby presupposes that he and his wife have a shared understanding about this. In this example Sandy subtly contested this in her non-verbal behaviour (Exemplar III, line 18, Sandy starts to scratch the back of her head). She seems to recognize the implications of Bob's use of the word "we" and responds to it. In addition, Bob's previous attempt to use "we" when talking about himself and his son in Exemplar V (line 75, p. 126) was met with non-verbal signs of protest from Joe. Joe's lack of protest in the current exemplar provides strong evidence of a developing hybrid position for Joe and Bob to move forward together. Although the same word "we" was offered in both instances (Exemplar V and Exemplar XXII) the way it plays out in the interaction offers evidence of the conceptual and performative shifts father and son are making.

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[153] As Bakhtin (1963/1984) stated, "A firm monologic voice presupposes a firm social support, presupposes a we – it makes no difference whether this "we" is acknowledged or not" (p. 281). With the simple, uncontested utterance of this pronoun this presupposition is accomplished.

Furthermore, in previous exemplars, one notices how versions of the phrase "I can't speak for you" voiced by Sandy (e.g., Exemplar III, line 38) and Bob (e.g., Exemplar V, line 67) stand in contrast to Bob's use of "we." This phrase shows the limited access a speaker has to the other's experience (Miller & Silverman, 1995). "We," especially if its use goes uncontested, demonstrates "common ground" in which both participants understand something well enough to invite one to speak for the other (Clark & Brennan, 1991). With this close look at the talk, one notices Bob subtly communicating that they have moved from recognizing two positions in the differend to moving toward a mutually accepted hybrid.

Because of the strong connection to what I am investigating in this study, let us look more closely at how Bob moves into using "we" in this exemplar. Bob begins by marking his utterance as an opinion "I think (.) ::I think," which opens it up to contention as one way of seeing it not the "truth of the matter" (Schiffrin, 1990). Then he states, "Joe you can (.) speak for yourself." This stake inoculation (Potter, 1996) works to manage the risk that Bob is only addressing his own interests by suggesting that he is open to other possibilities. It is similar to the phrase, "I can't speak for everyone else" which Bob has used previously (Exemplar V, lines 67 and 68). However, here, rather than just making a statement claiming their differences, he invites Joe into the conversation directly ("Joe you can…"). Rather than saying, "I can't speak for you" (thus commenting on his limited access to Joe's position), his use of "we" can be seen as implying, "I *am* going to speak for you because I think we are coming to some common ground here, but you are free to contest what I say." In his use of "we" in his following utterances, he assumes that Joe has joined him in this new position; he assumes they are

coming to a more mutually shared position. As Sacks (1995) discussed, "I" (line 534)

and "you" (line 535) add up to "we" in lines 536 and 537. Joe does not contest Bob's use

of "we"; moreover, it leads to more engaged father-son dialogue in the next exemplar.

In this exemplar, Bob also adopts a more cautious approach to inviting Joe. This

is dialogue reminiscent of Tomm's verbal packaging to engage Joe earlier (e.g.,

Exemplars XV and XX). He uses a turbulent delivery pattern (Silverman, 1997) to

express caution in what he is saying ("that (.) umm >we…" line 536). He also makes use

of restarts ("we talked about a lot of stuff (.2) we talked about (.9)" line 530, "(.) I think

(.) ::I think…", line 534; Goodwin, 1980) to engage his son. These devices contrast with

Bob's more direct and certain method of inviting Joe into conversation in previous

exemplars. (In Exemplars V and XV, Bob is very clear and straightforward in his

delivery.) Bob continues, afterwards, to carry on a direct conversation with Joe about

how they *both* could be able to begin taking these *small steps* (Exemplar XXIII).

Exemplar XXIII (00:33:21)

```
538   B:    …and I asked you one question remember (.) what I asked? (.5)
539   J :   No {Looking down, playing with bottle, sarcastic tone} (.9)
540   B:    You don't remember (.3) it had to do with the fact I said (.9) umm (.8)
541         wouldn't it be neat (.5) o::r did you like the fact that we just sat and
542         talked (.4) just talked about stuff (.) and you said you did (1.9)
543         And I asked you if you would like to do more in the future what'd
544         you say? (1.1)
545   J:    Sure {Solidly spoken} (2.2)
546   B:    And that is something that (.3) maybe I haven't done very much in
547         the past? (.) >for what ever reason< (.5) but just (.5) shoot the fat (.2)
548         talk.
```

In lines 538 and 539, Bob demonstrates a difference in his ways of engaging his

son in dialogue. In previous attempts to converse with his son, such interactions ended,

as Joe did not substantively answer Bob's question (Exemplar XV, line 395 and 396) or

Bob did not attend to signs of disagreement (e.g., Joe's weak agreement in Exemplar V,

line 75). Joe's response in line 539 ("No") could be understood as another "avoidance

strategy," especially in light of Joe's accompanying non-verbal behaviour and intonation.

The way Joe voices "No" communicates that he might know, but he is not prepared to

share. Previously, when there was a possibility that Joe's responses were avoidance

strategies (e.g., Exemplar XV "don know") Bob treated them as such and abandoned

direct interaction with Joe in frustration (Exemplar XV). However, here Bob models a

practice that Tomm has used throughout when Joe offered him ambivalent responses; he

treats Joe's response as *legitimate* or he selectively listens to "utilize" (O'Hanlon & Wilk,

1987) the part of Joe's response that enables him and Joe to continue in dialogue. Bob

follows up Joe's "No" by saying, "You don't remember" thereby marking the previous

utterance as a legitimate response communicating "No, what?" (I. Hutchby, personal

communication, April 1, 2004). This is an example of Bob taking up a repeated strategy

Tomm has used to engage Joe. In Bob's follow-up utterance he redesigns the question –

another strategy Tomm has used to talk with Joe.

In this conversational repair (line 540), Bob carefully packages or designs his

question (or, in CA terms, uses recipient design) to bridge his talk with his son's. This

careful construction of his question is evident in the pauses and verbal tokens,[154] "(.9)

umm (.8)," in line 540 before he formulates this response and in his self-correction of the

content of the question in line 541 ("wouldn't it be neat (.5) o::rr did you like…"). Then,

instead of just answering for Joe, he invites Joe to join him in line 544 ("what'd you

say?"). With these practices, Bob successfully engages his son in line 545, when Joe

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[154] Clark (2002) discussion of the word "umm" as a device used to revise one's talk fits here.

offers a rare instance of clearly accepting his father's invitation into dialogue. Joe responds to his dad with a solid voice showing evidence (especially in relation to their previous laboured interaction) of his openness to the small steps that Bob is suggesting. This solid response (line 545) shows Joe's building commitment to a participant framework initially introduced by Tomm and now by Bob in which this family can take small two-way steps together in dialogue to help keep Joe safe.

One can understand the word "Sure" as a token response (compared to "Yes") made by a teenager trying to get his dad off his back, especially in light of the way Bob set up the question. In line 542, Bob says that Joe said he did "like the fact that they just sat and talked," so if he now says he does not want to do more of this, he is contradicting himself. However, three things provide evidence that Joe's turn does communicate an increasingly sincere commitment. First, Joe has previously used disavowing language ("don't know" or "doesn't matter") or communicative behaviour (mere acknowledgments such as "uhuh" accompanied with low voice tone and withdrawn non-verbal behaviours) in his responses. In comparison, he offers the "Sure" in a solid voice tone. Second, Bob demonstrates that he understood Joe's utterance as sincere in his enthusiastic continuation in line 546. (Bob pauses, leans back and almost smiles in contemplating his son's previous utterance.) Bob seems to take much comfort in his son's uptake, perhaps recognizing it as a sign that Joe is increasing his commitment to joining him in forward moving small steps through dialogue. Third, when Tomm asks a similar question a bit further in the session "Are you willing to give it a try (spending time together talking and doing things) and see what happens see how it goes?" Joe upgrades his commitment as he looks up at the therapist and says "Sure." With this very rare instance of eye contact, Joe

builds on his previous response to his dad and further acknowledges his commitment to these small two-way steps.[155]

I find this instance of "Sure," in contrast to the previously more disavowing language and mere acknowledgements, to be an important example of how adolescents can communicate a shift in their commitment to new ways of going forward. In my own personal experience, it is rare to see an adolescent (or an adult, for that matter) simply abandon the position he or she has taken for a new one. In this case, if Joe were to move directly from doubting that he could keep himself safe to embracing the taking of small steps to achieve this goal, he might say something like "Oh (.2) that would be <u>great</u> to talk with you (.) Dad I am really hurting and need someone to talk to." This is highly unlikely. Goffman's (1967) idea of "face" comes into play here. When a person has committed himself to something, he tries to "maintain face" when considering an alternative commitment. Face-saving practices are the person's means of upholding his integrity or dignity (Lerner, 1996).[156] I see Joe doing this with his utterance in line 8, as he balances his need to save face with his desire to communicate he is willing to make some movement to joining a new way of viewing the situation.

Drawing from my experience in working with adolescents, I have witnessed adolescents offer face saving commitments often, especially in cases when parents hold their son or daughter to commitments without room for making mistakes. In this case, later in the session, the family communicates that their "old ways of hearing Joe out" included the parents practicing what Tomm describes as "promissory violence." If Joe

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[155] Another more obvious reason to understand Joe as joining the family in a new way of seeing the contract with his utterance "Sure" is that in the IPR interview, Joe describes this conversation as initiating further talk between his dad and himself.

[156] Smith (2000) also offered good example of face saving practices used in mediation procedures.

made a commitment to something and went back on his word, Bob and Sandy would often highlight it and punish him for the mistake. Consequently, Joe is wary of committing to "small steps in dialogue." At the same time, he is making a small effort to join his parents perhaps because he has heard some evidence that his dad is ready to "hear him out in a new way."

This exemplar demonstrates how attending to these "small steps" in making a commitment can invite an adolescent to consider something new while maintaining face. Moreover, the small steps that the participants are practicing in this session leave room for ambivalence on both sides of the differend. They are "necessarily vague" (Garfinkel, 1967) in order to provide space for the participants to work-up possible common ground.[157] If therapists do not recognize the small, ambivalent efforts clients make to commit to new ways of viewing situations because they are waiting for more obvious signs of this, they may overlook important openings.

Bob does attend to the "small step" that Joe takes ("Sure"), thereby demonstrating he has accepted and is performing a new way of understanding forward movement as being taken in small increments. He uses a similar practice to what Tomm used in Exemplars VI and XIX as he selectively listens/response to Joe's response ("Sure"). By "utilizing" (O'Hanlon & Wilk, 1987) the part of the message that allows this family to move forward in a new more mutual way of understanding the contract, Bob has facilitated further forward movement. Notable, once again, is how Tomm modelled this selective listening/responding earlier and Bob is now using it in his own talk.

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[157] In a similar way Wittgenstein (1953) suggested that words and actions usually bear sufficient "family resemblances," or they "seem the same" to serve people when trying to understand and influence others.

Bob then voices how he has not been as open to this in the past (lines 546 and 547). He is attending to and building on the previously introduced bridging notion, that he needs to work on his own behaviours to ensure Joe's safety (*two-way contract*). Throughout this exemplar Bob also indicates that the small steps he and Joe are going to take in dialogue will be simple and non-threatening. He uses phrases like "just talked about stuff" or "just (.5) shoot the fat (.2)" that include general words ("stuff"), slang ("shoot the fat (.2)"), and the emphasis on "just" to highlight the relaxed nature of what he is proposing.

Previously I discussed the difference in Joe's shifting responses to Bob's use of the word "we." Looking at Bob's earlier use of the word "just" (Exemplar XVIII, p. 202, line 442, "just also checking in with us and saying…") I noticed a similar shift. In Exemplar XVIII Joe's non-verbal protests (lines 440 and 446) to Bob's use of the word "just" provided evidence that Bob has inappropriately "minimized" Joe's experience of "checking in." In the current exemplar (Exemplar XXIII) Joe's response to Bob's use of the word "just" is minimal (hence I end the exemplar after Bob's turn). By looking closely at how words are offered and taken up in these interactions one can notice how participants use the same word (eg., "just" or "we") differently.[158] Joe's lack of protest here further supports my claim that Bob and Joe are developing a new more shared way of conversing and relating.

Within this production, Bob is attending to and building on Tomm's earlier suggestion (Exemplar XX) that Bob could be "willing to hear you (Joe) in (.9) a new way or something?" Bob constructs this new, more relaxed way to talk through *what* he says

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[158] As in Garfinkel's notion of "indexicality" meaning of any utterance (e.g., "just" or "we") or action is bound to the social context where it is used.

and *how* he says it in this short dialogue between father and son. This notion of small steps through simple, non-threatening dialogue, emanated here by Bob, but arising out of the previous exchanges, is a position for all to join in conceptually and performatively to move forward.   Bob has shown conversational skill in being an artful talker, for how he shifts his position and uses the previously "modeled" practices in doing so.   Bob and Joe are now "walking the talk" in a similar manner to how Tomm and Joe had done earlier in the session.

The exemplars above show micro-details of how this family and Tomm use their talk to accomplish a shift from former, incompatible, discursive positions to a resumption of forward moving dialogue. At stake is the possibility for a contract to curb self-harming behaviours; with Tomm's help, they develop a more shared discursive position that enables discussions of "small steps" toward a contract that they all can support. I have shown how they accomplish forward movement as they open space for negotiation of common ground.

Tomm invites the family to consider his ideas in relation to theirs and this process continues until a hybrid position develops. In this back-and-forth process, Tomm orients and responds to the family, noticing and incorporating their responses to his solicits and the information they offer. He pursues middle ground that enables this family to move forward in "two-way small steps." Tomm does not simply delivering a one-way directive. Instead, he and the family negotiate two-way small steps through an overall sequential structure (step-wise entry) and specific orienting devices. Below, I provide an integration of this structure and these practices.

Accomplishing Forward Movement: An Integration

I now integrate my analysis to benefit the clinician. Through my previous detailed analysis, I demonstrated that the participants accomplished forward movement in this session. I examined the shifts in "what" the therapist and family talked about and "how" they did this talking.[159] Let us step back and make sense of this microanalysis as practitioners.

I begin this section by discussing an overall organizational structure of the sequences of talk (Heritage, 1997) to provide the practitioner with one possible conceptualization of how families and therapists can accomplish forward movement. I summarize the overall structure I noticed as the participants opened space for a forward moving hybrid position. Next, I present a summary of the specific practices that they used within this structure. In a discussion of the practices as the participants used them in conversation I provide clinicians with concrete ways to join their own clients to accomplish similar goals.

Overall Sequential Structure

As I examined the turn-taking in the transcripts, I developed a map of the session as typical sequences recurred (see Figure 3). The family did not talk in invariant sequences, but a general organization was evident in how they organized their talk (Heritage, 1997). I discerned patterns from their talk as they generally oriented and responded to each other in ways that I saw as a sequential structure. As will be seen, I created a figure to demonstrate my understanding of this structure.

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[159] In addition, as will be seen in the next section, this was validated by the family when they reviewed the session.

The overall structure presented here is not a theory that I developed and then fit into the transcripts. Except for the initial framework of differends and forward moving conversations, I worked to practice "unmotivated looking" (ten Have, 1999). I was committed to looking at the details of the talk for what the participants made evident in their interactions. In this process, I saw evidence that conceptually supported the use of this structural organization.

In using a general framework, a researcher can run the risk of be interpreted as implying that the process exists apart from the participants' interaction. Such a notion would negate the purpose of my investigation – to study change as contextualized in the interaction. Consequently, I have also tied the structure back to the ground floor that ultimately interests therapists; where people construct change in the mundane details of interaction. Now let us look at the overall organizational structure (see Figure 3).

DOUBT IN CONTRACT   CERTAINTY IN CONTRACT

DIFFEREND

Engage Family Member's position

Invite to Middle

Ongoing Practices

Step 1
Invite family into a possible middle ground

Invitation

Rejection **Step 2**
Family members Offer their accounts

Uptake or partial uptake

5 variations of this sequence (X-XXI)

Partial uptake

Step 3
Opinion or information giving that builds on common ground - Family's uptake on therapist invitations (step 1) and therapist uptake on what offered by family (step 2)

Solid uptake

Bob and Joe Walking the Talk "Small Steps in Dialogue"

FORWARD MOVEMENT

Figure 3. Step-wise entry into opinion giving.

In the top half of Figure 3, I have visually demonstrated how Tomm engaged the parents and Joe to develop both positions in a differend while attempting to bridge the two. In Figure 3, I have labelled this as "engaging" and "inviting to the middle."   For a family therapist who might strive to practice multipartiality (Anderson, 1997), Tomm's ability to engage, simultaneously, each family member in multiple contradictory conversations without invalidating any of them is particularly interesting. The therapist, together with the family members, developed both positions in a differend in which, "One side's legitimacy does not imply the other's lack of legitimacy" (Lyotard, 1983/1988, p. xi). Developing the family's positions in relation to the contract set the stage to begin the collaborative negotiation of a hybrid position to move forward in.

Tomm also periodically worked to challenge the extreme positions that the family members took in relation to each other by playfully using humour and other devices to slowly invite them into a middle ground (see top half of Figure 3). Although the family members' uptakes on these invitations were minimal initially, Tomm asked the family to rethink how they developed their extreme positions. In these interactions Tomm tested for a potential middle-ground they could develop in conversations to come.

In the bottom half of Figure 3, I have visually depicted how the therapist and family accomplished forward movement as conceptualized by the step-wise process I have proposed. This overall structure offers the practitioner a general understanding of how the participants opened space and developed common ground. Tomm invited the family members to consider his ideas in relation to theirs until a hybrid position developed. This general process is highly useful for a clinician who shares a similar goal of finding common ground for families to move forward.

Tomm and the family negotiated something similar to what Vehvilainen (2002) called a step-wise entry into advice giving. Vehvilainen described the counsellor as setting up a "teaching cycle." Within this cycle, the counsellor could elicit a response that displayed the pupil's knowledge and that set up the teacher to provide an evaluation of the statement's contribution. In the transcripts that I analysed, the therapist acted less as an instructor than did the teacher in Vehvilainen's example. In the step-wise entry that I used to help structure my understanding of this aspect of their conversation, the family and Tomm oriented to and built on possibilities in their talk to set the stage for middle ground or a hybrid position to be introduced. Practitioners who strive to work *with* their clients in a collaborative process may find this framework a useful way of conceptualizing forward movement. Rather than setting up the therapist to enlighten the family about the "right thing to do," Tomm opened conversational space so that he and the family could co-construct a forward moving position.

In developing this overall structure, I encourage therapists to understand forward moving conversations as hypothetically being co-constructed in a *cyclical* step-wise process (see bottom of Figure 3). In Step 1, Tomm invited the family to consider and speak from a possible middle ground between their two incommensurate positions. For example, in Exemplar X, the therapist asked a strategic question, has "there been any understanding about how long this contract (.4) is in place and will it be reviewed and renegotiated?"

With a discursive approach, a researcher frames processes in therapy as two-way exchanges rather than as sequence of one-way delivered interventions. Therapists can take this stance to understanding the process in a similar way. In depicting the process

as developing in a two-way pattern (Figure 3), I have promoted this understanding of therapy by highlighting the family's half of the construction of meaning. In Step 2, the family related to the therapist's invitation, showing various levels of acceptance or rejection and sometimes offering more information for the therapist to consider. If the family rejected the therapist's initial offer (as in Exemplar X), Tomm extended his invitation until the family's response showed some level of uptake. In Exemplar X, Tomm used humour to extend his invitation. In this case, he was successful in inviting some acceptance of the notion of renegotiation as seen in the parents' subsequent collective laughter. Only when Tomm noticed the family demonstrated some acceptance of his proposal did he move forward to what I've conceptualized as Step 3, opinion giving.[160] A practitioner who adopts this way of understanding the process clearly values the client's contribution and will have a greater sensitivity to incorporating it in how they negotiate forward movement.

Practitioners who avoid giving opinions for fear of disempowering the client by imposing their own views will be particularly interested in what I noticed Tomm doing in Step 3. The process the family and therapist used that I depict here as a step-wise entry enabled Tomm to give an opinion that built on the common ground he had been developing with the family. Orienting to this process, a therapist can offer opinions that build on the family's uptake of what he or she offers in Step 1 and the additional information the family offered in Step 2. I have depicted Tomm's ways of intervening as having a conceptual structure, a step-wise entry to invite the family members into a reformulation of their own positions.

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[160] What I have called the extended first step and third step of opinion giving is similar to what Garfinkel described as the "third turn" (Heritage, 1984). In the "third turn" the therapist can interactionally connect the client's positioning (as displayed in Step Two) to the therapist's utterance.

At the same time, I encourage therapists and clients negotiating a similar process to understand it as *ongoing*. I saw this step-wise entry repeat itself five times; what Tomm offered in Step 3 was only partially accepted by the family (as was shown in the family's communicative behaviours along with or after opinion giving). With this partial acceptance, Tomm returned to Step 1and began the negotiation process again. In each separate sequence, Tomm opened space for a possible hybrid position (Step 1). Then, with evidence that the family was partially on board (Step 2), he expanded on this possibility (Step 3) while incorporating what the family offered in their own turn (Step 2).

I have discussed five different variations for practitioners to consider when they negotiate common ground with clients. A summary chart of the five sequences can be found in Appendix H, which contains exemplar numbers, so that the reader can connect this information back to the transcripts. Looking at these sequences gives therapists an overall understanding of possible routes for inviting families to collaborate in a forward moving process in their part of the conversational performance. I have suggest a general structure, but in my summary of the variations of simple step-wise entry I have invited therapists to accomplish this work creatively with clients rather than adhering to one particular "correct" process.

After a solid uptake by Bob at the end of the fifth sequence, Bob and Joe "walked the talk" (see bottom of Figure 3). For a social constructionist practitioner continually searching for ways to support the efficacy of her or his work, this part of the structure is unique. Joe and Bob demonstrated in the what and the how of their talk that they have accomplished a shift towards taking smaller, two-way steps to Joe's safety. They not

only talked about taking two-way small steps, they actually practiced them. Practitioners can benefit from this conceptual understanding of how they can negotiate forward movement with their clients. However, this overall understanding is increasingly useful when I tie it back to the actual details of the conversational process.

Opening Space for Middle Ground: Integration of Practices

The overall structure I present above provides a general understanding of how to negotiate forward moving common ground. However, after reading it the practitioner who is interested in participating in conversations with similar goals is left asking, "That's great, but specifically how can I accomplish this with my clients?" To answer this useful question, I will tie the previous discussion of an overall framework back to the specific practices used by the family and therapist.

In the main analysis, I demonstrated how the participants use numerous practices as they orient and respond to one another in conversation. I have situated those practices in their conversational context. In this section, I have integrated numerous practices into five main categories with subcategories highlighting specific devices used. There is a danger of losing the conversational nature of these practices when I categorize them. To avoid this, I have made sure that the categories include practices that each participant used. In addition, I have given more examples of these practices by presenting exemplars that show how they play out in the conversation. Finally, I have organized the categories themselves sequentially to fit with the larger organizational structure I used in this analysis and situate the practices in an overall conversational context.

Furthermore, I have not looked "at reality over the heads of the participants to resolve it for them" (Edwards, 1991). I have not presented categories as representations

of *the* practices involved in creating forward movement. This integration, as any

category system, is one "version of events merely indexing the speaker (myself), not the

world" (Edward, 1991, p. 528). I have joined the ongoing discussion of helpful processes

in therapy. I have provided a *heuristic* integration of practices for therapists to draw from

so that they can increase their sensitivity on how to better join the back-and-forth in their

own therapeutic conversations. The categories are shortcuts for organizing incoming

information (Edwards, 1991) so that therapists can make sense of my analysis and see if

it could apply it in their practices.

As a practitioner, I found it useful to first create a category of "ongoing" devices

or practices[161] participants used throughout the entire session. Then I created subsequent

categories where I gradually moved to discuss more pivotal practices participants used in

the forward moving conversations. I organized my categories in this way to offer

possible ways practices from each category could be used throughout an extended

therapeutic conversation (as compared to the short exemplars). This provides

practitioners with a further way to use what I present. The first category, ongoing

practices, includes examples of devices participants used throughout the session that I

have demonstrated as being facilitative of the general process (e.g., discursive markers or

packaging). Second, I have discussed practices participants used to "set the stage" for the

negotiation of a middle ground as they developed positions in the differend and made

initial bridging efforts. Third, I have presented practices the therapist and family

members used in the forward moving step-wise entry. Finally, I have described pivotal

methods that the family used to walk the talk of taking small-two way steps.

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[161] It is important to remember that the "categories" described here are not used[0] to describe
understandings in talk (e.g., content themes of talk) but ways these understandings are accomplished.

Ongoing Practices

CA can show practitioners how people continually coordinate or design their talk as they orient and respond to their speaking partners, to move forward. In this section, I describe a number of practices the participants used throughout the transcript (see Figure 4) as they oriented and responded to one another and facilitated a variety of goals (e.g., engaging positions, inviting to a middle ground, proposing an alternative). The reader may not consider these practices "pivotal" to the forward moving process. However, in my opinion they are worthy of consideration, as they are specific practices clients and therapists use to work things out in their interactions.

**Ongoing
Practices**

Step 1

Step 2

Step 3

- **Marking**
- **Mirroring**
- **Packaging**
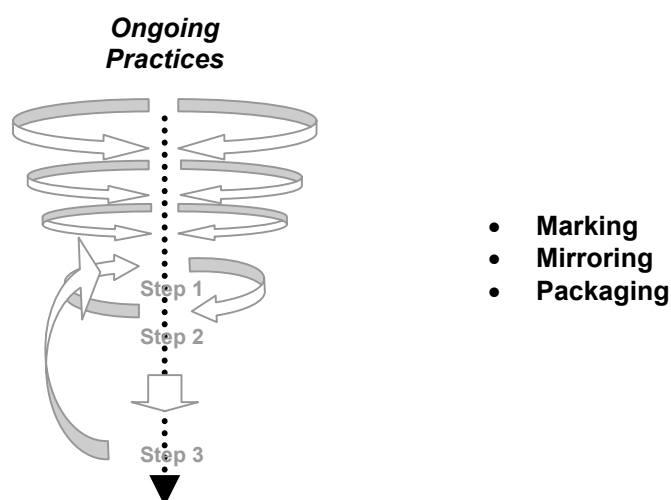
Figure 4. Ongoing practices.

Coordinating talk. The participants used *discursive markers* and *mirroring* practices throughout this transcript. Discursive markers coordinate talk between therapists and clients to help them make sense of each other. Practitioners may offer markers as signals of sorts to invite clients to join them in what they are introducing

(Schiffrin, 1987). These markers are significant if they become a resource to a therapist

and client in coordinating their efforts.[162]

The participants used a variety of markers throughout this transcript (e.g., "Oh,"

"Or," "So," "Now," and "then"), each with its own use in coordinating talk. A consistent

example is Tomm's use of the word "okay." He employed this word as a marker

throughout, to invite the family to join him in entrances and exits in conversations or

shifts in topics (Clark & Brennan, 1991). With the "Okay" marker, Tomm can be seen to

accomplish different goals, such as engaging positions, inviting and proposing, at

different stages of the interview. Below is an example of how Tomm used "okay" invite

Joe to develop his position.

```
99    T:   Okay163 (hhh) now::(.5) was this um who's idea was it do you
100          think (.4) to make this contract? (3.6)
101   B:   {Bob wringing his hands}
102   T:   Was it yours your mom's your dad's, the hospital staff (.8)
103          your uncle's:: (.3)
104   J:   The nurse's I guess (.7)
105   T:   The nurses idea? (.4)
106   J:   *Ya* (.7)
107   T:   Okay(1.2) and um (1.8) who most in your family do you think (.6)
108          believes the most strongly that this is a good idea? (1.7)
109   J:   I've got no clue (2.4)
110   T:   Would you say it would be you that (.6) think >this is even more
111          important than your parents do or they probably think it is more
112          important than you do<?=
113   J:   =They probably think it is more important (1)
114 S & B: {Parents lean heads down into their hands in unison}
115   T:   Ya (.6) *ya I suspect that is probably the case.* (.8)
116          Okay (2.8) well (.8) did you did you write this yourself
117          or did you get some help in writing this? er:: (.8)
118   J:   Help I guess. (.4)
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[162] Therapists do not deliver markers to "orchestrate" a conversational shift; markers become resources once they play out in the interaction.   Therapists can only offer markers to invite clients to join them and then orient to the client's response.

[163] I have bolded the text here, and in other places in this integration, to assist the reader in identifying specifically what I am referring to in the exemplar. I do not mean to infer that the practice works in isolation, as it still becomes a resource in the conversational context.

119   T: Help from whom?=
120   J: =Sandy (.7)

The discursive marker "okay" was one device Tomm offered in the above

exemplar as he and Joe coordinated what had proven to be the particularly difficult task

(Bangerter & Clark, 2003) of engaging Joe. Tomm invited the adolescent to join him in

answering slightly different questions by marking or signalling each small shift in topic.

Tomm's use of this marker and Joe's uptake of it contributed to Joe's voicing his position

on not just one but three topics. Tomm also used "okay" in shifts to a new "step-wise

entry."

270   T: **Okay** (1.6) (HHH) umm ah now is there been any understanding about
271   how long this contract (.4) is in place and will it be reviewed and
272   renegotiated? (.4) {First looks down and then looks at all family members}
273   J: No (2.3) {Looking down and playing with bottle}
274   B: We didn't talk about (.9) a timing (2.1) {Looks to Sandy}
275   S: I just (.6) thought it was indefinitely ((Short Laughter)) (.7)

Prior to the above exemplar, Joe and Tomm had been discussing how Joe felt

"pushed a little bit" into the contract.   In line 270, "Okay" signalled a shift in topic (in

this case an entry into opinion giving). The family joined Tomm in building on the shift

with their responses in lines 273 through 275. In part, through the use and uptake of

these discursive markers, the participants moved from one part of the conversation to

another part (exited and entered). The affirmative responses to Tomm's use of markers

underscored the collaborative accomplishment of these shifts.

The multiple ways the participants continually used and responded to markers

provides an excellent understanding of one small practice that therapists can use. They

can use markers to invite families into a newly attempted or ongoing coordination. They

can also attend to their clients' uses of similar devices as they attempt to work things out.

Two other ongoing practices the participants used to coordinate talk, "matching"

and "mirroring," have frequently been equated in the counsellor training literature with

good conversational rapport (e.g., Cormier & Hackney, 1999).[164] CA researchers also

discuss similar practices as ways to coordinate talk to reach mutual understandings (e.g.,

Clark & Brennan, 1991; Mellinger, 1995). This simple method helps the therapist and

family construct "common ground" (Clark & Brennan, 1991). Its use literally

coordinates certain understandings in a shared language, so that speakers can take shared

terms for granted in their future interactions. This practice is more obvious when

"mirroring" occurs in the actual words said. However, participants also used "matching"

in *how* they talked in order to coordinate turns or communicate that they were "on track."

```
495        (16.5)
496   T:   >Or d you think that I'm<getting into dangerous territory >by even
497        raising this<? (2.1)
498   J:   >Doesn't matter<(1.3)
499   T:   >Doesn't matter to you< but (.)
500   J:   {Joe looks up at therapist}
```

In the exemplar above, Tomm *matched* Joe's hesitancy (line 495) with quicker

mumbled words ("Or d"). This matching continued in the quickness of their delivery and

pauses between turns to work out a shared understanding (lines 496 through 499). In

addition, both Joe and Tomm *mirrored* words ("Doesn't matter"). At the end of this

sequence, Joe's rare instance of looking at the therapist provided evidence that the

previous mirroring practices had been effective in engaging Joe in the search for common

ground. Mirroring or matching may be a familiar practice used by therapists; however,

slowing down the talk to watch *how* participants used it in interaction shows the small,

unnoticed details of how a therapist can use these practices to coordinate talk with clients.

---

[164] O'Hanlon and Wilk (1987) call this strategy in joining clients "speaking the client's language."

Packaging talk. Packaging or, in CA terms "recipient design," refers to speakers constructing their utterances to "fit" their intended recipients (ten Have, 1999).[165] Throughout the transcript the participants fashioned their responses in ways "which attend[ed] to the [relational] implications of their descriptions" (Silverman, 1997, p. 135) to facilitate the understanding that developed. Sandy packaged her talk as cautious (pauses, use of "I think", drawn out words "I::" and rising intonation) to successfully engage her son (lines 38 and 39 below).

```
38    S:    {Looking at Joe} Other than that um (1.4) I think (2.3) I::: don't know
39          if Joe is anxious about coming home or not? (2.2)
40    J:    {Joe looks to Sandy briefly}
```

Tomm also structured his talk in a way that facilitated a conversation with Joe while maintaining a connection with Bob.

```
99     T:    Okay (hhh) now::(.5) was this um whose idea was it do you
100          think (.4) to make this contract? (3.6)
101    B:    {Bob wringing his hands}
102    T:    Was it yours your mom's your dad's, the hospital staff (.8)
103          your uncle's:: (.3)
104    J:    The nurse's I guess (.7)
105    T:    The nurses idea? (.4)
```

Tomm demonstrated therapeutic flexibility as he packaged his turn to address both Joe and Bob, to promote talk between them. The slow building question contributed to Tomm's inviting Joe to respond to his inquiries (as illustrated by the uptakes in line 104).[166] This slow build-up (pauses, inhalation, drawn out words) is a conversational practice that facilitates the accomplishment of a shared curiosity (Gale, 1991). In this case, Tomm invited Joe (and Bob as seen in line 101) to attend to what was said (Clark,

---

[165] This involves a combination of orienting to what one's speaking partner has expressed and anticipating his response to what one has offered in order to make the utterance "maximally useable" (Shotter, 2004).

[166] Tomm also uses the discursive marker "okay" (line 99) and "candidate answers" (line 102) to package his talk and co-construct Joe's position.

2002; Goodwin, 1980). The slow-build-up used at the start of line 99 is also an example of what Silverman (1997) calls "expressed caution." The therapist prefaced the question that introduced the notion that the contract was not Joe's idea with a "perturbed speech pattern" ("Okay (hhh) now::(.5)"). This worked to mark and manage a potentially delicate topic (line 101). By marking it as a delicate topic, Tomm worked to engage Bob rather than estrange him from the discussion. Tomm packaged his talk for both Bob and Joe, so he was more likely to be heard in ways that he intended.

Packaging talk is a continual process speakers use as they orient and respond to what their partners offer in their talk. As suggested by Pomerantz (1984), speakers can orient to utterances that follow their turn, for evidence that their conversational partner either prefers or disprefers what they have offered, and can then use these actions to design their turn accordingly. In light of social constructionist therapy's emphasis on conversationally developing "preferred realities" with clients (Freedman & Combs, 1996), recipient design may be a particularly important micro-detail for a therapist to attend to.

I will continue to discuss additional practices employed in packaging talk in the remaining sections. Certain turn designs became increasingly pivotal as forward movement developed. Learning how therapists orient to clients' preferences as they talk, and how they then design or package their responses for clients accordingly (e.g., in recognizable ways that clients may be receptive to hearing them) is something made evident through CA's microanalyses. With a micro lens, a therapist can question generally accepted notions of therapeutic resistance. A therapist can adopt alternative courses of action by taking a discursive stance in therapy and placing more attention on

how to construct "interventions" with clients.[167] With this sensitivity, it is less likely that therapists will label clients resistant as they learn to become more resourceful and conversationally adaptive participants in such conversations.

Engaging Positions: Practicing Multipartiality

In this section, I present practices participants exercised as they worked to co-construct their positions in the differend (see Figure 5). For family therapists who often aspire to practice multipartiality (Anderson, 1997) as they engage in multiple contradictory conversations, a close look at how Tomm did this is fascinating. Tomm practiced multipartiality as he communicated to each participant that her or his position was an equally valid option to consider. Developing these different ways of understanding the safety contract set the stage for the family members to consider a hybrid position that Tomm proposed in the conversations to come. I have summarized some of the participants' practices they used, as these positions were co-constructed.
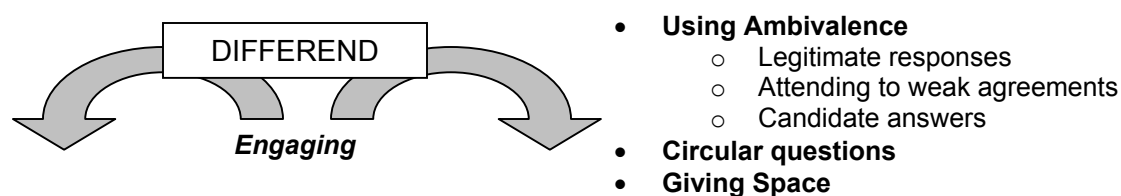
Figure 5. Engaging positions in a differend.

Using ambivalence. In my personal experience therapists can become frustrated with clients' minimal or ambivalent responses (e.g., "don't know" or "*Ya*") and end up abandoning the engagement process or forcing compliance. Other researchers have considered such responses as practices young people use to avoid or resist commitment

---

[167] Family therapists were questioning "resistance" as early as 1984, as seen in Steve de Shazer's article "The Death of Resistance."

(Hutchby, 2002; Silverman et al., 1998).[168]   However, Tomm and Joe illustrated how

forward movement can be cultivated even as an adolescent offers what some might call

"dead end" responses. In the exemplar below, the therapist's question (lines 88 through

90) invited Joe to acknowledge and consider committing to the "institutionally-provided

strategy" for "going forward" – the safety contract.

```
88    T:    >Okay< (.7) um (1.2) now how do you feel about this like is
89          this is something you feel that you can live or (.5) or are you not
90          sure that you can live up to this or not er:: (3.4)
91    J:    >I don't know< (.4) I don't know yet I guess (.)
92    B:    {Bob furrows brow}
93    T:    Don't know ya (1.2) well that is probably an honest statement
94          because you don't know for sure right? (.)
95    J:    *Mhmm* (.)
```

In Tomm's response to Joe's ambivalent response ("don't know") he

demonstrated that he was not invested in an allied position with the parents to "make sure

he follows through with a safety contract." Tomm practiced a version of O'Hanlon and

Wilk's (1987) "utilization strategy" as he used what Joe offered to build "a bridge from

where the client is now to the eventual goal" (p. 133).   When faced with Joe's

ambivalent response, Tomm "selectively listened" and responded utilizing the portion of

what Joe communicated that facilitated continued discussion. He *treated Joe's response*

as a legitimate answer, not an avoidance strategy, and collaborated to develop a position

of doubt in the contract.

For therapists, working with adolescents where "don't know" is often a very

common utterance, this practice can be highly useful to join with adolescents. Tomm

treated Joe's position as one valid way of seeing the contract, alongside his parents'

---

[168] For example, Silverman et al. (1998) showed that these practices are methods that young people use in order to resist committing to "institutionalized discourses" that the adults in the room are developing.

equally valid position. With this action, Tomm set the stage for the family to consider a

number of valid ways of seeing their situation, including a possible third alternative.

Many of Joe's ambivalent utterances are examples of what Kitzinger and Frith

(1999) called *weak agreements*. Tomm's attention to Joe's "weak agreements" provided

another useful way to negotiate forward movement when faced with ambivalence.

```
222        Oh! It sounds like you did a lot of work! (1)
223    B:  {Bob sits up straight with a small smile}
224    J:  *Mhmm* (.7)
225    T:  Oh (2.4) you must feel (.) >pretty good about< (.6) what you've
226        done here eh? (1)
227    J:  {Joe looking down at his bottle of pop}
228    T:  ya no? (1.5)
229    J:  *Ya* {Looking down and fiddling with bottle}(1)
230    T:   Or do you feel like you were kind of forced into it? er:: (1.9)
```

In lines 224 and 229 Joe produced weak agreements to the therapist's suggestion

(quietly mumbled "*Mhmm*" after a long pause and "*Ya*").[169] Tomm could have

oriented to these utterances as signs of agreement or avoidant strategies but instead he

attended to these ambivalent responses to invite Joe to develop his position further (lines

225 and 230).

In this exemplar Tomm demonstrated another device that he used to engage Joe's

position when faced with ambivalence – *candidate answers*. By setting up Joe's reply in

line 228 ("ya no?") with candidate answers, Tomm encouraged what Bangerter and Clark

(2003) would call an agreement response ("ya") rather than an acknowledgement

response ("uhuh"). This candidate answer invited Joe to "take a position" (Bangerter &

---

[169] This could be understood in terms of Joe's lack of willingness to commit to what was introduced earlier as an "institutionalized discourse" - using a safety contract to go forward (Silverman et al., 1998). By quietly mumbling "Mhmm" he is accomplished resistance to be involved or obliged to this process (Shotter, in press).

Clark, 2003) in a similar way to what Tomm (1993) has called bifurcation questions.[170]

By attending to a weak agreement and using a candidate answer, the therapist

successfully invited Joe to co-construct his position as one valid way of viewing the

situation.

By examining this conversation in detail, therapists can discern three more

methods of practicing multipartiality. These practices can help engage adolescents to

facilitate the development of their position as equally valid; especially, if offered minimal

or ambivalent utterances to orient and respond to. This collaborative development of

Joe's position was an important part of moving forward. It set the stage for a negotiated

hybrid position between the conflicting positions of Joe and his parents.

Circular questions. Tomm also engaged both positions in the differend by asking

circular questions (Selvini Palazolli et al., 1980).

```
110   T:    Would you say it would be you that (.6) think >this is even more
111         important than your parents do or they probably think it is more
112         important than you do<?=
113   J:    =They probably think it is more important (1)
114S & B:   {Parents lean heads down into their hands in unison}
```

Through his use of circular questions, the therapist conducted his investigation

based on feedback from the family in response to the information he solicited about the

"difference." Key to "difference questions" is that people derive knowledge about events

(in this case, the importance of the contract) from the relationships between of the people

involved rather than as properties of the actual event (Bateson, 1972). Eliciting such

differences permits a view that not all share similar positions. Here, some members of

the family thought the contract was a good "idea" more than did others. By using similar

---

[170] These are questions that simply juxtapose two contrasting options and invite the client to state a
preference (Tomm, 1993).

circular questions, practitioners may co-construct with families multiple positions developing in their interactions. As different ways of understanding the safety contract developed, Tomm set the stage for the family members to consider a hybrid position that he later proposes.

Giving space. The parents, most notably Bob, demonstrated more ease in offering their positions in the differend. In the beginning exemplars (Exemplar III, IV, and V), Bob was simply given the "space" to develop his position. The therapist did limited work to challenge Bob's extreme position of "certainty" in the contract and thereby helped him expand on his way of understanding the situation.

This may seem unremarkable especially in light of the setting (therapy room) that carries a certain expectancy of voicing one's position (Miller & Silverman, 1995). However, the simple act of the therapist's limiting his contributions here opened space for Bob to present his position in relation to the contract. This practice provides an important reminder of what therapists accomplish with silence.

I have described some practices Tomm used to join and extend the positions from which each participant starts. Participants made these differences significant as they articulated and built on them. In providing two contrasting descriptions, the family members can draw new distinctions that provoke new responses (White, 1989).[171] If therapists can use these practices to invite clients to talk about new distinctions, they may generate more distinctions until they arrive at ones that suit them.[172]

---

[171] White (1989) discussed a similar idea with his notion of relative influence questioning which brings forth different descriptions of the client's association with the problem.

[172] As in Heidegger's (1923/1999) notion of ontological commitments, people commit to some distinctions. One function of the practices described in this section is to get family members to examine such commitments, and possibly develop new ones in the course of their discussions.

Inviting and Proposing: "Talking to Listen"

At this point a therapist may ask, "Now that the stage has been set with the development of the family members' positions, how is forward movement accomplished? How do they negotiate a more shared position?" In the next two sections, I present a summary of the practices the family and the therapist used as they progressively built forward movement through multiple step-wise entries into opinion giving. In this section I describe the practices the therapist employed as he *invited* the family into a hybrid position (as they performed a differend and in Step 1) and offered tentative *propositions* for what this position would look like, in his opinion (Step 3). Next, I present what family members offered in various levels of *acceptance or rejection* to these invitations and propositions that were incorporated into the proposed forward moving hybrid position (Step 2 and response to Step 3).

The family's and the therapist's contributions proved integral as movement was co-constructed. However, in the two sections that follow, I have separated the therapist's half of the process and the family's part. I first discuss the devices Tomm used as he invited and proposed alternative positions. I then present the practices the family offered in their part of the construction. I have disentangled the pair parts to emphasize the family's part in this construction and show the interplay more clearly. Without this artificial separation, the family's contributions appear to be mere responses to the therapist-delivered interventions rather than practices in their own right. My aim is to stimulate therapists' interest in orienting to the details of what the clients offer. However, after I have separated the practices used by therapist and family I will briefly reconnect these two pair parts to leave the reader with a feel for the interactions.

In this section, I focus on the pair part that therapists are naturally interested in - what Tomm offered in the process. I offer concrete ways for practitioners to negotiate a similar process by "talking to listen" (Hoffman, 2002). Through specific practices Tomm balanced a combination of a commitment to what he introduces or proposes with a tentativeness or uncertainty that communicates a sense of contestability in what he is offering. Although he clearly communicated a particular way forward, Tomm also packaged his talk to show his willingness to *listen* to the family's understanding. He did not simply impose his own opinion on family members. As he talked to listen, he made his position clear, but also left space to hear what the family had to offer or to hear the unexpected.[173]

I discuss the practices the therapist used to open space by *inviting the family to a middle ground* (as they negotiated a differend and in Step 1of the step-wise entry). Through this process commonalities were found between the two positions in the initial differend (see Figure 6 for a visual understanding of this).

Tentative yet strategic invitations. As Tomm invited this family to a hybrid or middle ground location from their former differend, he worked to strike a balance between being tentative and strategic. He was committed to introducing a way for this family to move forward in a hybrid position that they could fashion collectively with his assistance; hence the strategic nature of his utterance. He was not, however, committed to what this position should look like; hence his tentativeness. How can other therapists accomplish this?

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[173] As Tomm spoke he also waited for something (the family's half of the conversational construction) to "fall into his lap" (Hoffman, 2002, p. 247).
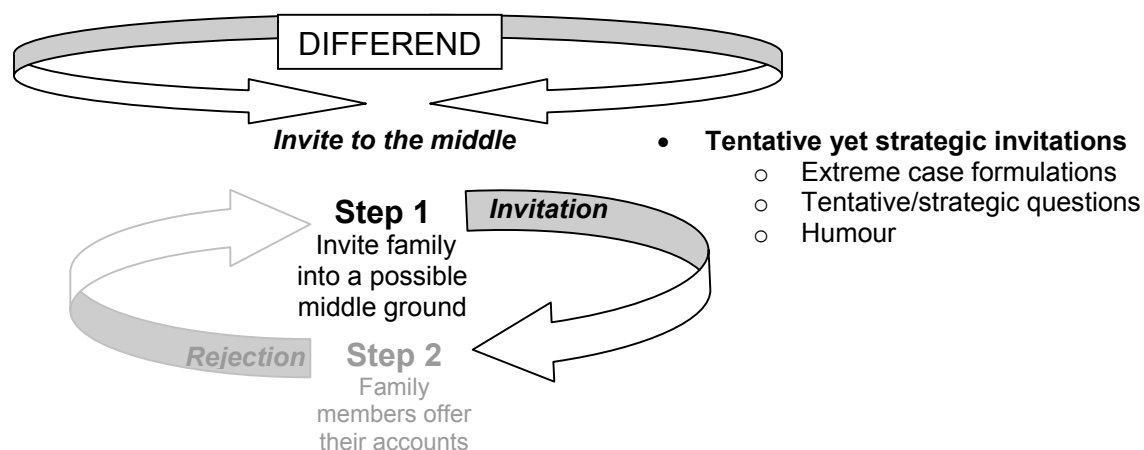
Figure 6. Invitations to consider a hybrid position.

With carefully packaged *extreme case formulations,* Tomm invited the family to middle ground as they performed a differend. He challenged Bob's or Joe's extreme positions by packaging an extreme assertaion as contestable (Pomerantz, 1986). By using this practice, he subtly invited them to speak from a less extreme position and consider a more moderate stance.

```
46     B:    that (1.3) he says he's gonna follow through. (1.1) um I just want to
47           make sure that (2.6) Joe opens up (.9) to us and he has (1.1)
48     J:    {Joe bites on his nails}
49     S:    {Sandy looking at Joe}
50     B:    um =
51     T:    =Cause you can't really make su[re]  {Looking at Bob}
52     B:                                    [Ar]e are concern and we
53           said this to Joe today when we left and we know it is a concern
54           with kids as well, is (.6) unconditionally (.9)
```

In the above exemplar, with the phrase "make su[re]" Tomm reformulated Bob's use of this same phrase (line 51) by prefacing the phrase "make su[re]" with "you can't really." He invited Bob to rethink his position of certainty in the contract by drawing attention to the difficulty of meeting extreme expectations. He also did this with Joe.

91	J:	>I don't know< (.4) I don't know yet I guess (.)
92	B:	{Bob furrows brow}
93	T:	Don't know ya (1.2) well that is probably an honest statement
94		**because you don't know for sure right?** (.)
95	J:	*Mhmm* (.)

Tomm used a similarly packaged extreme case formulation in line 94 to invite Joe to understand the contract in less extreme terms. In his utterance, Tomm invited Joe to a middle ground between extreme certainty and extreme doubt. Thus, Tomm suggests that Joe doesn't know "for sure" if he could or could not follow through with the safety contract.

Tomm offered these formulations tentatively as they were careful invitations to a small shift in position. Furthermore, Tomm offered them as contestable questions (line 94). At the same time, they were strategic.[174] The above extreme case reformulations clearly influenced the course of the conversation in a particular way. The extreme case formulation Tomm offered Bob is also an example of therapeutic interruption/anticipatory completion (Lerner, 1996; O'Hanlon & Wilk, 1987). He strategically worked to pre-empt (interruption in line 51) Bob from talking himself into an unhelpful corner - in this case an extreme position opposite to his son's. In a similar manner, therapists interested in inviting families into more moderate positions may strategically yet tentatively offer extreme formulations as a means to eliciting those moderate positions.

Through the tentative yet strategic invitations he used in Step 1of the entry into opinion giving, Tomm also provided concrete suggestions for therapists in cultivating a

---

[174] Strategic turns in talk (Tomm, 1987b) are, firstly, intended to be strongly influential rather than an orienting or information gathering attempt. Secondly, strategic questions suggest one "correct" way of seeing things rather than opening the door to a number of possibilities. When Tomm asked these questions, he showed a commitment or stake in a "position" in relation to the contract just as the family members had done.

balance between listening and talking. He initially utilized *tentative yet strategic*

questions; then, he extended his invitation through a combination of extreme case

formulations and *humour*.

```
423                                    …Should you u:::mm should that be
424        part of (1) your contract to him (1.2) offer him something (.8)
425        if he is able to achieve some of the things that are on here
```

Tomm strategically asked a question that implied a possible hybrid position that

the parents should make a "contract to him (Joe)".   He paired this strategic question with

"turbulent delivery patterns" (restarts, drawn out words, and pauses; Silverman, 1997) to

add a tentative feel to his inquiry. By asking strategic yet tentative questions, a therapist

may shift a family's conversational focus and help family members bring into being

different, potentially helpful, understandings and ways of relating (e.g., interventive

interviewing; Tomm, 1987a, 1987b, 1988).   Interventive questions can invite clients to

speak from different positions presupposed in the therapist's curiosities.

In the follow-up to this question, shown below, Tomm demonstrated another

combination of tentative yet strategic strategies (humour) to extend his invitation. This

exchange occurred after the parents rejected the first question (long pause in line 426

followed by a discussion of Joe's major successes rather than addressing the issue of a

parental contract in lines 427 and 428).

```
426           (6.9)
427   B:   Part of the part of the (1.8) the major success (.) that would be was that (.)
428        that would be in my opini[on
429   T:                            [Not buying him a Ferrari or something like that
430   S:                            [ (laughter)
431   T:                            [ (laughter)
432   B:                            [Don't go there= (Bob now joins the therapist
433        and Sandy in laughter)
434   T:   =Sorry about that (laughter continues) (2) …
```

Through *humour* in line 429, Tomm tentatively lessened the tension evident in the space after line 425, and facilitated the introduction of an awkward topic[175] (in this case one the parents were hesitating to take up). With such an extreme suggestion ("Ferrari"), the therapist potentially repaired the parents' rejection of his previously stated question (lines 423 through 425) by decreasing the pressure they might have felt. He comically compared buying an expensive car to other actions they could take under a two-way contract. At the same time, Tomm's interruption of Bob demonstrated his commitment to what he previously suggested in his strategic questions (lines 423 through 425).

In his use of extreme case formulations, questions, and humour Tomm balanced a tentative delivery (restarts, pauses, drawn out words, and the introduction of small shifts rather than "directed" large changes) with more strategic practices (interruptions, questions, and humour implying a position). Therapists may use similar practices as they commit to co-constructing a middle ground but remain open to possible ways of understanding a common position.

Tomm listened closely to the responses offered to his invitations (Step 2). He did not enter the third step (opinion giving) without evidence of a partial uptake from the family to what he had invited them to consider.

```
270   T:   Okay (1.6) (HHH) umm ah now is there been any understanding about
271        how long this contract (.4) is in place and will it be reviewed and
272        renegotiated? (.4) {First looks down and then looks at all family members}
273   J:   No (2.3) {Looking down and playing with bottle}
274   B:   We didn't talk about (.9) a timing (2.1) {Looks to Sandy}
275   S:   I just (.6) thought it was indefinitely ((Short Laughter)) (.7)
276   T:   Oh well that is kind of tough isn't it {Therapist looks to parents and Laughs
277        Loudly. Sandy joins him and Bob smiles}For life at age 50 ((Laughs))
278        Joe you have a contract here {Said in a voice of an old man while holding
279        the actual contract} (3)
```

---

[175] "Humour can facilitate the introduction of awkward topics because it signals the unreality of the issue and allows participants to allude to the difficulty" (Mulkay as cited in Buttny, 2001, p. 305).

280 B&S: {Bob and Sandy join him in loud laughter}
281   T: Well >I think I think< it would be important to::

Tomm revisited Step 1and extended his invitation (e.g., using humour in lines 276

through 279) when the family did not take up his invitations (e.g., lines 273, 274, and

275). However, when the family's response in Step 2 included a partial uptake (e.g., line

280) on the invitation in Step 1, Tomm moved to Step 3 (e.g., line 281; see Figure 7). By

looking closely at how Tomm offered his propositions in Step 3, therapists may gain

valuable insights into how to deliver an opinion without "telling the client what to do."
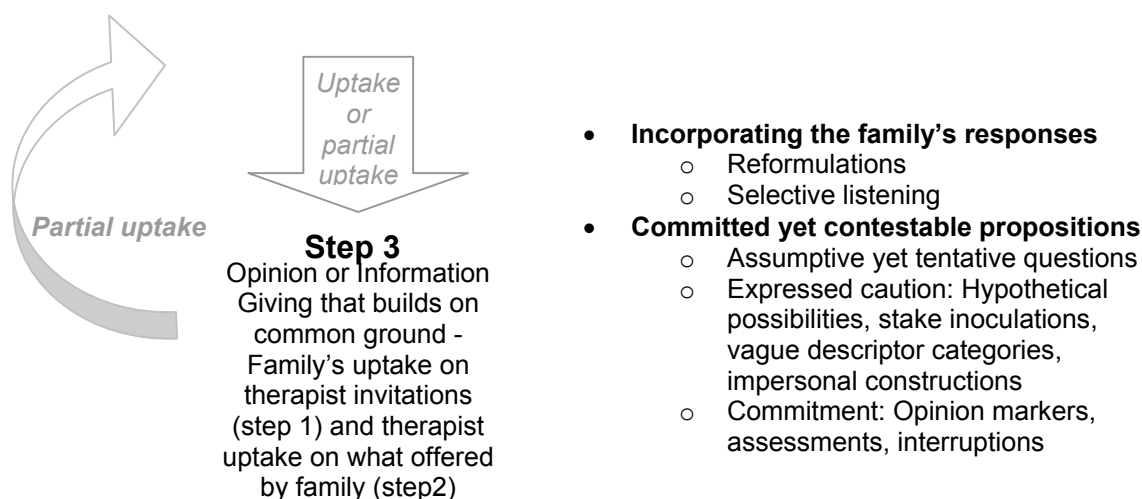
Figure 7. Step 3 opinion giving

Incorporating the family's responses. Tomm acknowledged the usefulness of

what the family offered and incorporated their response (Step 2) into his propositions

(Step 3, see Figure 7). He listened carefully to what the family offered and used this

information in his opinion giving. For example, in one of Bob's accounts he suggested:

286   B: The issue I think that we've got here is (1.2) is (1.0) you know Joe
287   **talks about trust** (1.6) umm (1.2) the issue we have is that we've
288   got (0.7) **some trust that needs** to be built back up (0.7) with (0.8)

Tomm initiated his opinion/information giving by *reformulating* what Bob communicated in his previous response.

```
314   T:   (hhh) Kay so there is two issues (.) that are important to look at
315        when there is issues of trust (1.3) Like >like< (.) when you trust
316        somebody you have to first feel they have good intentions (.6)
317        hmm? (.).....
```

As Tomm reformulated the content offered by Bob, he attempted to co-construct a hybrid position with the family. He also incorporated information communicated in the performative actions (the behaviours in lines 395 through 398) of the family.

```
395   B:   Which ones are your biggest concerns Joe? (2.3) {looking down not at Joe}
396   J:   *>don' know<* {looking down}
397        (5.6)
398   B:   {Looks up to the ceiling and pierces lips} See part of wha[t]
399   T:                         [S]ee I would of I think one of the biggest worries would
400        be the second one (.8) ummm that when he is feeling unsafe that he can
401        ta:::lk to people (.)
```

Tomm attended to Joe's uptake of his previous invitation to voice worry about the contract as it stood. Bob interjected asking Joe a question about his "concerns" (line 395). The laboured dialogue in lines 395 through 398 (Joe's minimal response and Bob's abandonment of direct dialogue with Joe) provided an extension to Step 2; father and son offered further information of what Joe's worry may be in talking to his dad. Therapists can orient and respond to how clients *perform* their problems (Strong & Tomm, 2004). Tomm incorporated what Joe and Bob offered between lines 395 and 398 in his opinion giving in line 399 – "feeling unsafe that he can ta::lk to people (.)". A therapist who incorporates what the family offers, in both *what* he says and *how* he says it, is more likely to facilitate movement to a position that fits with the family members (Strong & Tomm, 2004).

Another way that Tomm incorporated the family members' responses into Step 3

was through selective listening or utilization (O'Hanlon & Wilk, 1987).

```
449   B:                                      But one thing a:::h(.3) we don't want
450         to do is we don't want to ride him and say are you safe or are
451         you not safe (.5)
452   T:    Well terrific (.1)
453   B:    We don't want to do that (.3) but we also wa[nt]
454   T:                                      [Go]od that you don't want
455         to ride him [that's good]
456   B:                [We also wa]nt Joe to feel comfortable (.2) cause he hasn't…
```

In lines 452 and 454, Tomm endorsed[176] the part of Bob's statement that signalled

an uptake on Tomm's previously proposed notion of "promissory violence." Tomm

selectively listened to utilize this part of Bob's utterance (Step 2, lines 449, 450, and 453)

in his opinion giving (Step 3, lines 454 and 455). He successfully invited Bob to

downgrade his words from not wanting to "ride" Joe (implying he might have to) to

wanting Joe to "feel comfortable." This middle ground position reflected that something

needed to be done to help Joe feel more comfortable.   Through selective listening,

therapists can join clients where they stand while simultaneously proposing (in this case

through the assessment "Good that you don't want to ride him") a possibly more

shareable position based on what clients have offered.

Committed yet contestable propositions. In Step 3 Tomm demonstrated "talking

to listen" as he downgraded his opinions to "provisional suggestions." While offering

opinions, he left space for the family to join the process. Through specific practices he

managed his stake in what he was committed to; proposing a possible hybrid position. At

the same time, he continued to mark his utterances as contestable in his tentative

packaging and openness to the family's contributions. The following exemplar

---

[176] I would also call Tomm's statement in line 452 an example of an extreme case formulation (Pomerantz, 1986) that works with the selective listening to invite Bob to a middle ground.

demonstrates how he balanced commitment and contestability in one of his opinion

giving sequences.

329　T:　Cause I (.) I w::: imagine that you probably believe that right now (.6)
330　　　　Joe has good intentions (.6) right? (.)
331　B:　Mh[mm] {Hand still on his mouth and nods slightly}

In lines 329 through 330 Tomm used, what I have called *assumptive yet tentative*

questioning. The therapist designed the question to have a tentative, contestable feel that

invites the family into "dialogic knowing."[177] Tomm showed his tentativeness in his use

of the word "right," accompanied by a rising inflection that invited the family's input

rather (line 330) than their compliance. He also expressed caution (Silverman, 1997) in

his delivery (quiet voice tone line 317 and tentative language, "w:: imagine" and

"probably" in line 329) to package his talk as tentative.

At the same time, Tomm asked a strategic question that was strongly influential

rather than used solely as an orienting or information gathering attempt. The language

used worked strategically to "lead" the family to a particular way of discussing the topic

(e.g., "you probably believe that right now (.6) that Joe has good intentions (.6) right?").

In addition, he demonstrated some commitment to a certain hybrid position as the

additional word ("right") invited only a limited response. The question's design invited a

closed brief response (e.g., "yes" or "no") rather than an open response (e.g., an

explanation as to why Joe's intentions are seen as good). Furthermore, Tomm repeated

the starting phrase of this question ("I (.) I w::: imagine) to show a commitment to his

upcoming statement (Clark, 2002) especially with the use of "I." Tomm communicated

his *commitment* to his utterance. His balance between commitment and tentativeness

---

[177] In a social constructionist sense, one understands knowledge as a process or activity (knowing) that
speakers accomplish in the back-and-forth of conversation – verb not a noun.

invited the family to respond briefly to his offer (line 331). With a brief response, Bob's

turn showed that he was orienting to the therapist's commitment. At the same time,

Tomm has successfully invited Bob to accept or reject his opinion and join him to co-

construct Step 3 (line 331). He balanced his commitment to a particular way of going

forward, while still leaving room for, if not inviting, the family to contest this suggestion;

he "talked in order to listen."

A therapist can use the practices illustrated above to underscore commitment to

therapeutic issues. At the same time, the therapist may offer a proposition rather than a

directive, and so invite the family to offer a response to the therapist's ideas that fits for

them. In this way, therapist and family can construct a middle ground to move forward.

I illustrated above how Tomm packaged a question to express caution.

Packaging, or "recipient-design," is a strategy I discussed earlier as an ongoing practice.

When Tomm gave opinions in Step 3, he continued this packaging. However, he

upgraded his efforts with additional practices therapists might use to offer contestable

opinions cautiously.

```
343    J:    {Joe is leaning forward looking down at his hands}
344    T:    …(hhh) Now (.) let's assume (.4) that he doesn't right? that he is (.4)
345          trying to give you more than he can actually do (.8)
346 B&S:  {Bob leans side of face on his hand and Sandy uncrosses her legs}
347          >I don't know if that is the case maybe he is able to do all this right?
348          < but let's assume for a moment that he can't (hhh) follow through (.9)
```

First, Tomm introduced the idea that Joe did not have the ability to follow through

as a *hypothetical possibility* ("let's *assume* (.4) that he doesn't right?"; Peräkyla, 1993).

This fashioned his proposition as contestable (see line 346). Furthermore, Tomm used a

stake inoculation (line 347); he managed the risk that he could be perceived as having a

stake in what he said and might not be open to other possibilities (Potter, 1996). With the

use of both practices Tomm underscored he was not heavily invested or committed to the

propositions he offered. With their use, he showed his responsiveness to the parents'

non-verbal behaviours in line 346 and provided space for the family to continue

contesting what he said.

Tomm's displayed tentativeness or contestability in his utterances in his use of

some additional strategies.

362   or it sets up conditions for umm what I refer to sometimes as
363   promissory violence (1.2) where (.8) umm (.9) **people** like a::h if in
364   your case (.6) a:: **parents** (hhh) would (.) um (.7) <u>confront</u> (.6)
365   Joe >in not fulfilling the contract< in ways that he can feel are
366   umm (1.1) violating him?
367 S & B: {Both Sandy and Bob raise their heads}

The therapist paired strong language (e.g. "violating him") with the use of what

Potter (1996) called *vague descriptive categories* ("<u>parents</u>") and *impersonal*

constructions (use of the word people, "people like a::h if in your case"). If Tomm had

implicated Bob and Sandy in the practice of "promissory violence," he would have been

directly accusing them and strongly aligning himself to Joe.[178]   With the use of these

strategies, the parents were more likely to feel they had a choice to contest what Tomm

suggested or further articulate it in ways specific to them (rather than having to defend

themselves).

Once again, Tomm paired the contestable feel of his opinion giving with a certain

commitment. He *marked his turns as opinions* throughout this transcript by voicing

versions of "I think" (e.g., "I refer", line 362 in the exemplar above, "I mean", "I find").

---

[178] Aronsson and Cederborg (1996) discussed the above practices of "vague descriptive categories" or "impersonal constructions" as "obliqueness in multiparty talk" (p. 208). Using these practices can help facilitate potentially threatening proposals. At the same time, these authors suggested that these practices can also facilitate therapeutic talk without aligning the therapist himself with one of two opponents in multiparty situations.

The phrase "I think" can set up the following utterance to be contestable rather than a

statement of truth (Schiffrin, 1990). However, because of the often-assumed role of a

therapist/psychiatrist as expert, the phrase "I think" holds more authority.

```
514   T:    S[ee
515   B:      [making a progression= {Hands come down and leans forward}
516   T:    =Ya right I think it might be useful to actually do that (.2)
517         Bob because (.8) I think it would (.5) umm (.4) create a bit of a
518         process of reciprocity (.1)
519   B:    Mhmm (.3)
```

The exemplar above shows Tomm using the phrase "I think" in Step 3. In

addition, in line 516 he used "right" in a different way than he did with assumptive yet

tentative questions.[179] Rather than opening space for contesting, his utterance of "right"

can be seen an *assessment* of the previous utterances. Tomm showed his own

commitment to a position and closed down the negotiation by marking it the prior turn as

the correct answer. In addition, this exemplar showcases Tomm's frequently used

interruptions. Tomm used interruptions to selectively listen (Exemplar XIX) or complete

the previous utterance to extend the negotiation (Exemplar XV). In the above exemplar,

as in Exemplar XVI, he used an interruption to keep the floor and to extend the point he

had started to make before Bob interrupted him. Through these interruptions, Tomm

clearly demonstrated a certain authority or commitment to his proposition. Again,

however, he paired this show of commitment with pauses and "umms" to construct a

contestable proposition. This exemplar showed the end of the fifth step-wise sequence.

Even at this point, after Bob had shown his acceptance of the therapist's proposition,

Tomm left space for contention.

---

[179] Devices are not used in one particular way consistently in taking a discursive stance. Researchers or practitioners orient to how devices are used in the turns in talk to understand what purposes the device serves.

In his propositions, Tomm talked to listen (Hoffman, 2002). He took a stand by committing himself to a location that this family could move forward in, but also gave them the conversational space to contribute their own ways of understanding and proposing forward movement. The design of his utterances invited the family to join his opinion giving by giving brief responses (e.g., "Mh[mm] {Hand still on his mouth and nods slightly}"). Through their limited responses, the family showed that they acknowledged the therapist's commitment (listened to Tomm's continued discussion). At the same time, although brief, these responses make evident Tomm's success in opening space for family members to accept or reject his propositions. As in the step-wise entry, he facilitated movement by presenting a possible common ground[180] to go forward, while leaving space to hear the unexpected offered by the family.

The concrete practices that I have outlined here offer therapists some actual methods they can use to develop their own balance between offering direction and inviting client contributions (talking to listen) in the therapeutic process. I will conclude with a segment discussing the multiparty context of Tomm's invitations and propositions.

Multiparty invitations and propositions. Because there are multiple people contributing to family therapy conversations, there are also multiple implications or consequences of the talk. For example, by simply developing each family member's position, Tomm was simultaneously inviting other family members to consider alternative ways of making sense of the contract. In multiparty talk, everything has an "overhearing audience" (Heritage, 1985). However, Tomm used multiparty talk to invite the family to a middle ground and propose what this hybrid position might look like.

---

[180] In this case, his propositions are mostly uncontested, and so he directly facilitated forward movement.

270 T: Okay (1.6) (HHH) umm ah now is there been any understanding about
271   how long this contract (.4) is in place and will it be reviewed and
272   renegotiated? (.4) {First looks down and then looks at all family members}
273 J: No (2.3) {Looking down and playing with bottle}
274 B: We didn't talk about (.9) a timing (2.1) {Looks to Sandy}
275 S: I just (.6) thought it was indefinitely ((Short Laughter)) (.7)

To invite all members to participate, Tomm *collectively solicited* (Garcia, 2000)

the family in the above exemplar. By looking down and then looking back-and-forth to

all family members, he avoided directing the question to one individual. Through this

collective solicit he successfully invited a response from both the parents and the

adolescent (lines 273 through 275).

There are a number of examples of these collective solicits in more subtle forms

throughout this transcript.

387 T: It does? {Looks at Joe and furrows his brow}(2) Umm well do you worry
388   a little bit about (.) whether you might be able to follow through on some
389   of these agreements?(3.6)
390 J: Ya {He shrugs his shoulders} (.)
391 T: Y[a]
392 J: [*I guess*] {Looks up at the therapist}
393 T: [Ya]I'm not surprised I would worry too (1) you know. (2.8)
394   Oka::: (1.3)(hhhh) Ummm (2.5)
395 B: Which ones are your biggest concerns Joe? (2.3) {looking down not at Joe}
396 J: *>don' know<* {looking down}
397   (5.6)
398 B: {Looks up to the ceiling and purses lips} See part of wha[t]
399 T: [S]ee I would of I think one of the biggest worries would
400   be the second one (.8) ummm that when he is feeling unsafe that he can
401   ta:::lk to people (.)

This exemplar shows strong examples of subtle, compounded invitations and

propositions that Tomm offered to multiple parties (Aronsson & Cederborg, 1996;

Garcia, 2000). Bob's action in line 395, showed that Tomm's invitation (Step 1, lines

387 through 389) not only engaged Joe but also subtly solicited Bob (through a veiled

address; Aronsson & Cederborg, 1996) to attend to his son's worry. Furthermore, in

Tomm's proposition in lines 399 to 401 (Step 3) he rephrased Joe's position,

acknowledging the difficulty of taking small steps in talking, as was demonstrated in

Bob's and Joe's interchange immediately prior to this. In response to Joe's apparent

unwillingness to engage with the topic, Tomm recruited Bob to continue to engage Joe

indirectly as the *overhearer* (Heritage, 1985) of talk (I. Hutchby, personal

communication, April 1, 2004).

Family therapists should not expect to orient to everything that is going on in the

room. However, by studying the multiple consequences of their talk, therapists can work

to attend and make sense of this complexity. They may then better position themselves to

recognize openings to join family members in multiple, previously unnoticed ways.

The Family's Contribution

A focus on what the family does in therapeutic interactions is very rare.

However, social constructionist practitioners who are interested in how to work with

families to co-construct change value this unique focus; it helps them recognize half the

construction process. Tomm's practices offered the family ways to join the conversations

as active participants, but what did the family members do in this process?
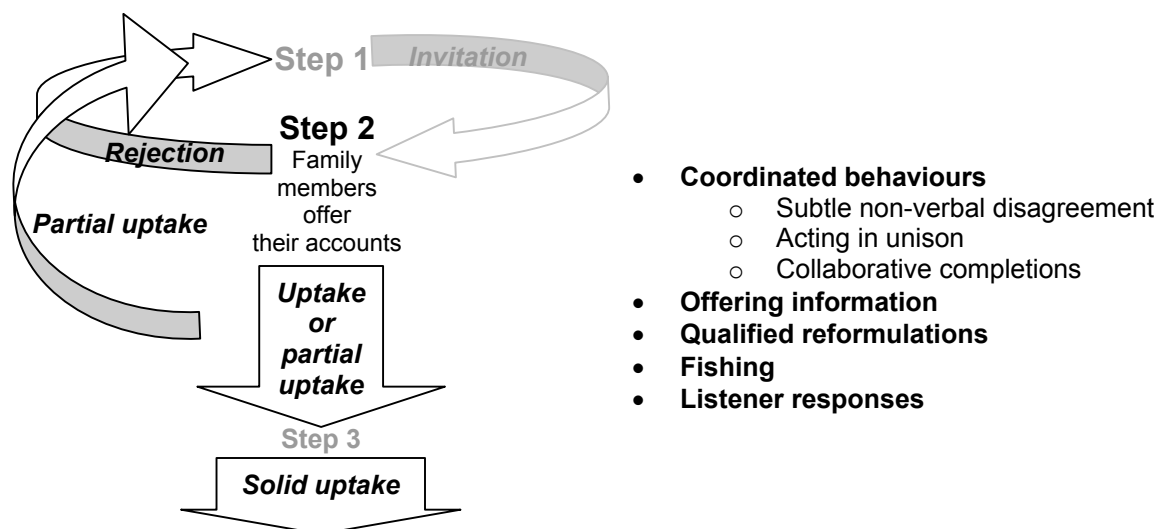
Figure 8. The family's contribution to the step-wise entry.

Coordinated behaviours. Bob and Sandy initially showed signs of speaking from different positions. At other times, they showed alliances in how they rejected or accepted the therapist's invitations and propositions. By looking closely at how such developments occur, therapists may become more sensitive in orienting and responding to family members in their own decision making processes.

```
48     J:    {Joe bites on his nails}
49     S:    {Sandy looking at Joe}
50     B:    um =
51     T:    =Cause you can't really make su[re] {Looking at Bob}
52     B:                                    [Ar]e are concern and we
53           said this to Joe today when we left and we know it is a concern
54           with kids as well, is (.6) unconditionally (.9)
55     S:    {Sandy starts to scratch the back of her head}
```

In the above exchange, Sandy and Bob made evident in their talk that they were not "on the same page." Sandy's subtle communicative behaviours (line 49) showed that she was attending to Joe's signs of doubt (line 48) in following through with what Bob was asking before line 48. He repeated the request in lines 52 through 54. In line 55, Sandy showed signs of *subtly disagreeing* with Bob's insisting tone. In noticing the subtle differences in positions, a therapist can respond in ways that attend to what is developing. In this case, Tomm focused on the relationship with Bob and Joe throughout the session because he had oriented to how Sandy was already speaking from a less extreme position.

Bob and Sandy also contributed to forward movement by demonstrating their similar positions as they coordinated their behaviours in a synchronized way.

```
276    T:    Oh well that is kind of tough isn't it {Therapist looks to parents and Laughs
277          Loudly. Sandy joins him and Bob smiles}For life at age 50 ((Laughs))
278          Joe you have a contract here {Said in a voice of an old man while holding
279          the actual contract} (3)
280B&S:      {Bob and Sandy join him in loud laughter}
```

The behaviour in line 280 above showed a synchronized acceptance of the therapist's invitation in lines 276 through 279. The therapist could then build on that acceptance. Bob and Sandy also communicated their allied acceptances through *collaborative completions* (Kangasharju, 2002).[181]

```
352   T:                      …(.6) if you can't take big steps then you
353         have to take small steps? (.)
354   S:    Mhmm=
355   B:    =Absolutely=
```

In the above exchange, Sandy and Bob demonstrated a collaborative completion. As a team Sandy and Bob communicated an allied acceptance of Tomm's proposal. Their synchronized responses are especially interesting as they follow Tomm's *collective* invitation. (Before this exemplar, Tomm showed he was directly addressing only the parents by referring to Joe as "he" while looking at both the parents.) Therapists can propose collective solicits and orient to these collaborative completions in a similar manner, to look for evidence that the family is ready or open to being offered of an opinion (Step 3). Further, when faced with synchronized conflicting positions, as in line 114 below, therapists can recognize the need for further negotiation of common ground to offer propositions in.

```
110   T:    Would you say it would be you that (.6) think >this is even more
111         important than your parents do or they probably think it is more
112         important than you do<?=
113   J:    =They probably think it is more important (1)
114 S & B: {Parents lean heads down into their hands in unison}
```

In these ways Bob and Sandy showed their alliances or differences in positions. The parents' actions (either allied or differing) offered the therapist something to orient to

---

[181] Del Vento et al. (2004) described similar collaborative completions as interruptions used to make evident a sharing of perspective.

in making his decisions on how to join them.[182] Moreover, the parents' allied

acceptances of Tomm's proposals extended their participation in the forward moving

process. By looking closely at how Sandy and Bob accomplish these actions, therapists

can become more sensitive in orienting to clients' actions in their own decision making

process.

　　Offering information. Tomm acknowledged the usefulness of the family's

responses in their attempts to move forward and incorporated what they offer in Step 2.

Adjacently, the family directly offers information (e.g., the issue of "trust", Exemplar X)

and indirectly "performs" information (e.g., laboured dialogue between son and father,

Exemplar XV).[183] What the family offers in their responses is potentially extremely

valuable for therapists to orient to if they are genuinely interested in co-constructing

common ground in family therapy. Below is one more example of how this family

offered something in their turn in talk (Step 2) for the therapist to orient to.

```
275   S:   I just (.6) thought it was indefinitely ((Short Laughter)) (.7)
276   T:   Oh well that is kind of tough isn't it {Therapist looks to parents and Laughs
277        Loudly. Sandy joins him and Bob smiles}For life at age 50 ((Laughs))
278        Joe you have a contract here {Said in a voice of an old man while holding
279        the actual contract} (3)
```

　　Sandy's turn in line 275 ended with brief laughter. That opened space for Tomm

to extend his use of humour as he continued to invite this family to consider contract

renegotiations. By building on Sandy's invitation, the therapist was able to co-construct

his extended invitation rather than impose it on the parents. People consistently give

---

[182] In the overall framework, I have suggested that orienting to rejections or acceptances offers therapists ways of making decisions to either further invite clients to consider a possible hybrid (Step 1) or to provisionally suggest common ground (Step 3).

[183] I discussed these two examples in detail in the previous section, highlighting Tomm's part in incorporating these responses.

these types of offerings to their speaking partners. If therapists orient and respond to

these offerings as openings to construction sites, their conversations can become more

shared or collaborative.

     Qualified reformulations. Tomm reformulated the family's responses as he

worked to co-construct a common ground. Similarly, the family reformulated language

or ideas introduced by the therapist.

```
299   B:   >you know so< for the length of time I mean
300         I agree I mean this:: this is not going to be (.)
301         forev[er
302   T:         [Okay]…
```

     Bob used the words "I agree I mean this:: this is not going to be (.) forever" to

reformulate Tomm's previous use of humour, in which he alluded to Joe having this

contract at the age of 50. However, he (with the help of Sandy in a collaborative

completion in line 309) reformulated this uptake with his qualification in lines 303

through 309:

```
303   B:         …This] has to [be]
304   T:                       [hhh]
305   B:                       [until] we have some sort of a (.6)
306   T:   {The therapist begins to lean forward, put his head down and
307         scratch the back of his head}
308   B:   a degree that Joe shows us (.7)
309   S:   That he's sa[fe]
```

    In qualified reformulations, the parents demonstrated a certain acceptance of what

the therapist had introduced, while also communicating that they had reservations.

Families rarely meet therapists with solid uptakes or rejections. The majority of client

turns are combinations of the two. By looking closely look at how partial uptakes[184] are

---

[184] These partial uptakes are similar to the ambivalent practices discussed earlier, as both allow for
"necessary vagueness" (Garfinkel, 1967) that speakers need in order to negotiate a common ground to
move forward.

accomplished by their clients, therapists may better formulate their talk to join clients.

For example, in this case, Tomm did orient to the uptake communicated in these

reformulations by moving on to Step 3 of the model, but in his tentative delivery of his

opinion, attended to the parents' reluctance to join he proposed.

   Fishing. Earlier, I discussed how Tomm practiced multipartiality by attending to

Joe's ambivalent responses to co-develop Joe's position. In forward moving

conversations, Joe used ambivalence to accomplish a different end; he successfully

"lured" his father to join the developments (e.g., Exemplar XV, lines 390 and 392).

Pomerantz (1980) would call this a "fishing" device; Joe was able to solicit information

from his father indirectly, in this case through ambivalent responses.

   The last step-wise entry shows a strong example of how Joe, through his multiple

ambivalent fishing responses, in effect, asked his father to join Tomm's strategic

invitation to a middle ground.

```
488   T:   = that you can actually talk to them about some issues (1) do you
489        trust him?(2.1)
490   J:   *Ya I guess* (1) {shrugs and remains playing with the label on the bottle}
491   T:   You don't sound too convinced (2.1) :::or do you think that (.hhh)
492        You'd like to see your dad make some commitments to work
493        towards (.9) you know showing you that he is willing to hear you in (.9)
494        in new ways or something?
495        (16.5)
496   T:   >Or d you think that I'm<getting into dangerous territory >by even
497        raising this<? (2.1)
498   J:    >Doesn't matter<(1.3)
499   T:   >Doesn't matter to you< but (.)
500   J:   {Joe looks up at therapist}
501   T:   what about your dad do you think your dad might be a bit (1.4)
502        offended by me suggesting that he could make a contract with
503        you too? (.9)
504   J:   *I don't know* (3.4)
505   T:   Am I:::treading on (.) risking (.) territory here >with you
506        *you t[hink*<? ] do you
507   B:        [hmmmf]  {shaking his head no}
```

508   T: think it would be <u>useful</u> for you to (.) srt ov (.)
509   >give some thought< to a contract that you can make (.hhh) for
510   yourself to::to srt ov >try to< follo::w (.3) with him? (1.5)
511   B: <u>Sure (.) absolutely</u> I mean I'm I'm not apposed to that umm (.3) …

In lines 490, 495, 498, and 504, Joe's use of ambivalent responses worked to 'fish' for Bob's eventually solid uptake on the need for a two-way contract (line 511). Initially, these lines seem to provide evidence of the adolescent's incompetence as a conversational partner. However, Joe actually demonstrated his competence[185] in fishing as shown in his dad's uptake on this forward moving notion. Practitioners who notice the consequences of typically ambivalent adolescent talk can enhance their work with young people in fishing expeditions to further the negotiation of common ground.

Listener responses.   Researchers have found that listeners take an active role in co-developing what seem to be one-way narratives (Bavelas et al., 2000). By looking more closely at talk one notices that listeners are actively involved in the narrative process.   In Exemplar XII, the participants demonstrated a strong example of the active role of listener responses in situations that people often erroneously understand as one-way information delivery. The family used some interesting devices to facilitate Tomm's opinion giving or end it.

318   I mean clearly (.9) umm Joe does have good intentions because
319   they are clear in what he has <u>written</u> here right?=
320   B: **=Mhmm {Nods his head in agreement}(.9)**
321   T: But the second point is not so obvious and is more diffi<u>cul(.)t</u>

In line 320, Bob used what Bavelas, et al (2000) called a general response. The turn was less connected to the talk in that it could be used in a wide variety of narratives to communicate a general understanding.

---

[185] Silverman et al. (1998) discussed adolescent ambivalence as an interactional competence that the young person uses to resist institutional or professional discourses that constrain his or her abilities to speak freely.

325 T: …intentions (.6) Right? (.9) (hhh) and that's the part that's the dilemma
326   here right?=
327 B: **{Bob places his hand over his mouth}=[Mhmm]**
328 S: [Mhmm] (.)
329 T: Cause I (.) I w::: imagine that you probably believe that right now (.6)
330   Joe has good intentions (.6) right? (.)
331 B: **Mh[mm] {Hand still on his mouth and nods slightly}**
332 T: [He]wants to (.) fulfill this=
333 S: **=Mhmm (.5) {Fidgeting with fingers}**
334 T: The big <u>question</u> is (.) is he able to?(.2)
335 S: **Exa[ctly] (Nods to therapist)**
336 T: [>right<] Does he have that ability does he have the competence (.5)
337   yet to do that? (.)
338 B&S: **{Bob and Sandy both nodding head agreeing, Bob leans**
339   **on his hand and Sandy fidgeting with fingers}**
340 S: Mh[mm]
341 T: [mm] (hhh) (.7) and once (.4) that's a (.) umm difficult issue right?=

Bob's and Sandy's responses in lines 327, 331, 333, 335, 338, and 339 showed

them to be highly connected with what had just been said. They give specific listener

responses; each showed an understanding of the implications of the previous turn ("{Bob

places his hand over his mouth}=Mhmm"). The details of these seemingly innocuous

responses are important due to their conversational consequences. Such specific listener

responses can be seen as cues which invited Tomm to continue co-developing his ideas

about the separation between intentions and abilities with the family. Furthermore, an

overall look at examples of opinion giving in the transcript (e.g., Exemplar XII) shows

that the more specific Bob and Sandy's attending and responding were, the more each

elicited Tomm's continuation.[186]   Highlighting the specifics of listener's responses

underlines how clients continually offer cues for therapists to orient to as they attempt to

---

[186] The parents' use of specific or general responses (Bavelas, et al, 2000) closely parallel what other CA
researchers call acknowledgement or agreement tokens (Clark, 2002; Jefferson, 1984). An
acknowledgment token is a more general response that communicates that the listener has received the
utterance. An agreement token is more specific, as it shows that the listener agrees with a "position" and is
aligning himself (or not) with this position.

move forward together. As seen below, the parents also contributed to Tomm's opinion

giving through the lack of their responses.

```
365       Joe >in not fulfilling the contract< in ways that he can feel are
366       umm (1.1) violating him?
367 S & B:    {Both Sandy and Bob raise their heads}
368   T:   in terms of (.) that is if you would sort of ride him for this (    )
369        because he didn't fulfill it right? (.6) And you >srt of< give
370        him hell for it? (.6) then (.) he's umm (.6) he's vulnerable to being ( .6)
371        violated that way? (1) So I find that the disadvantages of making (.5)
372        promises that are too big  >right< because if you know (.5) you know
373        >get down on him< when he can't fulfill them right?=
374   S:   =Mhmm (.7)
```

Tomm ended his opinion giving after line 373 as he oriented to the family's

decreasing use of general responses (lines 367 and 374). In the above examples, listener

responses contributed key parts to the developing talk. As in "story telling" (Bavelas et

al., 2000) opinion giving falters or fails when it is offered to inattentive listeners, and is

facilitated as the listener contributes to the extent and quality of her/his speaking

partner's narration. If therapists fail to orient to these small client offerings, they may

possibly be at best "preaching to the converted" or at worse "talking to deaf ears."

Reintegrating the Adjacent Pairs: Successful and Unsuccessful Step-wise Entry

It is now clear that opinions were not simply "delivered" by the therapist; Tomm

and the family co-developed them in dialogue with the parents. However, I now reunite

the family and therapist's pair parts to ensure I do not leave the reader with a disjointed

understanding of the interactive process. First, I discuss how both the family and the

therapist jointly used practices to co-construct forward movement in one step-wise entry.

Second, I show an exception where the parents rejected Tomm's opinion and the family

remained stuck in a differend. In CA terms, these exceptions are called "deviant cases."

In a deviant case, conversational routines or structures identified and explained elsewhere break down, or fail to be upheld in some circumstances (ten Have, 1999). As in other inductive methods in which researchers examine data for similarities (e.g., grounded theory), when one case does not fit into the developing patterns, the researcher reworks his or her analysis to come up with a "deeper" analysis that fits with all cases at hand (ten Have, 1999). I looked for deviant cases to indicate at what point participants departed (rejected opinion giving) from established patterns (forward moving step-wise entry). I then showed the ways in which the participants, through their actions, oriented to these departures (Heritage, 1988). In my case, this "deeper" analysis further supported the claims I had made about the usefulness of particular communicative strategies in co-developing opinions (Gale & Newfield, 1992). A deviant case increased the validity of my claims by demonstrating how alternative practices led to alternative outcomes.

Below, I present an example of forward moving opinion giving juxtaposed with a deviant case (e.g., the family rejecting Tomm's opinion) to show how alternative practices to enter into and offer opinions can solidify impasses.

Exemplar X (00:19:19)

```
270   T:    Okay (1.6) (HHH) umm ah now is there been any understanding about
271          how long this contract (.4) is in place and will it be reviewed and
272          renegotiated? (.4) {First looks down and then looks at all family members}
273   J:    No (2.3) {Looking down and playing with bottle}
274   B:    We didn't talk about (.9) a timing (2.1) {Looks to Sandy}
275   S:    I just (.6) thought it was indefinitely ((Short Laughter)) (.7)
276   T:    Oh well that is kind of tough isn't it {Therapist looks to parents and Laughs
277          Loudly. Sandy joins him and Bob smiles}For life at age 50 ((Laughs))
278          Joe you have a contract here {Said in a voice of an old man while holding
279          the actual contract} (3)
280 B&S:  {Bob and Sandy join him in loud laughter}
281   T:    Well >I think I think< it would be important to:: (.6) for Joe to have (.)
282          an opportunity to (.6) ah reopen the (.7) contract? to renegotiate? (1)
283   B:    {Now leaning his head in his hand and looking down}
```

284 T: because otherwise (.9) it would (1.1) It'd feel like a trap (.) and there is
285   a need to >get out of the trap<? (.9)

As previously noted, this exemplar shows forward moving opinion giving.[187] (See Figure 9 for support in this description.) Tomm invited the family to renegotiate the contract through a strategic, yet tentative, collective solicit (lines 270 through 272, Step 1). The family collectively responded (Step 2) without showing any clear uptake (lines 273 through 275 show them acknowledging but not accepting renegotiating) on what Tomm has offered (rejection arrow in Figure 9). Sandy offered an opening (laughter in line 275, step 2) for the therapist to extend his invitation through humour. Tomm then attended to Sandy's opening (line 276) and extended his invitation (repetition of Step 1) using humour (extreme case reformulation, non-linguistic vocalization). When Tomm received evidence of the family's uptake on this invitation (coordinated behaviour in line 280; large arrow in Figure 9) he entered Step 3 and gave his opinion.
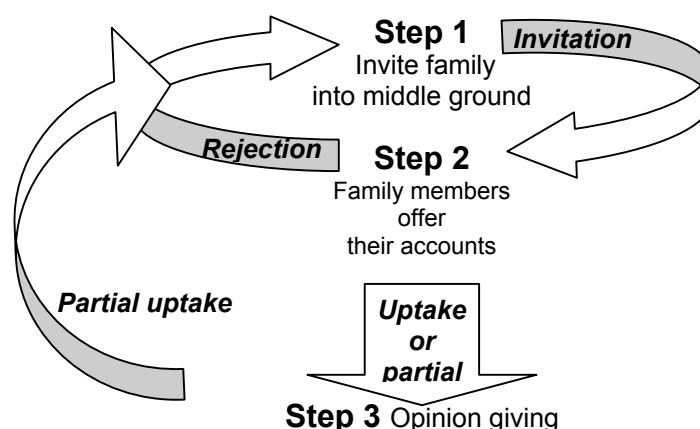
Figure 9. Step-wise entry into opinion giving.

As Tomm offered his opinion (Step 3) in lines 281 through 285, he used a number of devices to downgrade his opinion to a proposition or a "provisional suggestion" (tentative delivery pattern, rising intonation, and discursive marker; Miller & Silverman,

---

[187] Please see the previous description of Exemplar X (p. 164) for a more detailed analysis.

1995). He also oriented to non-verbal behaviour that communicated Bob's lessening

acceptance in line 283 and ended his opinion giving with a question to restart another

step-wise entry. With this process, the family moved forward in their partial acceptance

(as shown in their collective laughter and then less accepting non-verbal behaviour).

Moreover, in the next exemplar, Bob offered a further uptake of these renegotiations. He

stated, "This is not going to be (.) forever" in his turn (Step 2) within the next step-wise

entry; thereby communicating that he recognized the inevitability of renegotiations in the

process.

     Below is a deviant case in which forward movement was not cultivated. Instead,

a differend was solidified as the therapist offered his opinion, or, in this case,

straightforward advice ("You should…", lines 167 and 168).

Exemplar VIII (00:12:06)

```
157   T:   Oh Okay (.2) So Brooke and you did this together (.) w::ere your
158        parents involved? (.)
159   J:   No (1.4)
160   T:   (hhh) But they signed it? (1.3)
161   J:   W::ll ya they signed it after it was done (.8)
162   T:   Okay so they agree with it (.4)
163   J:   *Ya* =
164   T:   = But they didn't have anything to say in developing it (.8)
165   J:   No (.4) {shaking his head no}
166   B:   We had no input (2.1)
167   T:   Oh that's a bummer (1.4) {Sandy laughs in the background}
168   T:   You [   should    have    had    some    input]
169   B:       [YOU KNOW WHAT YOU KNOW WHAT] [I::I::]
170   S:                                     [I'm happy with that]
171   B:                                                    [I'm] real
172        happy with that because (.7) we were talking today with with
173        with Brooke (.8) um (.6) this came from Joe (.5)  All she said
174        she did was give the questions? and Joe filled in the blanks (.4)
175   T:   Really!(.6)
176   B:   So I am real happy with that (1.2)
```

The therapist asked if the parents had been involved in the contract (lines 157 and 158, Step 1in Figure 9). Here Tomm used another tentative (pauses before question and drawn out word "(.) w::ere") yet strategic invitation as he asked the family to consider thinking about this contract as "two-way." The therapist extended his invitation (re-offers Step 1) in line 164, and Joe and Bob offered their response to the question of who was involved in developing the contract (Step 2). Bob's and Joe's responses (lines 159, 165, and 166, Step 2) were similar to the acknowledging responses seen in the previous example (lines 273 through 275). The family acknowledged (line 166; schematically represented as the rejection arrow in Figure 9) what they did. Family members did not show any uptake of what had been strategically introduced in Step 1 – the importance of involving all in the contract to make it a two-way process.

In line 167, the therapist attempted another extension to the above invitation in Step 1 through humour ("Oh that's a bummer"). Tomm received some uptake by Sandy. Her laughter in line 167 showed she partially accepted that their lack of involvement was "a bummer," in that she did not outright ignore Tomm's humour. However, there is no evidence that the person Tomm was directly talking to (Bob) had accepted is offer. Regardless, Tomm delivered his advice in line 168. In addition to giving his advice, before receiving an uptake from his speaking partner, Tomm also omitted "downgrading practices" used in the earlier example. In a straightforward delivery lacking tentativeness he offered a directive: they "should have had some input." The parents rejected Tomm's advice that the contract involves a two-way negotiation. Bob responded with loud overlapping talk as he described being happy with the one-way manner in which the

contract was developed. Further, Sandy joined Bob (lines 169, 170, and 171) to collaboratively complete an alliance in this rejection.

By presenting these two examples, I have reunited the previously artificially separated pair parts in these forward moving step-wise entries into opinion giving. In addition, by analyzing a deviant case I have provided further support for my representation of how Tomm offered opinions. I have shown evidence that the overall structure and practices I discuss can facilitate forward movement, while their absence invites a performance of a differend.

Forward Movement: Evidence of Outcome

In a step-wise process, the family took "small two-way steps" with the therapist to generate forward movement out of a differend. After five sequences (see Appendix H) of the step-wise entry Bob demonstrated a solid uptake of a two-way contract (lines 511 and 512, Exemplars XX and XXI). After this acceptance, the talk changed in a number of ways in the final exemplars. Joe and Bob began to "walk their talk"; the notion of two-way small steps was evident in *what* they talked about and *how* they did this talking.

Solid uptake

Bob and Joe Walking the Talk
"Small Steps in Dialogue"
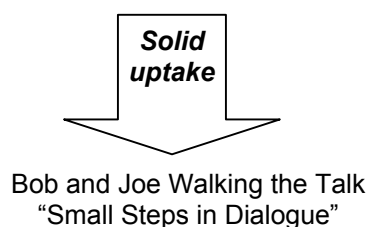
- **Accepting a shared position**
  - Assuming common ground (moving from stake inoculations to "We")
  - Increasing commitment (moving from minimal to solid responses)
- **Performative advice giving**
  - Selective listening
  - Redesigning questions
  - Tentative delivery

Figure 10. Bob and Joe walking their talk.

In the final exemplars (XXII and XXIII), Bob and Joe communicated in ways that make evident that they were speaking from a more forward moving and common position

(positive outcome seen in the transcript).[188] They showed an increasing acceptance of a hybrid position that they were co-developing in *what* they said and *how* they said it. For example, Bob stated "*We* (indicating he sees it as two-way) need to do things a little bit different" and Joe's response, "Sure," indicated an increased commitment to dialogue with his dad.

In this section, first I discuss key conversational practices that Bob and Joe used to indicate how they developed a mutual and forward moving position (see Figure 9, accepting a shared position). Second, I present practices Bob used to change *how* he interacted with his son to facilitate forward moving small steps. These are practices that Tomm had previously performed with Joe (see Figure 9, performative advice giving).

Accepting a shared position. In the last few exemplars (XXII and XXIII), Bob further developed a mutual way of understanding the contract as he highlighted *his part* in ensuring his son's safety. He used phrases such as "…stuff I have done (.) stuff I have done right stuff I've done wrong" to show that he understood his actions matter in helping Joe keep himself safe. In addition, he began to use the word "We."

```
534   B:   = a::nd and it was (.) I think (.) ::I think we both kind of came up
535        out of there (.3) and >Joe you can (.) speak for yourself< but (.)
536        what I came out of it was that (.1) ummm >we need to do things
537        a little bit different< (.5) we need to start (.1) >do things a little bit
538        different< …
```

The use of phrases such as, "we need to do things a little different" or "we need to start" (lines 536 and 537) show Bob using the word "we." Formerly, he had talked only about Joe's responsibility for making the small steps on his own. The use of "we" is also a device people use to show an *assumed mutual acceptance* of a notion being shared

---

[188] In the IPR interview, this family also suggested that these conversations were forward moving and led to positive outcomes after the session.

(Sacks, 1995). Bob's use of "we" presupposes that they had worked-out an

understanding around a two-way contract to be shared by him and the family (especially

Joe). Bob used "we" in lines 534, 535, 536, and 537, indicating "common ground" where

Bob and Joe both understood something well enough to invite one to speak for the other

(Clark & Brennan, 1991).

Previously, as seen below, Bob's use of stake inoculations had shown his limited

access to Joe's position (Miller & Silverman, 1995).

```
67    B:                        …and um (3) myself (1) and I can't speak
68          for everybody else but I want to make sure (.) …

72          …And I don't know how Joe feels about that but um (.8)
```

Bob also pre-empted his statement in line 535 of the previous exemplar

showcasing the use of "we." This time, Bob's stake inoculation, "Joe you can (.) speak

for yourself<" actively created space for Joe to contest what Bob offered in his following

turn. In this turn, he assumed Joe had joined him in a new position as indicated by his

continued use of the word "we." Rather just making a statement claiming their

differences ("I can't speak for you…"), he invited Joe into the conversation directly ("Joe

you can…"). Joe did not contest Bob's use of "we;"[189] moreover, the language chosen

led to a more engaged father son dialogue as discussed in the next section.

Bob's use of "we" showed that he and Joe were coming closer to agreeing on one

mutually accepted hybrid. This claim was further supported by Bob's uncontested use of

"we" and Joe's increased commitment discussed next. This exchange showed evidence

of outcome in the actual talk of the session; in therapy family members may offer such

---

[189] The absence of contention here is evidence of a developing hybrid position especially in light of Joe's
earlier (Exemplar V, line 75, p. 129) non-verbally signs of protest in response to Bob's use of the word
"we."

evidence to each other (and the therapist) in working out new, shared, forward moving positions.

Evidence of forward movement is also seen as Joe's responses changed throughout the transcript (e.g., from disagreements and token responses to solid uptakes). Joe displayed disagreement to Bob's position of certainty at early points in the conversation through non-verbal behaviours. For example, he responded to Bob's statements of certainty by leaning away from his dad, crossing his arms, fiddling with objects, looking down or away, moving from his dad's touch, or biting his nails. When Bob asked Joe near the beginning of the session to comment on their success in talking to one another (taking small steps in dialogue), Joe responded with a weak agreement (Kitzinger & Frith, 1999).

```
73          JOE and I over the last couple of days (.6) {Looks at Joe} we had
74          a chance to talk one on one huh (.8)
75    J:    {Joe leans back and looks away from Bob}*uhuh* (1)
76    B:    just him and me (.5)
```

Although, in line 75, Joe's words conveyed he agreed with his dad ("uhuh"), the way he offered those words and the accompanying non-verbal behaviour communicated likely disagreement. This acknowledgment token (Jefferson, 1984) "uhuh" acts as a "continuer" (Bangeter & Clark, 2003; Goodwin, 1986; Schegloff, 1982) and stands in contrast to "Yeah" which communicates a higher degree of engagement or readiness to take a turn in talk. In contrast to Joe's uptake of his father's invitation to "just talk" near the end of the transcript (seen below) Joe made evident an *increased commitment* in his response.

```
543   B:    And I asked you if you would like to do more in the future what'd
544         you say? (1.1)
545   J:    Sure (2.2)
```

Although at first glance "Sure" could be understood as another ambivalent response, in light of his previous responses to similar topics, Joe's turn did communicate a partial sincere commitment. In this solid reply, he joined in co-constructing this new hybrid position. Further evidence of Joe's commitment to a common ground is seen in Bob's response to Joe in which he demonstrated that he understood Joe's utterance as sincere (Bob paused, leaned back and almost smiled in contemplating his son's previous utterance). In addition, when Tomm asked a similar question a bit further in the session,[190] "Are you willing to give it a try (spending time together talking and doing things) and see what happens see how it goes?", Joe upgraded his commitment as he looked up at the therapist and said "Sure". With this very rare instance of eye contact, Joe built on his previous response to Bob and further acknowledged his commitment to small two-way steps.[191]

Although there are clear differences[192] in what Bob asked Joe in the above examples, this instance of "Sure" in contrast to the previously ambivalent response shows a small upgraded commitment in Joe's response. At the same time, by continuing to use a slightly ambivalent response ("Sure"), Joe worked to "maintain face"[193] (Lerner, 1996; Smith, 2000) as he openly considered an alternative position in order to move forward. Therapists can orient and respond to such developments as indicators of forward

---

[190] I do not offer this in an exemplar as it was in a later part of the session not transcribed in detail.

[191] Another more obvious reason to understand Joe as joining the family in a new way of seeing the contract with his utterance "Sure" is that in the IPR interview Joe described this conversation as initiating further talk between his dad and him.

[192] In both exemplars, Joe was asked a question relating to his participation in small two-way steps in dialogue.

[193] Saving face, in this case, refers to maintaining dignity as one shifts her/his commitment on an issue.

movement. In particular, if therapists do not recognize the small efforts that adolescents

make to commit to new ways of viewing situations, because they are waiting for more

obvious signs, important openings for conversational intervention may be overlooked.

Performative advice giving. For the majority of the transcript, Joe and Bob

demonstrated laboured interaction as they did not often directly communicate. When

they did, the interaction played out in ways similar to the example below.

```
395   B:   Which ones are your biggest concerns Joe? (2.3) {looking down not at Joe}
396   J:   *>don' know<* {looking down}
397         (5.6)
398   B:   {Looks up to the ceiling and pierces lips} See part of wha[t]
```

In the final exemplars, Bob and Joe demonstrated progress relative to their

previous conversational attempts. In order to facilitate progress, Bob adopted devices

previously used by Tomm to engage Joe; hence, the title to this section: "performative

advice giving." In the way that Tomm engaged Joe throughout the session, he

"performed advice" or "modelled" how to take small steps in dialogue with Joe.

Pomerantz (in press) discussed modelling as a form of "invisible teaching" in

preceptor-intern interactions in medical training. By looking closely at the micro details

of the talk, I noticed actual outcomes that may have resulted in part from Tomm's

"invisible teaching."[194] In the exemplar above, Bob demonstrated what he previously did

when faced with an ambivalent response; he abandoned direct dialogue in frustration.

However, by the end of the transcript, Bob was responding differently.

```
538   B:   …and I asked you one question remember (.) what I asked? (.5)
539   J :  No {Looking down, playing with bottle, sarcastic tone} (.9)
540   B:   You don't remember (.3) it had to do with the fact I said (.9) umm (.8)
541         wouldn't it be neat (.5) o::r did you like the fact that we just sat and
542         talked (.4) just talked about stuff (.) and you said you did (1.9)
```

---

[194] By invisible teaching I do not suggest that Tomm's actions are necessarily intentional directives. They develop through his responsive involvement in the conversation.

543   And I asked you if you would like to do more in the future what'd
544   you say? (1.1)…

In the above exemplar, Bob engaged his son in dialogue differently. Joe's

response in line 539 ("No") could be understood as another "avoidance strategy." The

way "No" was voiced communicated that Joe might have an answer to Bob's question,

but was not prepared to share it. Instead of abandoning the talk, when faced with such

ambivalence (e.g., "don know" in the previous exemplar), Bob models a practice that

Tomm used when he was faced with ambivalent responses from Joe. Ways of going

forward are performed *in* therapy, not just talked about (Strong & Tomm, 2004). Bob

treated Joe's response as *legitimate,* or he selectively listened to "utilize" (O'Hanlon &

Wilk, 1987) the part of Joe's response that enabled them to continue in dialogue. He

followed up "No" by saying, "You don't remember," marking the previous utterance as a

legitimate response in communicating "No, what?" (I. Hutchby, personal communication,

April 1, 2004) and successfully facilitating further dialogue (seen in exemplar to come).

Bob and Joe performed new, more acceptable ways of talking that could work to *anchor*

change in their conversations to come (Strong & Tomm, 2004).

Bob also used another strategy in the above exemplar that Tomm repeatedly

demonstrated; Bob redesigned his question in line 540. In this conversational repair, Bob

carefully packaged or reformulated his question (lines 543 and 544) to bridge his talk

with his son's. This careful construction of his question was evident in the pauses and

verbal tokens[195] "(.9) umm (.8)" in line 540 and his self-correction of the content of the

question in line 541 ("wouldn't it be neat (.5) o::rr did you like…"). In addition, instead

of just answering for Joe, he invited Joe to join him in line 544 ("what'd you say?"). As

---

[195] As Clark (2002) suggests the word "umm" can be a device used to revise one's utterance.

when Tomm had used these practices, Bob used them successfully to engage Joe (line

545 below).

545   J: Sure {Solidly spoken} (2.2)
546   B: And that is something that (.3) maybe I haven't done very much in
547   the past? (.) >for what ever reason< (.5) but just (.5) shoot the fat (.2)
548   talk.

        In line 545, Joe offered a rare instance of clearly accepting his dad's invitation

into dialogue. These final exemplars show Tomm inviting Bob and Joe to speak from a

new position. Tomm has also engaged them in a new, more acceptable (to the family)

way to perform their own conversations. In this case, Joe responded to his dad with a

solid voice showing evidence (especially in contrast to their previous laboured

interaction) of his openness to try out the small steps that Bob is suggesting. Bob then,

once again, selectively listened (as Tomm did in Exemplars VI and XIX) to Joe's

potentially ambivalent[196] "Sure." By "utilizing" (O'Hanlon & Wilk, 1987) Joe's "small

step" ("Sure"), Bob demonstrated that he has accepted and extended Joe's assent, thereby

assisting them both in moving forward in small increments. Notable, once again, is the

way that Tomm "modelled" selective listening/responding earlier and how Bob, here,

conducted himself similarly.

        Finally, Bob adopted a more cautious approach to inviting Joe into dialogue

reminiscent of Tomm's verbal packaging, to engage Joe earlier (e.g., Exemplars XV and

XX). Recall Bob's previously insistent style of asking his son a question.

395   B: Which ones are your biggest concerns Joe? (2.3) {looking down not at Joe}
396   J: *>don' know<* {looking down}

---

[196] Although "Sure" is an uptake in relation to other responses Joe offered to Bob earlier, this word is more ambivalent than "Yes."

Bob delivered the above question in a straightforward manner without any signs
of hesitancy or caution (e.g., pauses). However, note how he designed his turn in later
talk.

```
534   B:   = a::nd and it was (.) I think (.) ::I think we both kind of came up
535         out of there (.3) and >Joe you can (.) speak for yourself< but (.)
536         what I came out of it was that (.1) ummm >we need to do things
537         a little bit different< (.5) we need to start (.1) >do things a little bit
538         different< …
```

He used both a turbulent delivery pattern (Silverman, 1997) to express caution in
what he is saying ("that (.) umm >we…" line 536) and a couple of restarts ("we talked
about a lot of stuff (.2) we talked about (.9)" line 530, "(.) I think (.) ::I think…", line
534) (Goodwin, 1980). Bob's movement from an insistent to a tentative turn design
successfully set up the previously discussed direct conversation with Joe about how they
both could be able to begin taking these *small steps*.

Bob and Joe now "walked their talk," as Tomm had invited them to do throughout
the session. In addition to the step-wise entry, this offers one more route for practitioners
to collaboratively offer advice to families - by performing it with them in a two-way
interaction for others in the room to take up.[197] Therapists can engage their clients in
forward moving ways, and by doing so, encouraged family members to do the same with
each other; this behaviour presents yet another option in co-constructing change with
families. As family members speak differently with therapists and each other in the
session they can extend this enacted development in the conversations beyond the
therapeutic context.

---

[197] Strong and Tomm (2004) provide another good example, in which a family shifts from positions
concerned with deception to positions related to open communication. The content of their talk facilitated
this shift, as did the performance of open communication within the actual talk (e.g., frank discussions).

I have integrated the detailed main analysis to benefit the clinician. First, I discussed an overall organizational structure of the sequences of talk (Heritage, 1997) to offer the practitioner one possible conceptualization of how families and therapists can accomplish forward movement. I then presented a summary of the specific practices that the family members in this case used within this structure. Together, the overall structure, and the detailed practices, can provide the clinician with concrete ways to join their own clients to accomplish similar goals.

<div align="center">The Family's Comments: IPR Interview</div>

My goal in this section is to provide evidence that the passages chosen in the analysis met the criteria set out in the method section for forward moving conversations. These criteria included the following. a) The conversations were examples of conversational shifts between the adolescent, the therapist, and the parents from differences to new mutually shared positions. b) These shifts had ramifications for continued positive interactions and communication following the session. Finding shifts in conversations is interesting, but unless these can be linked to improvements in the family (change), it is not particularly relevant or meaningful (Pinsof, 1989).

As discussed in the methodology section, the family chose which sections of the session I would analyse. Both Joe and the parents described the conversations I analysed as forward moving in the session and as useful in their future interactions. I have not included detailed transcripts of the discussions I had with the family here because the aim was not to look at how the family and I accomplished these conversations. The transcription of this interview is not detailed, but because of the interactional focus of this

project, I have *generally* incorporated some of the interaction I had with the family. This

honours the conversational context of the family's comments.[198]

As I began reviewing the session with Joe, he communicated that he didn't think

the talk at the beginning of the session (when Tomm reviewed the contents of the actual

contract) was especially useful. When I asked if he thought it was, "important that they

talked about the contract details" he said, "Ya it was okay." However, when I inquired

further about how it was important, he said it was not that important, "Not really." Joe

expressed later that he felt that the forward movement began after the more detailed

discussion of the content of the contract was over. He stated that the shift began

"probably after he (Tomm) went through the contract, after he read it (aloud)." If one

looks to the exemplars in the analysis, Tomm stoped reading the actual contract aloud to

clarify the details and began discussing it in general just before Exemplar X, which is the

start of my analysis of forward movement.

After Joe and I reviewed more of the session (Exemplars X through XIII), I

looked to Joe and asked him if "this part of the interview has helped." He responded by

saying "Ya, I think it has." We continued reviewing the tape to the point when Tomm

asked him if he worried a little about if he could follow through with the agreement

(Exemplar XV). Here I asked him what he was feeling and he had a hard time coming up

with a response. Although it was not part of my goal in the IPR interview to find out his

experience in the session, it is interesting that Joe had a difficult time bringing himself

back to how he felt at the time. This could support my choice to concentrate on his

---

[198] Following the assumptions of discursive methods, I understand the interaction in the IPR interviews
between the families and me to be a co-construction process (Gale et al., 1995). I acted as a conversational
partner in the interview (Rennie, 1992). We were using our own methods to construct what developed as
we oriented to one another in our talk in turn.

concrete experience of how he believed these conversations affected the family's

behaviours after the session. That was something that he found easier to access, perhaps

making it more reliable information.[199]

At approximately Exemplar XIX, I again asked Joe if he thought these

"conversations were important" and he said "Sure." Although this was not a ringing

endorsement, he did follow up this time with reasons as to why it was important.[200] He

continued to say that it helped "for a better understanding." I looked for more detail by

asking, "Better understanding, what do you mean, a better understanding of what?" He

replied, "Just understanding in how it could help, what you could do to help, like it's

better than, I don't know, just take it slow." He continued to say that he really felt that

"they (his parents) were just looking at the big picture, then they started to notice the little

details." He emphasized that they had not been doing this before when I asked him if

this was new behaviour on his parents' part. He also said, "At the time I was worrying

about how I was going to keep it (the contract)…and then when we were taking about it

here it made me better understand how I was going to keep it. Like he gave me ideas on

how, how to handle it." Here, Joe related how these conversations helped him

understand how he was going to take "small steps" in carrying out the contract.

---

[199] Perhaps his difficulty here was also due to the automatic nature of how people sort things out in dialogue. Most often people do not stop and cognitively think about how they are orienting and responding; they do so as they participate in the conversation through the unnoticed practices I have discussed in this project. The details of the talk are seen but unnoticed to the participants, just as they are to the researcher. Consequently, when I ask the question "what were you feeling" it is hard for Joe to recall because it probably was more of an automatic process of orienting to "understood" practices (J. Gale, personal communication, April 2, 2004). Perhaps, when they look back at tapes they, like researchers, look for evidence in the interaction of what they were feeling by looking at how the interaction was accomplished - Wittgenstein's (1953) inner world as seen in the outer.

[200] Because he previously felt comfortable telling me when he felt something was unimportant and repeated this two more times in the interview I felt he was seriously considering each question.

I then suggested that this might be a differend[201] to see if Joe agreed. I said,

"Cause then you started talking about how to share with each other. OK….so there's two

positions. Your parents saying that you must keep it, gotta keep you safe." Joe agreed

with this by saying "Yah" in a solid tone. I continued by saying, "Right? And you going,

I will, I will keep it, don't worry I will keep it with maybe an undercurrent of I'm not

sure if I can, right?" He agreed with me and, in addition to this, later in the session he

also said "I kinda had a fear that I wouldn't be safe." I said, "And then you moved to a

place where it was more small steps to make it work." He agreed with my summary

throughout and completed my last statement by saying "instead of making bigger steps."

I then suggested, "So it was almost like you were able to move forward with your parents

on that topic because you had a way to talk about it now" and he agreed by saying "Yep."

When we got to Exemplar XX, in which Tomm re-introduced the notion of a

parental contract, I asked, "Is that part of the small steps is that you'll say things to them

and let them know what's going on but they need to listen to keep the conversation

going?" He responded by saying "Ya I have to check-in with them and stuff." I added

here "and they'd listen and" and he completed my sentence with "share their feelings." I

followed up by asking "And this helped because they started to notice when you shared

things?" and he answered, "The more they noticed this (the) more I did it." Joe seemed

to be describing the self-reinforcing nature of taking "two-way small steps" in

dialogue.[202]

After the parents reviewed this section of the tape, I summarized Joe's take on the

---

[201] I had introduced how I understand this term to the family prior to this.

[202] In my methodology section, I described how this IPR interview informed my eventual analysis. This is a good example.

conversations:

> "The conversation sort of talks about is umm small steps to work it out
> instead of bigger ones, a way to move forward by noticing those small
> steps. And once you know, he shares, you respond in a way so he shares
> more. We kinda got talking about it that way. And ahh Joe said that he
> felt like having that conversation effected future interactions in the
> family."

Sandy and Bob showed their understanding of this summary with token response ("Mhmm" and "Okay"). Then I asked, "So, he basically thought that that conversation was, in a way, gave you guys a way to talk about the contract…to talking about the little steps and how everyone can do this. So would you agree that that's a turning point moment?"[203] Bob and Sandy both quickly responded with affirmative responses (Mhmm, Yah" and "Yah, yah").

In addition, Sandy reported that, overall, after this session, "I think we're more willing to stop listen and don't react but rather umm how can I put it ... Rather than punishing." As Sandy was making these statements Bob was agreeing by saying "Ya" and adding the word "consequences." In this passage of talk, Sandy and Bob seem to be sharing how they have begun to listen to Joe in "new ways." Sandy followed this up by sharing how this invited further "small steps" from Joe: "He then felt that he could tell us umm when he wasn't feeling safe, he could trust us with that information, where he wouldn't have in the past, and just reacted on that…You know, cutting or whatever. Now he can tell us, and actually, when we cleaned out his room, he was bringing me things that he in the past had used to cut himself, things that I would have never thought of."

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[203] At this point in the research process, I was still calling such moments turning point moments.

From this brief look at the follow-up IPR interview it is apparent that the family felt that this particular part of the session facilitated a shift that helped them move forward in their future interactions. All family members shared that these conversations helped them begin to "take two-way small steps" in dialogue.

Continued Forward Movement

Joe and I continued to watch the rest of the session and Joe picked further moments when he thought they were moving forward. These future sections of the tape chosen by Joe seemed to be extensions of this important initial shift. The family continued building on notions of taking two-way small steps through other conversations they had in the session.

For example, they discussed how Joe could "learn from his mistakes." They talked about how he could share them with his parents and his parents would be able to listen and help him work through them, not "hide from them." Joe stated that, "I realized that I was hiding from them, and then I decided that I didn't want to do that anymore." Sandy suggested, "This is maybe one conversation that had part to do with maybe opening that and thinking about mistakes in a different way." Bob contributed to this by stating they were "doing a lot of consequences, you know a mistake is a consequence and we stopped that." This new understanding around "learning from mistakes" seemed to flow out of the family's conversations about taking two-way small steps. It was an example of one area in which they could put these steps into practice.

In addition, at one point in the session, Tomm interviewed Joe as if he was Bob. Joe did a great job of answering Tomm's questions "as his father," thereby illustrating to Bob and Sandy that Joe did understand how they were feeling. The family discussed how

this part of the session helped to "open the dialogue" between them. This conversation in which Joe spoke from his father's position helped this family practise the two-way small steps introduced in the initial shift at the beginning of the session. As Bob suggested in the statement below; it "opened the door" to reciprocally reinforcing dialogue.

> "Well, I think I think it opened the door to having some pretty good
>
> dialogue going forward …Like if you want to look for a general, I mean,
>
> it opened the door where we both felt real comfortable, you know, it's ok
>
> to talk. He understands me, I understand him… he knows that I care,
>
> and he knows that you know, I'm really worried about him and he knows
>
> that so, these things that we didn't know he was aware of, he was aware
>
> of, so we didn't have to focus on those and just move forward on the
>
> problem at hand."

 In summary, the family reported that the conversations I analysed showed examples of an initial shift from a differend to forward moving talk. In addition, these conversations were not only forward moving in themselves. They seemed to act as a "springboard" of sorts for more helpful conversations based on a common forward moving notion – "taking two-way small steps in dialogue." The conversations discussed in my analysis showed the first general shift they made in transcending a differend. The parents and the adolescent started out at an impasse where they were speaking from incommensurate positions. They progressed towards more forward moving conversations around notions of taking "small two-way steps." This initial transcending talk seemed to "set the stage" for further forward moving conversations that continued to build from and expand upon this initial shift.

DISCUSSION

I have investigated how generative conversations can help family members move beyond an impasse. My review of the family therapy literature showed that past researchers had rarely examined change by studying actual therapeutic conversations – a research lens highly suited to family therapy. Further, studies that did examine change, as co-developed in interaction, had not specifically looked at *how* family members transcended impasses. By drawing from critical discourse analysis (macro level) and conversation analysis (micro talk-in-interaction level) I examined the passage from therapeutic impasse to therapeutic change.

I have analysed part of a session chosen as "forward moving" by an adolescent and his family. In my analysis, I constructed one understanding of an overall structure and specific practices that the participants used in the change process. Below I describe the contributions this particular analysis offers to family therapists. I then discuss how a discursive approach helps make connections that can benefit family therapy researchers and therapists. Finally, I discuss limitations of this study and recommendations for other possible inquiries.

Specific Contributions to Family Therapists

My study offers therapists a broad understanding of how therapists and families can move forward at conversational impasses. My analyses also provide micro details useful in increasing therapists' sensitivity and abilities to orient to *how* they can co-develop this movement with families. As a social constructionist practitioner, I understand families and therapists as constructing change through discursive shifts in meaning developed through conversations. Consequently, I found clinical usefulness in

this multiple focus on conversational shifts in discursive positions paired with the details of these interactions.

Commonalities within Differences

Society is becoming increasingly litigious (Tannen, 1998) as people engage in debates to prove themselves right and others wrong. Politicians hold debates to establish their policies as the best for their constituents: lawyers prosecute and defend to make judgements and place blame: family members argue with siblings, partners, parents and children to defend conflicting positions. Within this frame polarized debates often lead to stalemates, unfair judgements, and especially, in the case of politicians, a lack of forward movement.

To address these problems, people look for alternatives to polarized debates. Collaborative processes can lead to ways to move forward (e.g., Chasin & Herzig, 1993; Neimeyer & Tschudi, 2003). These collaborative approaches recognize a key characteristic of a differend – that the legitimacy of one position does not imply the lack of legitimacy of the other (Lyotard, 1983/1988). Family therapists have a strong history of recognizing the multiple valid positions within family problems (Anderson, 1997). My research, however, sheds light on a practical way to negotiate this common occurrence derived from an empirical investigation of actual therapeutic conversations.

The overall structure I present in this project (Figure 3) showed the participants initially speaking from two positions in a differend until they eventually negotiated a forward moving middle ground between their two formerly incommensurate positions. This required the therapist to first join then extend the parents' and the adolescent's positions in the differend, co-constructing each as equally valid. Developing different

ways of understanding a safety contract developed earlier set the stage for the family

members to consider a hybrid position drawing from *commonalities* of both initial

positions. In providing alternative descriptions, the participants drew new distinctions

that provoked new responses.

The therapist and family members negotiated an entry point to propose a new

position that all family members could use to move forward. He managed his

commitment to a possible forward moving position as he invited the family to join him in

the developing conversation. Key to this process was his own openness to hear and

incorporate the family's contributions to what he offered. Tomm was demonstrably

attentive to meanings and ways of communicating the family used as he offered possibly

acceptable ways to move forward

The family also did the same in this process; with Tomm's assistance they

attended and responded to each other to find common ground. Strong and Tomm (2004)

suggested that problems arise when certain communicative actions (discursive practices)

become inadequate or objectionable in fostering acceptable relational coordinations (e.g.,

forward moving interactions). Tomm helped this family replace formerly inadequate

understandings and communications with those enacting more acceptable relational

coordinations.   For example, Bob and Joe were able to continue dialogue as Joe offered

ambivalent responses, and as Bob responded by treating Joe's contribution as legitimate.

By co-developing a new forward moving position ("two-way small steps) and

performing how to accomplish this ("modelling" forward moving practices), Tomm

helped this family relate to each other differently. The family came to engage in the

kinds of conversations in the session that worked for them and were worth repeating

beyond the consultation. By inviting them to coordinate their ways of talking differently (as seen in the last few exemplars), Tomm helped them further *stabilize* these as more satisfactory coordinations so that they could use them in conversations beyond the session (Strong & Tomm, 2004). [204]

The forward moving process that I noticed required each participant to "generously listen" to each other rather than form a rebuttal as his or her speaking partner took respective conversational turns (Shawver, 2000). Instead, the therapist managed his strategic questions and downgraded his propositions to invite the family to contest or contribute, rather than focusing on being rhetorically persuasive; his tentatively articulated curiosity invited collaboration. In response, the family accepted his invitation to co-construct and carry forward common ground in conversations anchored in a mutually acceptable position.

This overall orientation of accepting differences rather than eradicating them through debate is not new to family therapists (Bateson, 1972). However, in a culture that encourages us to argue to "prove a point" (Tannen, 1998), it is an important orientation to explore further. The overall understanding I gained from the broader piece of this analysis (overall organizational structure) has helped me reorient to how I can stop and talk *with,* rather than against, my speaking partner. Whether in personal or therapeutic conversations, I am finding this fruitful in finding forward moving ways to "go on."

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[204] Stabilized to a point that in the IPR interview they reported change in the weeks to follow the session.

"Doing" Therapeutic Concepts

My overall framework for what transpired may help practitioners conceptualize and orient to possible broader therapeutic change processes. However, in this project I offer more to the clinician. I also have shown the conversational details of how the participants *accomplished* what I depicted in this overall framework. The detailed descriptions are intended to heighten practitioners' ability to join therapeutic interactions in helpful ways. I described how the therapist together with the family *did* or accomplished therapeutic concepts (e.g., "multipartiality" or "inviting collaboration").

Building Alliances

Alliance building is a foundational concept in psychotherapy (Bordin, 1979). In meta-analyses (e.g., Glauser & Bozarth, 2001; Hovarth & Symonds, 1991) the "working alliance" has been one of the most robust predictors of therapeutic outcomes. In family therapy, however, forming alliances with family members becomes a very complex task simply because of the number of people involved (Pinsof & Catherall, 1986).[205] With this emphasis on the importance and difficulty of alliance building, details of how therapists and family members construct alliances in therapeutic conversations are valuable.

Diamond, Liddle, Hogue, and Dakof (1999) found that between 50 to 75% of adolescents referred for therapy either do not initiate treatment or terminate prematurely. Transforming adolescents' initial reluctance and negativity into collaboration is one of the first and most critical therapeutic tasks (Diamond et al., 1999). In my study, Joe

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[205] Pinsof and Catherall (1986) classified 75% of families as experiencing a split alliance with their family therapist. The abundance of splits seems important in light of common sense findings that families with stronger bonds and greater agreement on tasks have been correlated with smoothness and ease of sessions (Heatherington & Friedlander, 1990).

typified the contributions adolescents make in therapy (e.g., ambivalent or minimal responses). However, in response to this, Tomm was able to co-develop with Joe a middle ground position that Joe indicated made a difference in his family's life.

At the same time, a strong parent-therapist alliance is crucial, as parents are likely to feel pain, hurt, fear or anger when they hear their child's perspective. They are more likely to adopt a stance of interest, empathy and support (e.g., open to new ways to move forward) if they feel supported and understood by the therapist (Diamond & Liddle, 1999). Tomm engaged the parents to co-construct a very different position from the one they held initially. He was also successful in inviting Bob to shift his focus from insisting on keeping his son unconditionally safe[206] to speaking from a new forward moving, and mutually shared, position.

As Tomm worked with both Bob and Joe to help them articulate their positions, he practiced multipartiality. After a detailed look at this process, I have contributed to better understanding how therapists, together with their clients, can accomplish multipartiality. For example, in Tomm's response to Joe's weak agreements (e.g., selective listening/treating as legitimate), he invited Joe to voice his position. At the same time, Tomm designed his talk to express caution in response to the parents withdrawing non-verbal behaviours; he engaged both simultaneously using different practices as he oriented and responded to their different communicative behaviours. By making evident multiple examples of participants using actual forward moving conversational practices, my research helps therapists orient to clinical possibilities they can respond to when talking, to facilitate alliance building with family members.

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[206] Being a parent, I find this to be an extremely large accomplishment.

Talking to Listen

Social constructionist practitioners value their ability to work collaboratively with clients in a dialogic process to co-construct knowledge or in this case an opinion.[207] Hoffman (2002) has called this "talking to listen." I explored the details of how a therapist "talks to listen" as he takes a stand (asks a strategic question or offers an opinion) in a way that invites clients to contribute to it as a developing proposition. As Shotter (in press) discussed, this ethically sound practice invites clients to express their lives on their terms.

Rather than simply discussing the endeavour of talking to listen (conceptually or theoretically) as facilitative and making general efforts to practice it, practitioners can use my research to inform how they might accomplish it. They can resourcefully draw from the concrete examples I have presented should they face similar interactional possibilities in their own talk (e.g., Exemplar XV, line 17, orient/ respond to a family's performed interactional difficulties). With this heightened sensitivity to successful ways of joining participants, they too can talk to listen and, in effect, lead by being good followers.

Making Connections: Contributions of Discursive Methodology

I strive to make sense of therapy in a number of ways. As a family therapist, a researcher, and a theorist/philosopher, I endeavour to understand the therapeutic process *while* accomplishing client-preferred outcomes. Often it is difficult to make connections between how my participation in each of these roles affords different ways of understanding my work. Discursive methodology offers ways to make these connections more evident.

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[207] Rather than delivering knowledge (noun) participants engage in a knowing process (verb) to construct situated knowledge through interaction.

Social Constructionism and Family Therapy

Social constructionist therapists believe that through language people construct meaning or stories that they live by (Lakoff & Johnson, 1980). Narrative therapists (e.g., White & Epston, 1990) tend to focus on the macro-features of discourse (unpacking the sociopolitial meaning of particular ways of understanding/talking and their interpersonal consequences). Solution-focused therapists (e.g., de Shazer, 1994) tend to highlight micro-approaches to discourse in which therapists use certain conversational practices, such as miracle questions, in therapy (Gale & Lawless, 2004). Whether social constructionist practitioners are interested in shifts in meaning or the use of specific questions, they can use discursive approaches to permit an up-close look at how therapists and clients interact with each other in ways consistent with social constructionist theory (Gale & Lawless, 2004).

The parallels between discursive ideas of therapy and research make this research approach an appealing and appropriate method for social constructionist practitioners (Couture & Sutherland, 2004a). Using a discursive approach, one can examine in detail *how* people construct meaning (e.g., forward moving positions). Rather than simply discussing abstract shifts in how families talk and act, or listing types of questions therapists may use, social constructionist therapists and researchers can look to the specifics of how people sustain and accomplish these shifts or questions through interaction.

In my view, a discursive approach does the same for family therapists. Through a discursive approach, therapists and researchers can study interpersonal patterns (Tomm,

1991)[208] or interactive "cycles" (e.g., Attack/Defend) as speakers create them in dialogue.

Family therapists tend to understand interpersonal patterns or family structures as

sustaining problems or, if changed, as transforming families. Informed by this lens as a

family therapy intern, I looked for patterns and structures so that I could identify and then

change them (e.g., suggest a new interactional pattern or structure). However, a pattern

or structure does not facilitate change; people facilitate change as they interact with one

another. Problems and solutions, or pathologizing and healing interpersonal patterns, are

sustained by how people participate in particular ways of talking (Watzlawick et al,

1967).

By studying talk in turn, one investigates each person's contribution to the

interactional cycles and gains a "ground floor" understanding of their participation in

these interactions.[209] By taking a discursive stance, therapists have a concrete way to

orient and respond to these multiple interactive patterns to work to transcend repetitive

unproductive patterns and replace them with forward moving ones. Instead of focusing

on changing patterns, as if patterns exist and can produce change themselves, from a

discursive stance, family members and therapists can focus on participating in

conversations in new ways to change problem interactions. Therapists can join clients as

active users of language to facilitate change.

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[208] Tomm (1991) suggested that patterns of human interaction have "pathologizing" effects ("Pathologizing interpersonal patterns" or "PIPS") on the persons involved while other patterns have "healing or "wellness" (HIPS and WIPS) effects. He suggested that these effects are repetitive and cumulative interpersonal patterns (e.g., they invite others' involvement).

[209] This understanding includes the first order (client) interactions as well as the second order (client-therapist) interactions more recently emphasized by family therapists (Nichols & Schwartz, 1998). Using a discursive lens one can challenge the notion that "objective" therapists recognize interactive patterns between family members (first order) and then intervene through one-way directives; both clients and therapist co-construct change through interactive patterns (second order).

Consequently, social constructionist family therapists can use a discursive stance to bridge notions of shifting "interpersonal patterns" or "meaning" by focusing on the conversational activities that maintain impasses or facilitate change. A discursive approach offers a micro-lens on how family members and their therapist use language to move from unproductive interpersonal patterns (e.g., demand compliance/withdraw from interaction) to forward moving ones (e.g., offer support/slowly accept help). This lens can also help researchers and therapists to look closely at how families conversationally move from conversations and actions informed by unproductive discourses (e.g., adolescent individualism or autonomy) to forward moving ones (e.g., adolescent and parent connection).[210]

People construct shifts in interactional patterns or meaning through a continued coordinating process that researchers and therapists can notice through a discursive lens. They participate in conversations to transcend initial problematic interactions or meaning (e.g., differends) for more desired interactions or meaning (e.g., forward moving conversations). Family therapists attending to interactional patterns, and social constructionsts noticing shifts in meaning, orient and respond to similar micro level processes of interaction when they assume a discursive stance.

Outcome and Process

Earlier I discussed how researchers have challenged the dichotomized split between process and outcome (Keisler, 1973). Rather than measuring one outcome at the

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[210] I am not suggesting that these discourses are innately unproductive or forward moving; this depends on the interactional context. However, many recent authors have highlighted a need to shift the dominant cultural discourse of adolescent individuation. They stress the importance of adolescents achieving autonomy while maintaining a positive relationship with their parents, by changing the nature of their connection instead of moving solely towards achieving separation (e.g., Dickerson et al., 1994; Liddle, 1994; Mackey, 1996).

end of a session or intervention, process researchers began measuring outcomes throughout the therapeutic process - the "little outcomes" or change events seen as responsible for effective therapy (Greenberg & Pinsof, 1986). My research further specified this link between process and outcome by examining what took place in conversations that the family members identified as change events.

However, I suggest that discursive researchers can take one-step further in lessening the outcome/process split by recognizing how conversational interactions and accomplishments, like processes and outcomes, are inseparably intertwined. I demonstrated how the participants accomplished small outcomes (e.g., agreements) as part of a more complex feat of transcending an impasse. With each turn of talk, the participants co-constructed outcomes that were evident in what they said and how they said it. I empirically demonstrated outcomes of therapy by noticing what was different in their talk. The father and son began to shift from evident disagreement to a mutually shared position and way of interacting. By analyzing these *same* micro-details of talk in interaction, I also showcased *how* the father and son accomplished this shift along with the therapist. Consequently, by slowing down the talk through the use of a microanalysis, I noticed evidence of both the outcome and how this was done (the process).

Research and Practice

I am in a unique position to comment on the clinical usefulness of discursive research approaches. In addition to my role as a researcher, I was an intern at the same family therapy program where I collected the data for this project. For eight months, I participated in weekly seminars given by Dr. Karl Tomm at which we had regular

theoretical discussions and reviewed videotapes of our own work. Every Friday, I also

watched through a two-way mirror as Tomm worked with families.

There is no question that my experience as an intern was valuable for me as a

developing practitioner. The opportunity to have multiple discussions about therapeutic

processes and watch them in action is rare and I found it highly useful as I tried to

integrate theory with practice. At the same time, a detailed investigation into only 35

minutes of one of Tomm's sessions has extended my learning an enormous amount.

The theoretical discussions we had in our seminars were generally helpful but

they were hard to put into practice. These theoretical discussions can fall short as

therapeutic processes do not possess a certain order that one hopes to discover and *follow*.

As I have shown, clients and therapists work out order in their interactional context. By

studying conversations in detail, I noticed an overall organization or order but I presented

it as a *description* of the co-construction of order (Bogen, 1999). With this description, I

hope to promote further discussions about how therapists work out forward movement

with clients. I do not wish to *explain* how to move forward as if my theory exists outside

the interactional context for therapists to *follow*. Through descriptions, I may help

practitioners orient to ways they and clients can use talk to move forward where

explanations required them to follow theoretical models and *deliver* interventions.

Our weekly seminars could have been increasingly useful if we had been able to

discuss the detailed descriptions that a discursive research project offers as they related to

our own conversations (Gale et al., 1993). We could have discussed descriptions of

overall frameworks, such as the one I present here in my research.   We could then have

oriented to detailed descriptions of co-constructed therapeutic processes in further

conversations rather than using them as theories to *follow* in their therapeutic interactions. The specific examples could then become instructive to our future practice as we oriented to the actual practices and interactions of talk.

What I learned from watching others and having the opportunity to watch Tomm each week was clinically useful. In my later interactions with clients, I remembered how Tomm had responded in certain interactional contexts; I used these instances as "sign posts" of sorts. When I speak of signposts, I mean that I reoriented to particular processes I had witnessed behind the mirror as they related to my future interactions with clients. Like signposts, such experiences pointed to new ways of moving forward in present conversations as I reoriented to them in an internal dialogue (J. Shotter, personal communication, June 3, 2004). Like Shotter, I suggest "insights" into how to "move forward" with clients in and beyond sessions do not develop as individual accomplishments. Therapists have continual inner conversations[211] as they orient to past discussions or experiences (signposts) as they point to a way forward. These signposts serve as general reminders of how to act in particular circumstances –in ways that permit a range of possibly acceptable responses.

When I "slowed the therapeutic conversations down" in my detailed transcripts, these signposts became much more obvious; therefore, I found it easier to orient to them in practice. Through an "inner" conversational process, I have recalled examples of processes in my research when I have entered similar interactions to bring new orientations to how to join the developments. For example, recalling my microanalysis

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[211] By "inner conversations," I am referring to the dialogue one continually engages in his or her mental processes. Typically, we understand this as "insight" as if a person develops a thought or idea in isolation. However, a person's thoughts or "insights" are continually developing in a conversational process as he or she orients to what one experiences (e.g., what we read about or witness in other's interactions).

has helped me respond to adolescents who offer minimal responses to my attempts to co-develop a position with them. By reorienting to similar instances of this in my analysis, I have invited them, for example, to extend the conversation by offering candidate answers or by treating their utterances as legitimate. As parents or adolescents often speak from differing positions, I have mentally returned to particular exemplars in my analysis in instances when participants talked similarly. With these exemplars in mind, I have then invited family members to speak from more mutually accepted middle ground by using, for example, extreme case formulations packaged as contestable. Similarly, I incorporated family member's interactional performances into what I offered in my adjacent response as I looked for a new possible forward moving position. Further, if I saw a client demonstrate signs of concern with what I offered, my analysis "pointed" me to increase my tentativeness. I then had the option of using a cautious turbulent delivery, stake inoculations, or impersonal constructions, or to invite contention by using a rising intonation at the end of my utterance.   If one family member rejected what I offered, I tried alternative routes to offer propositions by engaging the client as an overhearer; this is another example of a signpost my research offers.

Slowing down 35 minutes of one session to conduct a discursive analysis provided a more detailed picture of what I was learning as I watched Tomm behind the two-way mirror or viewed my colleagues' videotapes. Instead of briefly looking at the process and generating theoretical explanations if interactions (accounts from outside the interaction) I was able to study these processes to develop descriptions empirically derived from how people in the interactions made sense of, and responded to, each other. Through this analysis, I noticed these previously unnoticed practices as they were used in

interactions. Consequently, I found it easier to use them in future interactions with clients.

Practicing Discursively

I have just discussed how practitioners can use research to inform their practice by showing how the use of such research increases the usefulness of traditional ways of improving our practice (e.g., through theoretical discussions or watching sessions). However, after completing this project, I do not look at therapeutic interactions in the same way I did previously. I have not only taken a discursive stance in my research; I now also practice discursively. Ultimately, practitioners can use the methods used in discursive research in their own practice thereby erasing the line dividing research and practice (Gale & Lawless, 2004).

Discursive methods assist clinicians in attending to the taken-for-granted in communications. In this regard, they attune therapists to what clients might take for granted in their conversations, making evident otherwise unconsidered choices for intervening and constructing alternatives (Couture & Sutherland, 2004a). Practising discursively involves sensitivity to the meaning-making possibilities and activities inherent as clients and counsellors exchange turns in the course of their conversations (Strong, in press). Therapists can cultivate this sensitivity by using the same methods used in discursive research to investigate the micro-details of shifting discourses.

Therapists might consider questions such as, "How might my actions facilitate or shut down clients' cooperation and collaboration? How might the ways I orient to and participate in therapeutic conversations help clients transcend differends? How do I shape my language so diversity is valued and does not privilege particular ways of

being?" (J. Lawless, personal communication, October, 14, 2003). Practitioners can find

answers to these questions in simple but unnoticed practices such as pauses or

overlapping talk between turns, intonations, and choices of words or phrases. Noticing

these previously unseen practices can help sensitize therapists to new intervention points

and a repertoire of ways to co-construct change with clients (Couture & Strong, 2004). If

therapists ask these questions as they work with clients or review tapes of their own

sessions, they can become more aware of their role in constructing meaning in the

process of therapy. Thus, they can enhance their ways of participating helpfully in

therapeutic interactions (for more on the use of self-supervision see Gale, 2000).

Limitations

The main goal of my project was to investigate how the participants constructed

forward moving conversations. I used CA to study actual conversations to gain an

insider's understanding of when and how they did this. However, in the IPR interviews, I

took a different approach as I asked the family members to retrospectively, choose

forward moving conversations. While the phenomenological experience is interesting

and valuable, retrospective accounts have their own limitations. "Participants may not

afterwards 'know' what they have been doing or why, and furthermore tend to justify

their behaviour in various ways" (ten Have, 1999, p. 33). Furthermore, in the IPR

interview I did not ask the family about other variables they felt contributed to their

forward movement. Although a variety of other variables affect positive outcomes in

therapy (e.g., future conversations and interactions), my focus was on specific

conversations in the session.

I also limited my analysis to 35 minutes of actual therapeutic conversation from one session. In the IPR interview, the family indicated that other conversations in this consultation were forward moving. In fact, in their last session with Tomm, almost a full year later, they recalled this session as having been one the most helpful consultations they experienced. A continued study of the entire session or other key sessions throughout the course of therapy could extend my analysis, by providing more examples of similar processes or alternative ways that therapists and families co-develop forward movement through their use of conversation.

In addition, the exemplars I analysed are limited to a session facilitated by one therapist addressing one specific referral issue. The aim of this study was not to examine multiple examples of forward moving conversations to provide generalizable practices or theoretical structures to be delivered or replicated by the therapist. My analysis offers organizations and devices that can be generalized as "possibilities" for action, depending on the specifics of each interaction (Peräkyla, 2004; ten Have, 1999). I make claims that are generalizable by providing a sense of the actions under consideration (ten Have, 1999). As Peräkyla states, "The results were not generalizable as descriptions of what other counsellors or other professionals do with their clients; but they were generalizable as descriptions of what any counsellor or other professional, with his or her clients, *can do*" (p. 297, italics in original). Consequently, studying other therapists' work with families as they negotiate a variety of differends would help develop a corpus of *potentially* useful conversational practices for therapists to refer to as they co-develop forward moving conversations of their own.

Furthermore, I limited my study to the institutionalized setting of family therapy. Some studies have applied comparative analysis by describing talk in multiple settings (e.g., Miller & Silverman, 1995) or by comparing interaction in ordinary talk to particular institutionalized settings (e.g., Jefferson & Lee, 1981). Studying similarities and differences between forward moving talk in different settings can also be a useful endeavour. This can offer therapists insight into practices unique to therapeutic conversations and also offer more general practices speakers use in ordinary conversation as they make sense of each other and move forward.

In this document, I have presented the conversations I analysed in transcribed exemplars. Although this helps the reader slow the talk down to notice unseen practices, transcripts do not communicate all the nuances of communicative behaviour. With the family's consent, future work could benefit from actual video clip attachments for the reader to review alongside the analysis. In addition, because a professional technician recorded the session the video showed an "in picture" close-up of the therapist and a simultaneous close-up of the family. However, the technical quality of the recording was a limitation. There were points at which I had difficulty seeing the family members' behaviours due to the lighting or the camera angle.

I invited many readers to contribute to my analysis by reading and providing feedback about the claims I made. However, I worked alone as I initially looked at the tape from which I constructed my analysis. Future analyses could benefit from a team of researchers viewing the tape together throughout the entire process, to co-construct a description of what participants were doing with their talk (e.g., Bavelas et al, 2000).

Recommendations

This study yields many possible questions for further research. Researchers can use IPR interviews to investigate families' experiences of forward moving conversations. Rather than using IPR interviews to ask whether conversations were helpful, researchers can use them to answer questions such as: What do family members retrospectively report they are attending and responding to in forward moving conversations? What did they experience in these conversational transformations? Such questions could assist therapists and researchers in taking a discursive stance by helping them understand the conversations from the "insider's" perspective. Furthermore, discursive researchers could study these IPR interviews themselves to investigate how these contribute to forward moving conversations.

In further discursive studies, researchers can answer a variety of questions concerning the productive therapeutic processes. How do conversations in my study compare to other forward moving conversations this family co-developed with Tomm? What conversational practices or positions do Tomm and other families employ as they address different concerns? How do the results of my study compare to an analysis of processes that other therapists use to facilitate change with families? When researchers examine conversational behaviours at a micro level, do they see therapists from different schools of family therapy differing in their approaches to moving forward with families or are there common factors as some (e.g., Glauser & Bozarth, 2001) have suggested? How do therapeutic forward moving conversations in institutionalized settings differ from forward moving conversations in ordinary talk?

Researchers could use discursive methodology to answer a variety of questions concerning how specific therapist defined interventions play out, conversationally, in therapy. For example, researchers could examine the details of how therapists and families accomplish forward moving reflecting team interactions (Andersen, 1987), reflexive questions (Tomm, 1987b), or miracle questions (De Jong & Berg, 1997). With this kind of research, family therapists can better understand how they can accomplish these types of interventions in their own conversations with clients.

As a family therapist, I work with family members who are facing difficulties negotiating changing relationships as their children age. My study examined a particular negotiation in which family members transcended a differend. Although differends are not the only impasses families face, in my experience they are common in conversations between parents and adolescents. As I suggest in my project, so too are forward moving opportunities.

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APPENDIX A

Invitation to Therapists

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Invitation to Therapists

Research Project Title: Turning differences into opportunities: Turning point conversations in therapy with adolescents and their families.
Investigators: Dr. Tom Strong (Primary Investigator), Shari Couture (Co-researcher)

My name is Shari Couture. I am a graduate student in the Division of Applied Psychology at the University of Calgary, conducting a research project under the supervision of Dr. Tom Strong as part of the requirements towards a Ph.D. degree. I am looking for therapists and families currently working together at the Family Therapy Program, to be part of a study investigating important moments in therapy with adolescents and their families.

Although family therapy has proven to be an effective way to address problems that can develop during adolescence, little empirical research has studied the processes that lead to positive change in families. This project will investigate change processes in family therapy where positive shifts in conversation are made that make a difference in the lives of families. I plan to find out more about how therapists, parents, and adolescents transcend conflictual moments in therapy towards a more mutually satisfying dialogue that has positive implications for future interactions in the family.

As a therapist, while working with adolescents and their families I have witnessed conversational impasses on a consistent basis where each family member is invested in their own position. Often these conflicts lead to breaches in relationships where the connection sustained by their conversations is lost. As each participant in the conversation draws from different ways of seeing things, family members are unable to communicate, whether this is reflected by heated verbal arguments or withdrawn stalemates. This research is expected to further our awareness of how families and clinicians can use such potential sites of conflict as opportunities. As a result, I hope to aid therapists to be more sensitive to useful practices in responding to the generic dilemma of conflictual communication between adolescents and parents.

This project will study families where parent/adolescent interactions are considered to be conflictual, negative, and frequently escalate into arguments. No other particular demographic factors will be considered as variables except for the requirement that the "identified patient" is between 13 and 17 years of age (the age group that our culture commonly associates with adolescence). If you are working with an appropriate family for this project and agree to be involved in this study, you will be asked to introduce the project to the family through a project summary sheet and a simple, brief script which

includes all the necessary information of which the family should be aware. If the family agrees to participate, they will consent to the video/audio-taping of a series of normally scheduled family therapy sessions with you. You and the family will select one session from this series that was particularly useful or would likely contain turning point moments. The family will then be interviewed two weeks following this session about what they felt were important moments in the conversation. The approximate time commitment on your part above the taping of the series of normally scheduled therapy sessions would be 15 minutes for pre-session consent conversation and possibly some continued therapy time for debriefing should any issues arise as a result of the project (e.g. benefits of a particular conversation or conversation style). You should be aware that even if you and your clients give your consent to participate, you are free to withdraw at any time for any reason and without penalty.

The goal of this study is to investigate how differences in conversation are constructed and resolved between adolescents and their parents in family therapy.   This research is expected to offer a way of understanding misunderstandings in therapy and suggest ideas to move beyond them. With this heightened understanding we can join the conversational processes in therapy and make a difference in the lives of families.   If you would like to be a part of this project, and think your clients might benefit from taking a closer look at what conversations in therapy were helpful in making positive steps in their lives, please feel free to contact me at 220-1423 or my supervisor Dr. Tom Strong at 220-7770. If you have any questions concerning your rights as a possible participant in this research, please contact Pat Evans, Associate Director, Internal Awards, Research Services, University of Calgary, at 220-3782.

Sincerely,

Shari Couture

APPENDIX B

Invitation to Families

UNIVERSITY OF CALGARY

FACULTY OF EDUCATION
Division of Applied Psychology
Education Tower/Room 302
Telephone: (403)220-5651
Fax: (403 282-9244

Invitation to Families

Research Project Title: Turning differences into opportunities: Turning point conversations in therapy with adolescents and their families.
Investigators: Dr. Tom Strong (Primary Investigator), Shari Couture (Co-researcher)

My name is Shari Couture. I am a graduate student in the Division of Applied Psychology at the University of Calgary, conducting a research project under the supervision of Dr. Tom Strong as part of the requirements towards a Ph.D. degree. I am looking for therapists and families currently working together at the Family Therapy Program, to be part of a study aimed at investigating important moments in therapy with adolescents and their families as chosen by the families themselves.

The purpose of this study is to investigate positive shifts in conversation in therapy that make a difference in the lives of families. I plan to find out more about how therapists, parents, and adolescents move past conflictual moments in therapy. To do this I will examine conversations in therapy where a shift to a new way of talking occurred that positively affected the family's future interactions.

If you decide that you are interested in participating in this project, you will first be asked to consent to a series of your normally scheduled family session being video/audio-taped. Your therapist and your family will select one session from this series of sessions that was particularly useful or could potentially contain turning point moments. Approximately two weeks after this selected session, the adolescents in your family will be separately asked to review the tape with the researcher to choose conversations where these positive shifts in conversations occurred. They will then be asked if these conversations further enhanced their interactions or communication within the family in the two weeks after the session. Then the moments that were chosen by the adolescents will be shown to the parents to see if they agree with their son/daughter's choices. With your consent, both of these interviews will be taped in order to help with accuracy of the analysis.

I am asking your family to collaborate in choosing these moments as your feedback is essential to the success of this study. The approximate time commitment above the taping of the series of normally scheduled sessions on your part would be as follows: 15 minute pre-session project description and approximately 2 hours in the final interviews to review the videotape. In addition, to you and your primary therapist I am also available for debriefing after the project is complete. You should be aware that even

if you give your consent to participate, you are free to withdraw at any time for any reason, and without penalty.

Participation in this study will involve no greater risks than those you would face in any session of therapy. Issues of a personal and emotional nature will be discussed as they pertain to the family therapy session examined. Should talking about these issues upset you and/or your family you would be able to access your primary family therapist. However, if you would like to discuss an issue with someone other than this therapist, my supervisor, Dr. Tom Strong who is a chartered psychologist will be available.

Data will be gathered in a way to ensure your confidentiality and anonymity by using pseudonyms (made up names) in the transcriptions. The tapes and transcriptions will be kept in a locked filing cabinet at the University and only myself, and my supervisor, Dr. Tom Strong will have access to them. Two co-researchers assisting me in the analysis will also see these transcriptions. After five years the documents will be shredded and tapes erased. Pseudonyms will also be used in any future publications of the writing that evolves from this project.

Two copies of the consent form will be provided. Should you decide to participate, please return one signed copy to me, and retain the other copy for your records. Thank you for you cooperation. If you have any questions, please feel free to contact me at 220-1423, or my supervisor Dr. Tom Strong at 220-7770. If you have any questions concerning your rights as a possible participant in this research, please contact Pat Evans, Associate Director, Internal Awards, Research Services, University of Calgary, at 220-3782.

Sincerely

Shari Couture

APPENDIX C

Guidelines for Recruiting Conversations

Guidelines for recruiting conversation (Given to therapist to help explain the project to the families):

I have been asked to present an opportunity for your family to volunteer to be involved in an independent research project. The project's goal is to investigate important moments in therapy with adolescents and their families as chosen by the families themselves. Shari Couture, a Ph.D student at the University of Calgary, is looking for families to be help in choosing these moments.

If you were to volunteer to participate, a series of our normally scheduled therapy sessions will be video/audio-taped. Your family and myself would choose a session that we felt was particularly useful or contained turning point moments that were positive for the whole family. Your time commitment over an above these normally family therapy sessions would include participation in a follow-up interview of approximately 2 hours with Shari two weeks after the selected session. In the follow-up _____(the name of the adolescent(s)) will be first asked to view the video tape of your session two weeks earlier and choose moments where conversations shifted in ways that positively influenced further interactions in your family. Then _____[parent(s) name(s)] will be interviewed separately to see if you agree with _____(the name of the adolescent(s)) choices. Both of these interviews would be taped with your consent in order to help with accuracy of the analysis.

This study will involve no greater risk than those of any family therapy session. Should you need to talk further about issues that emerge from the follow-up interview Shari (primary researcher) or myself are available to discuss this with you. Or if you would like to discuss an issue with someone other than Shari, or myself, Shari's supervisor, Dr. Tom Strong who is a chartered psychologist will provide this service.

It is important that you are aware the volunteer nature of this project. Even if you give your consent to participate, you are free to withdraw at any time for any reason. Information will be gathered in a way to ensure your anonymity by using fake names in the transcriptions and publications arising from the research. These transcriptions will only be seen by Shari, the researcher, and two other co-researchers while they analyse the data. The tapes and transcriptions will be kept in a locked filing cabinet at the University and only Shari and her supervisor, Dr. Tom Strong will have access to them. After five years all data including tapes and transcripts will either be erased or shredded.

There is more information in your letter and consent form as well as numbers to contact if you have any questions. Take your time to look over the information and you can either let me know now or at the next session if you would like to participate in this project.

APPENIDX D

Poster

UNIVERSITY OF CALGARY

FACULTY OF EDUCATION
Division of Applied Psychology
Education Tower/Room 302
Telephone: (403)220-5651
Fax: (403 282-9244

Adolescent – Parent Conflict?

Let's take a closer look…

…participate in a study focusing on …

Turning differences into opportunities:

Turning point conversations in therapy with adolescents and their families

Primary Researcher: Dr. Tom Strong
Co-Researcher: Shari Couture

This study is looking for families currently involved in therapy at the Family Therapy Program, to be part of a study aimed at investigating important moments in therapy with adolescents and their families.

The purpose of this study is to investigate positive shifts in conversation in therapy that make a difference in the lives of families.

Are you interesting in investing minimal time to help find out more about how therapists, parents, and adolescents move past conflictual moments in therapy towards a shared way of communicating that invites positive interaction in families?

If so ask your therapist in your next session for more details about what is involved or contact:
Dr. Tom Strong, 220-7770

APPENIDIX E

Consent Form

Participant Consent Form

Research Project Title: Turning differences into opportunities: Turning point conversations in therapy with adolescents and their families.

Investigators: Dr. Tom Strong (Primary Investigator), Shari Couture (Co-investigator)

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail 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**.**

PURPOSE OF THE STUDY

The purpose of this research is to investigate positive shifts in conversation in therapy that make a difference in the lives of families.

YOUR PARTICIPATION

Giving your consent means that you will take part in a sequence of audio/video-taped family therapy sessions (approximately one hour in length each) plus, approximately two weeks after one session selected by you and your therapist, you will participate in a audio/video-taped follow-up interview to review this session. The time commitment on your part above the normally scheduled taped sessions is: 15 minutes pre-session explanation of the project plus approximately 2 hours for the follow-up interviews. You also have the option to debrief with the primary researcher after the project, or be referred back to your primary therapist if appropriate.

An audio/video technician necessary for the recording will be present as you are interviewed.

Participation in this research is completely voluntary and you may withdraw from the study or have any part or the entire recording erased at any point in this project.

All family members must agree to participate in order to be enrolled in this study.

RISKS

This study will not involve any greater risks than those of any family therapy session. Should any issues arise as a result of your experience in this project, your primary therapist will continue to work with you in dealing with those concerns. However, if you would like to discuss an issue with someone other than your therapist, the primary researcher, Dr. Tom Strong, who is a chartered psychologist, will provide this service.

CONFIDENTIALITY

You will not be identified in the transcriptions or any publication resulting from this research and the transcriptions. Tapes will be kept in the strictest confidence in a locked cabinet at the University of Calgary accessed only by the primary researcher and the co-researcher. After five years the documents will be shredded and tapes erased. All personnel involved will respect your privacy and will assume reasonable responsibility for protecting the anonymity of you and your family in the use of the video/audio-tapes.

SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a 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 the study at any time without jeopardizing your health care. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact:

Dr. Tom Strong 220-7770

If you have any questions concerning your rights as a possible participant in this research, please contact Pat Evans, Associate Director, Internal Awards, Research Services, University of Calgary, at 220-3782.

FACULTY OF EDUCATION
Division of Applied Psychology
Education Tower/Room 302
Telephone: (403)220-5651
Fax: (403 282-9244

_____

Participant's Name and Signature (Parents)   Date

_____

Participant's Name and Signature (Adolescent)   Date

_____

Investigator's Name and Signature   Date

_____

Witness' Name and Signature   Date

A copy of this consent form has been given to you to keep for you records and reference.

The investigator will, as appropriate, explain to your child the research and his or her involvement, and will seek his or her ongoing cooperation throughout the project.

APPENDIX F

Questions for the IPR Interview

Adolescent Interview

"Pick moments from the videotape where you see the beginning of a shift in how your family is talking together that was positive for you AND your family. Look for times when you think that you and your family are beginning to move from talking about things from totally different positions to a slightly new way of seeing the topic that allows everyone to move forward again."

Everyone is not just committed to their own position but is able to begin to look at things a bit differently in a way that helps.

Talking along more promising lines….

Starting to have a little bit of an understanding of how to view the topic so can move forward.

Can begin to discuss the issue from a partly similar stance.

Seem like have started to find a mutually satisfying way of continuing the conversation.

A new way of thinking and talking about the issue that is helpful for both of you helps you move forward in talking about the issue rather then fighting.

Where you seem to be starting to use similar language to discuss the topic.

Seem to be starting to draw from the same way of seeing the topic

Seem to be starting to come from a similar place.

As turning point conversations have been defined as shifts to mutually shared positions that have continue impacts on the families' interactions, once the adolescent has chosen a moment I will ask, "Did this conversation have further positive effects in the family's continued interactions after the session?" To ensure the second criteria has been met I will ask a few question about, "How have the family's interactions been effected?"

How did this earlier conversation positively effect your later conversations with your parent/adolescent?

What did having this shared conversation mean for the way you and your parents/adol. talked later on?

What effects did you notice in your family's interactions after this session where the shift occurred that seemed to be related to this change in how everyone saw the issue?

Parent Interview

"Your son/daughter has chosen some moments from your therapy together that s/he felt brought conversational changes or shifts that were good for her/him and your family"

S/he picked ….
"moments from the videotape where you see the beginning of a shift in how your family is talking together that was positive for you AND your family. Look for times when you think that you and your family are beginning move from talking about things from totally different positions to a slightly new way of seeing the topic that allows everyone to move forward again."

"Could you see if you agree if those moments contributed to positive developments in your conversations as a family?"

How did this earlier conversation positively effect your later conversations with your parent/adol?

What did having this shared conversation mean for the way you and your parent/adol. talked later on?

What effects did you notice in your family's interactions after this session where the shift occurred that seemed to be related to this change in how everyone saw the issue?

APPENDIX G

Full Transcript

J – Son (Joe)
B – Father (Bob)
S – Mother (Sandy)
T – Therapist

1	T:	(hhh) <u>Alright</u> (.hhh) well (1.5) fill me in what has happen (3.7)
2	J:	{smile, short laugh, and looks to parents}
3	B:	(hhh) {looks to Sandy and smiles}Who wants to start (.hhh) Joe's back (.9)
4		he's been discharged from the hospital (.3)
5	T:	>Really< when were you discharged? (.8)
6	J:	This morning {smiles at therapist} (.)
7	T:	This morning (0.5)
8	B:	That's why we were a little late =
9	S:	Yah we came right here =
10	B:	Like an hour ago we came from there =
11	T:	Oh I see (.)
12	B:	We came right from there to here =
13	T:	Okay (.9),((daughter talking)) (2.6)
14	T:	So what is it like to be out? (0.6)
15	J:	(.hhh)Better (0.5)
16	T:	You prefer being out than being in? (0.9)
17	J:	uuh (1.3)
18	T:	Okay, (1.2) what sorts of follow up with (1.2) the hospital do you
19		have or not or what's…(2.6)
20	S:	Umm there isn't any follow up umm =
21	T:	no follow up? =
22	S:	With the hospital we are going, Joe is going to see
23		doctor Chang on Monday? (0.4)
24	T:	uhuh (0.4)
25	S:	um (0.4) 12:15 or something like that which is really good. (0.4) Um (0.4)
26		the hospital I guess will be forwarding their file here and
27		to Dr. Chang and to Dr. Grewal (0.6) which is the family physician (0.8)
28		um (3) {Looks at Joe}
29	J:	{Joe has his arms crossed over his body and is looking down at the floor}
30	S:	They've given us uh Joe has made some um (1.5) <u>contracts?</u> (1)
31		with us in the hospital as well (.9)
32	T:	how do you spell Dr. Grewal? (0.6)
33	S:	Gre (1.2) wal (0.6) and he is on 17th (1.0)
34	T:	Okay (1.2)
35	B:	So he has got we asked them to send him a complete copy
36		of the file (0.3)
37	T:	Sure, (0.5) Okay (0.6)
38	S:	{Looking at Joe} Other than that um (1.4) I think (2.3) I::: don't know
39		if Joe is anxious about coming home or not? (2.2)

40   J: {Joe looks to Sandy briefly}
41   B: >It's nice< to have Joe coming <u>back</u> (.5) It's nice to have Joe
42   coming back and uh it is nice to have (1.3) <u>him</u> create his own (.4)
43   contract (.7)
44   J: {Joe fiddles with his fingers}
45   S: {Sandy continues to look at Joe}
46   B: that (1.3) he says he's gonna follow through. (1.1) um I just want to
47   make sure that (2.6) Joe opens up (.9) to us and he has (1.1)
48   J: {Joe bites his nails}
49   S: {Sandy looking at Joe}
50   B: um =
51   T: =Cause you can't really make su[re] {Looking at Bob}
52   B: [Ar]e are concern and we
53   said this to Joe today when we left and we know it is a concern
54   with kids as well, is (.6) <u>unconditionally</u> (.9)
55   S: {Sandy scratches back of her head}
56   B: we want Joe to be safe (.6) He has got our unconditional love and we will
57   do what ever   we can to keep him safe (1.2) but we need to have <u>now</u>
58   is we need some <u>checks</u> from Joe (1.9) to give use some feedback to
59   make sure that he is safe. (1.8) Feeling (.4) internally
60   emotionally we don't want him (.5) he signed a contract that
61   you have a copy of where he i s not going to <u>cut</u> {Bob extends
62   his head forward} (.) anymore (1.6) uh and hurt himself (.8)
63   J: {Joe leans on one hand and crosses the other arm over his waist}
64   B: so >anywa< and I said to Joe today both (1.6) um before we left
65   >I said you know<   our life has changed <u>dramatically</u> (.7)
66   since (.6) since he did that (.) and it would be <u>foolish</u> for anybody
67   to think that it <u>hasn't</u>. (1.6) And um (3) myself (1) and I can't speak
68   for everybody else but I want to make sure (.)
69   J: {Joe picks up pop bottle}
70   B: I mean <u>I</u> understand   that the way it was is not the way it is going
71   to be in the future it is going to be totally different it has to be. (3)
72   And I don't know how Joe feels about that but um (.8)
73   JOE and I over the last couple of days (.6) {Looks to Joe} we had
74   a chance to talk one on one huh (.8)
75   J: {Joe leans back and looks away from Bob} *uhuh* (1)
76   B: just him and me (.5)
77   T: Yah, (0.7) Joe are you okay with me reading this (0.9) contract? (0.2)
78   J: Yeh (0.8)
79   T: Cause I would like my colleagues to here.(.)Um (2.5) Will Joe (1.1)
80   is it nemenico?(0.6) Is that how you pronounciate it nemenico? (0.6)
81   Agree that if I (0.3) cut myself I will tell my parents immediately. (1.1)
82   The conscequnces for my cutting (0.2)will be as follows (0.6) loss of
83   privileges (0.1), no friends or leaving the house for 24 hours, (1.5) if I
84   fail to tell my parents when I have cut (0.1) the consequences will
85   be ----loss of privileges. (1.0) Date Friday 13th June (1.0) 03 (1.1) Joe

86		Nemenco. (1.5) Who all signed this? (0.9)
87	S:	Bob and I (1.1)
88	T:	>Okay< (.7) um (1.2) now how do you feel about this like is
89		this is something you feel that you can live or (.5) or are you not
90		sure that you can live up to this or not er:: (3.4)
91	J:	>I don't know< (.4) I don't know yet I guess (.)
92	B:	{Bob furrows his brow}
93	T:	Don't know ya (1.2) well that is probably an honest statement
94		because you don't know for sure right? (.)
95	J:	*Mhmm* (.)
96	T:	But I guess your <u>intention</u> at the moment is to try to (1.2) honour
97		this (.7) agreement? (.3)
98	J:	Uhuh (1)
99	T:	Okay (hhh) now::(.5) was this um whose idea was it do you
100		think (.4) to make this contract? (3.6)
101	B:	{Bob wrtinging his hands}
102		Was it yours your mom's your dad's, the hospital staff (.8)
103		your uncle's:: (.3)
104	J:	The nurses I guess (.7)
105	T:	The nurses idea? (.4)
106	J:	*Ya* (.7)
107	T:	Okay(1.2) and um (1.8) who most in your family do you think (.6)
108		believes the most strongly that this is a good idea? (1.7)
109	J:	I've got no clue (2.4)
110	T:	Would you say it would be <u>you</u> that (.6) think >this is even more
111		important than your parents do or they probably think it is more
112		important than you do<?=
113	J:	=They probably think it is more important (1)
114	S & B	{Parents lean heads down into their hands in unison}
115	T:	Ya (.6) *ya I suspect that is probably the case.* (.8)
116		Okay (2.8) well (.8) did you did you write this yourself
117		or did you get some help in writing this? er:: (.8)
118	J:	Help I guess. (.4)
119	T:	Help from whom?=
120	J:	=Sandy (.7)
121	T:	from Sandy (0.3)
122	J:	Yep (0.6)
123	T:	Oh, okay (0.7) anybody else? (2.0)
124	J:	No. (2.0)
125	T:	Okay (3.3) Now Um (0.9) would your parents realize with you (1.7) um (1.3)
126		anything that they might (0.9) do (1.0) or as sort of (0.3) if you were able to
127		hold to this agreement do you have any incentive to do this
128		like? (0.8) Are they (2.0) going to recognize or acknowledge (1.2) um (1.2)
129		>I guess implicit in this contract< is that there is a (1.2) desire not to (0.2)
130		hurt yourself right? (.)
131	J:	*mhmm* (1.9)

132	T:	Umm (.) But that is not (0.8) sort of so clear its, its more along (0.8)cutting
133		yourself *its not around* (1.0) what happens if you don't? (0.7) Hmm? =
134	J:	*Ya* (0.5)
135	T:	Um (2.2) >Are there some things that you would like< your
136		parents to consider if (1.2) you do show more responsibility (0.4),
137		and and ah (1.4) let's say for instance that (1.2) you get the impulse to
138		cut yourself (1.1) but instead of *doing it* you talk to them about it
139		and you don't (.) end up not cutting yourself and you feel better (.)
140		about talking to them (1.1). Do you think that (1.0) that should mean
141		anything? (1.6)
142	J:	Ya I guess (.) like trust (2.0) It says it all in this one too (0.4) {Joe hands piece
143		of paper over to Therapist}
144	T:	Oh (5.6) {Therapist looking at paper}
145	B:	You have a copy of that one too (0.5)
146	T:	Ya? (0.4) Ok. (0.4) Ok, let's see that. {Therapist organizing and looking at
147		his papers} (14) I:: (0.7) Can I read this? (.)
148	J:	Mhmm (1.1)
149	T:	Ok. So (1.4) *Excuse me I have to get my glasses* Printing is kind of small.
150		{Laughter from Therapist and parents}(14.4)
151	T:	I have reached that stage of my life (0.8) {Therapist laughs} my lenses are not
152		as flexible as they use to be. {Therapist laughs} (1.3) Okay (2.5) and who
153		wrote out this one?(1.2)
154	J:	Uh (.) Brooke and I. (2.5)
155	T:	Who's Brooke? (0.2)
156	J:	My Other nurse (0.4)
157	T:	Oh Okay (.2) So Brooke and you did this together (.) w::ere your
158		parents involved? (.)
159	J:	No (1.4)
160	T:	(hhh) But they signed it? (1.3)
161	J:	W::ll ya they signed it after it was done (.8)
162	T:	Okay so they agree with it (.4)
163	J:	*Ya* =
164	T:	= But they didn't have anything to say in developing it (.8)
165	J:	No (.4) {shaking his head no}
166	B:	We had no input (2.1)
167	T:	Oh that's a bummer (1.4) {Sandy laughs in the background}
168	T:	You [should have had some input]
169	B:	[YOU KNOW WHAT YOU KNOW WHAT] [I::I::]
170	S:	[I'm happy with that]
171	B:	[I'm] real
172		happy with that because (.7) we were talking today with with
173		with Brooke (.8) um (.6) this came from Joe (.5) All she said
174		she did was give the questions? and Joe filled in the blanks (.4)
175	T:	Really!(.6)
176	B:	So I am real happy with that (1.2)
177	T:	Okay (0.6) so we will go through it (2.5) >I, Joe meet the following

178		conditions after I discharge from W cluster at the Alberta
179		Children's Hospital< (1.9) >When I am feeling unsafe (.) the following
180		are ways that I can help occupy myself until the urge is past < (0.1)
181		Oh this is good (0.4) Go to a movie (0.6) go to gym (1.1) sport you're
182		doing something active be on the computer (1.1) girlfriend
183		playing video games (0.9) dancing (0.1) being with friends, music,
184		watching TV (4.3) Okay (5.3) Did you um (0.6) is this (0.3) maybe I
185		should read the whole thing first (0.9) When I am feeling unsafe (0.1)
186		these are people I can call and talk to (0.6) who will be able to
187		help me through these (0.7) times (0.8) Dad or Mom (1.7) and are these
188		phone numbers (0.9)
189	B:	Yep (0.6)
190	T:	Okay (0.7) Ben (0.1) that's your friend (0.3) who's Lori (1.3)
191	J:	His mom (1.2) Ben's mom (0.3)
192	S:	No it is not (1.9)
193	J:	Oh Ya that is Robin's mom (1.0)
194	T:	Robin's mom (1.0) okay (8.9) okay(.) and Jody, who's Jody (0.1)
195	J:	That Ben's mom (1.3)
196	T:	Okay (5.4) ?? (0.5) Gary that's your uncle (0.6)
197	B:	Ya (0.6)
198	T:	Okay (3.5) >I expect that I will have less privacy and freedom
199		when I first come home from the hospital. The following
200		are ways that I will try to earn back trust < (1.1) from my parents (0.2)
201		and others (1.5). Don't lie (1.1) ???being out with friends (0.4) stay away
202		from drugs (0.7) keep curfew tim (0.3) talk to others when I am in
203		need of help (1.0) don't hurt myself stay away from school (1.2)
204		when I think of suicide do things to control my thoughts (5.3)
205	T:	Okay (11.8) Okay (2.2) Okay, I expect to have certain privileges (0.1)
206		privilege restrictions when I first come home (0.2) the following are
207		privileges that I will (0.4) work to earn back (1.0) My cell phone, be
208		able to do stuff alone (0.7) without everyone watching (1.4) for
209		instance video games music computer (0.1) alone time in my
210		room(1.6) ability(0.1) to be alone with my girlfriend (0.7) ability to go
211		on the computer (0.4) whenever I want without people sitting
212		beside me watching (1.0) more independence (2.2) The following
213		are things that I feel I am responsible for (1.1) School achievement (0.1)
214		picking right friends (0.8) that is friends (0.6) won't make fun of me
215		won't drink, won't do drugs (1.2) Oh, friends that, oh yah, *friends
216		that won't make fun of you, won't drink or drugs (1.0)* Standing
217		up for myself (1.8) and also responsible for the way I act (1.8)
218	T:	That's great <u>stuff</u> (1.4) wow (.8) (hhh) the following are
219		things that I still need help (.4) with from my parents or
220		others (1.2) (hhh) shelter (.6) money support food (.9)
221		advice for problems (1.2) school:: life (.5) general I guess (2.3)
222		Oh! it sounds like you did a lot of <u>work</u>! (1)
223	B:	{Bob sits up straight with a small smile}

224 J: *Mhmm* (.7)
225 T: Oh (2.4) you must feel (.) >pretty good about< (.6) what you've
226   done here eh? (1)
227 J: {Joe looking down at his bottle of pop}
228 T: ya no? (1.5)
229 J: *ya* {Looking down and fiddling with bottle}(1)
230 T: Or do you feel like you were kind of forced into it? er:: (1.9)
231 J: *Kind of* (1.4)
232 T: Or pushed a little bit? (.)
233 J: Ya (1)
234 T: Not forced but pushed=
235 J: =*Ya* (1.2)
236 T: Okay (1.4) If you had your way (1.6) how much of this (0.1) how
237   much of this would you (1.1) drop out (9.6)
238 J: I don't know (2.4) um (1.7) some of the stuff I guess (4.4) like the
239   last two (3.2)
240 T: Last two in which section? (1.5)
241 J: The bottom (0.8) Like (.) the last (1.0) these two sec (0.7)
242 T: Two sections (.)
243 J: Ya (0.9)
244 T: >The following things that I am responsible for and the
245   following are things that I still need help with?< (0.2)
246 J: Ya (0.9)
247 T: You would drop that all completely? (0.1)
248 J   Ya (1.1)
249 T: Why would you drop them out? (1.3)
250 J: I don't know (1.9) I just would (6.3)
251 T: Cause (.) there are some parts of that that you (1.1) think you can't
252   achieve? (0.8)
253 J: No (0.4)
254 T: No? (2.0) Did you feel it puts you under some pressure to (0.9)
255 J: Kind of (0.8)
256 T: Mhmm (3.3) Well (.) why don't I (   ) drop out the bottom of
257   the things you still need help with from my parents (   ) like
258   drop the issues of needing shelter (1.1) and food (0.8) and stuff like that
259   would you? (1.5)
260 J: No (.) but I just (0.5) I don't know (1.5) just don't feel that it should be
261   on the contract (1.2) *Kind of a pointless to put on the contract (3.7)*
262 T: Oh I see because this is a more (0.6) feelings oriented rather than
263   action (0.4)
264 J: Mhmm (2.0)
265 T: Ya I can see your point there (1.9) Cause the other things had
266   more to do with (0.8) actual activities or events (0.4) you know
267   things that you were going to do or not do (0.9) uhmm (0.8)
268   privileges (.) you would have your can earn to get back and
269   so on (3.7)

270	T:	Okay (1.6) (HHH) umm ah now is there been any understanding about
271		how long this contract (.4) is in place and will it be reviewed and
272		renegotiated? (.4)
273	J:	No (2.3) {Looking down and playing with bottle}
274	B:	We didn't talk about (.9) a timing (2.1) {Looks to Sandy}
275	S:	I just (.6) thought it was indefinitely ((Short Laughter)) (.7)
276	T:	Oh well that is kind tough isn't it {Therapist looks to parents and Laughs
277		Loudly. Sandy joins him and Bob smiles}For life at age 50 ((Laughs))
278		Joe you have a contract here {Said in a voice of an old man while holding
279		the actual contract (3)
280	B&S:	{Bob and Sandy join him in loud laughter}
281	T:	Well >I think I think< it would be important to:: (.6) for Joe to have (.)
282		an opportunity to (.6) ah reopen the (.7) contract? to renegotiate? (1)
283	B:	{Now leaning his head in his hand and looking down}
284	T:	because otherwise (.9) it would (1.1) It'd feel like a trap (.) and there is
285		a need to >get out of the trap<? (.9)
286	B:	The issue I think that we've got here is (1.2) is (1.0) you know Joe
287		talks about trust (1.6) umm (1.2) the issue we have is that we've
288		got (0.7) some trust that needs to be built back up (0.7) with (0.8)
289		Sandy (1.0) and myself (0.8) with Joe (1.9) It just doesn't (.) just coming
290		out of the hospital (0.3) today (1.2) doesn't automatically generate (.)
291		like nothing's happened here (0.9) It doesn't automatically assume
292		that (0.2) you know that we can forget the last three days and things go
293		back to normal, I don't think so (0.8)
294	S:	By things go back to normal what's your what your
295		meaning is privileges on his part?
296	B:	Absolutely.
297	S:	Is that what you're referring to? (0.9)
298	B:	Absolutely (2.7)
299	B:	...>you know so< for the length of time I mean
300		I agree I mean this:: this is not going to be (.)
301		forev[er
302	T:	[Okay]
303	B:	This] has to [be]
304	T:	[hhh]
305	B:	[until] we have some sort of a (.6)
306	T:	{The therapist begins to lean forward, put his head down and
307		scratch the back of his head}
308	B:	a degree that Joe shows us (.7)
309	S:	That he's sa[fe]
310	T:	[Hmmm] (.) {therapist looks up and rubs his lips}
311	B:	That [he's safe]
312	S:	[not hurt]ing himself=
313	B:	=First and foremost thing is his safety (.8)
314	T:	(hhh) Kay so there is two issues (.) that are important to look at

315		when there is issues of trust (1.3) Like >like< (.) when you trust
316		somebody you have to first feel they have good intentions (.6)
317		hmm? (.) That is usually straight forward *>I don't think<* (.3)
318		I mean clearly (.9) umm Joe does have good intentions because
319		they are clear in what he has <u>written</u> here right?=
320	B:	=Mhmm {Nods his head in agreement}(.9)
321	T:	But the second point is not so obvious and is more diffi<u>cul(.)</u>t
322		sometimes and that is that (.6) to trust somebody you have to
323		believe not only that they have good <u>intentions</u> (1.2) but they
324		have sufficient <u>COM</u>petence (.4) to make <u>good</u> on those good
325		intentions (.6) Right? (.9) (hhh) and that's the part that's the dilemma
326		here right?=
327	B:	{Bob places his hand over his mouth}=[Mhmm]
328	S:	[Mhmm] (.)
329	T:	Cause I (.) I w::: imagine that you probably believe that right now (.6)
330		Joe has good intentions (.6) right? (.)
331	B:	Mh[mm]
332	T:	[He]wants to (.) fulfill this=
333	S:	=Mhmm (.5)
334	T:	The big <u>question</u> is (.) is he able to?(.2)
335	S:	Exa[ctly] (Nods to therapist)
336	T:	[>right<] Does he have that ability does he have the competence (.5)
337		yet to do that? (.)
338	B&S:	{Bob and Sandy both nodding head agreeing, Bob leans
339		on his hand and Sandy fidgeting with fingers}
340	S:	Mh[mm]
341	T:	[mm] (hhh) (.7) and once (.4) that's a (.) umm difficult issue right?=
342	S:	=Hmm (.2)
343	J:	{Joe is leaning forward looking down at his hands}
344		{Joe is leaning forward looking down at his hands}
345	T:	(hhh) Now (.) lets assume (.4) that he <u>doesn't</u> right? that he is (.4)
346		trying to give you more than he can actually do (.8)
347	B&S:	{Bob rests side of face on his hands and Sandy uncrosses her legs}
348	T:	>I don't know if that is the case maybe he is able to do all this right?<
349		but let's assume for a moment that he can't (hhh) follow through (.9)
350		Then what?(1.2) Umm then he's (.5) he's going to (.5) <u>do</u> something(.6)
351		to indicate (.) that he is not trustworthy (.) right? (1.2) and so then (.)
352		this is where I think (.6) it's it's useful to try to (.) umm be open to
353		renegotiate because (hhh) (.6) if you can't take <u>big</u> steps then you
354		have to take small steps? (.)
355	S:	Mhmm=
356	B:	=Absolutely=
357	T:	=you know towards bigger steps (1.2) and one of the (.)
358		the down side of a contract (2.5) (hhh) >I mean contracts can be
359		very useful because you< (.4) yu clarify responsibilities and
360		commitments and you set directions right? (hhh) but the <u>downside</u>

361   of a contract (.2) is that it <u>can</u> set up conditions (1.1) for failu::re (.9)

362 J: {Joe starts playing with a tissue}

363   or it sets up conditions for umm what I refer to sometimes as

364   promissory violence (1.2) where (.8) umm (.9) people like a::h if in

365   your case (.6) a:: <u>parents</u> (hhh) would (.) um (.7) confront (.6)

366   Joe >in not fulfilling the contract< in ways that he can feel are

367   umm (1.1) violating him?

368 S & B:{Both Sandy and Bob raise their heads}

369 T: in terms of (.) that is if you would sort of ride him for this ( )

370   because he didn't fulfill it right? (.6) And you >srt of< give

371   him hell for it? (.6) then (.) he's umm (.6) he's vulnerable to being (.6)

372   violated that way? (1) So I find that the disadvantages of making (.5)

373   promises that are <u>too</u> big >right< because if you know (.5) you know

374   >get down on him< when he can't fulfill them right?=

375 S: =Mhmm (.7)

376 T: (hhh) So I::::: think it might be useful to >think a little bit about< (.6)

377   umm how long this contract should be in effect (1.1) and when

378   would be a good time to review it (.) and to re-evaluate it (.)

379   because (.9) I think it w:ould be ideal to try to create conditions (1.1)

380   for <u>maximum</u> success (1.5) a:hh so that (.) Joe could feel good about (.)

381   you know his progress and achievements (.5) ina:: developing more

382   trustworthiness (.9) in your eyes and so on right?

383 T: So uhhh that is one of the things that (.) is an issue here I believe. (1.6)

384 T: <u>Wwwwhat</u> do you think about what I have just said (.)

385   Joe, does that make sense to you?=

386 J: =Yep (.) {looking down}

387 T: It does? {Looks at Joe and furrows his brow}((2) Umm well do you <u>worry</u>

388   a little bit about (.) whether you <u>might</u> be able to <u>follow through</u> on some of these

389   agreements?(3.6)

390 J: Ya {He shrugs his shoulders} (.)

391 T: Y[a]

392 J: [*I guess*] {Looks up at the therapist}

393 T: [Ya]I'm not <u>surprised</u> I would worry <u>too</u> (1) you know. (2.8)

394   Oka::: (1.3)(hhhh) Ummm (2.5)

395 B: Which ones are your biggest concerns Joe? (2.3) {Looking down not at Joe}

396 J: *>don' know< * {looking down}

397   (5.6)

398 B: {Looks up the ceiling and purses his lips} See part of wha[t]

399 T: [S]ee I would of I think one of the biggest worries would

400   be the <u>second</u> one (.8) ummm that when he is feeling <u>unsafe</u> that he can

401   ta:::lk to people (.) because one of the things that (1.7) is extremely difficult

402   to do (1.0) when you (0.4) umm (0.4) because it is embarrassing (0.3) to be

403   struggling with (0.4) thoughts of (0.6) self harm and so forth (0.4) and you

404   don't like to tell people that (1.3) Umm (0.4) so I can imagine that

405   could be a real struggle (1.0) for him (0.2)

406 S: (w..?)

407   T: Now if he is able to <u>achieve</u> that (.) I think that's marvelous (.6)
408   and I think that would be (hhh) a reason (.) to <u>celebrate?</u> quite frankly
409   and if he is able to come to you at some point and say (1.4) you
410   know hey mom (.6) you know w::I am really struggling now (1.2)
411   er (.) f:for the last half hour I've been thinking about (.6) you know (.4)
412   doing this or >what ever and I know it is not the right thing to do<
413   but (.2) >I don't know how to handle it< right? (hhh) So if he was
414   able to do that and <u>talk</u> with you and discuss (1) what it is that (.3)
415   <u>stirred</u> up the (.2) <u>turmoil</u> (.) to get to that place=
416   S: =Mhmm=
417   T: =so that he feels some (.1) <u>relief</u> after that (.8) then he succeeded
418   in overcoming that sort of impulse (.6) and not caved into it right? (.)
419   S: mm[mm {noding her head in agreement}
420   T: [So that is a major success (.)
421   B: Absolutely and and [we're always
422   T: [So I mean what to do when he has a <u>success</u> right (.)
423   that is not written out here right? (.7) Should you u:::mm should that be
424   part of (1) your <u>contract to him </u>(1.2) Will you offer him something (.8)
425   if he is able to <u>achieve</u> some of the things that are on here
426   (6.9)
427   B: Part of the part of the (1.8) the major success (.) that would be was that (.)
428   that would be in my opini[on
429   T: [Not buying him a Ferrari or something like that S:
430   [(laughter)
431   T: [(laughter)
432   B: [Don't go there= (Bob now joins the therapist
433   and Sandy in laughter)
434   T: =Sorry about that (laughter continues) (2)
435   B: ...{Bob smiles} PARt of part it for <u>me</u> (.8) that would be a huge success
436   T: {therapist puts his arms up over his head an leans back with a smile}
437   B: is for Joe (1.2) and I know its >it it may be a little bit difficult for him<
438   (.8) would be to (.7) <u>share with us </u>(1) in his own way (2.2) {Bob waves
439   his hand toward Joe}
440   J: {Joe picks at bottle he is holding hard enough to make a noise}
441   B: when he feely when hes feeling umm (1) stressful (.) or potential (.2)
442   that something could happen (.) a::nd (1) just also checking in with us
443   and saying >you know I am okay< (.8)   don't worry (.8) Cause the one
444   thing [we are]
445   T: [That takes] a lot of maturity though=
446   J: {Joe quickly leans back and then forward}
447   B: =Sure it does but Joe Joe is yes he only 14 years old (1.1) yes (.2) but
448   Joe sometimes comes across as a mature individual too (.4) like he
449   has got the skill set for both (1.3) But one thing a:::h(.3) <u>we</u> don't want
450   to do is we don't want to ride him and say are you safe or are
451   you not safe (.5)
452   T: Well terrific (.1)

453	B:	We don't want to do that (.3) but we also wa[nt]
454	T:	[Good that you don't want]
455		to ride him [that's good]
456	B:	[We also wa]nt Joe to feel <u>comfortable</u> (.2) cause he hasn't
457		in the past (1.1) and this is part of the communication we
458		want Joe to come to either Sandy or myself (0.6) and say you
459		know what (0.5) I'm okay (0.7) don't worry about me (0.7) because (0.7) Joe
460		you need to understand because of what has in the past (0.9) it
461		is a worry that we have (0.7) you need to understand that (0.1) because
462		you've hurt yourself (1.4) So to us it is important to us to hear
463		that (0.1) you know that he starting to get his life under control (.)
464		and that he is safe (1.0) And we need to hear that from him [because (0.1)
465	S:	[Only when he
466		needs [to]
467	B:	[Only when he needs it none of this none of this none of
468		this just going to say it (0.4) to my parent just so they will leave
469		me alone nonononoo (1.0) he's got to its got to mean it from in here (1.1)
470	B:	Sorry ( )
471	J:	{Joe is very quiet and Bob touches him and he moves away}
472	S:	I:[::]
473	B:	[b]ut he's got to <u>mean it</u> (.5) you know what I am <u>saying</u> (.5)
474	T:	(hmm)=
475	J:	{ Joe looking down and fiddling with the label of a pop bottle}
476	B:	=THAT MEANS A LOT TO US and (.)until[l]
477	T:	[O]kay ww just hang on
478		(.hhh)…ummm (hhh) >can I check out with you Joe< (.8)
479	J:	{Joe looks up}
480	B:	{Bob stars scratching the back of his neck}
481	T:	Ww::ould you <u>like</u> your parents to consider making a contract with
482		<u>you</u>? (2.3) >Othwords<Do you <u>trust</u> your <u>dad</u> (.) to be able to hear
483		you
484	B:	{One arm crossed over chest with other arm up supporting his head.
485		He is also leaning back in chair and looking down}
486	T:	>*hear ya out*< when you are feeling uncomfortable right? (.5)
487	J:	uhumm=
488	T:	= that you can actually <u>talk</u> to them about some issues (1) do you
489		trust him?(2.1)
490	J:	*Ya I guess* (1) {shrugs and remains playing with the label on the bottle}
491	T:	You don't sound too convinced (2.1) :::or do you think that (.hhh)
492		You'd like to see your <u>dad</u> make some commitments to work
493		towards (.9) you know <u>showing you</u> that he is willing to hear you in (.9)
494		in new ways or something?
495		(16.5)
496	T:	>Or d you think that I'm<getting into dangerous territory >by even
497		raising this<? (2.1)
498	J:	>Doesn't matter<(1.3)

499   T: >Doesn't matter to you< but (.)

500   J: {Joe looks up at therapist}

501   T: what about your dad do you think your dad might be a bit (1.4)

502   offended by me suggesting that he could make a contract with

503   you too? (.9)

504   J: *I don't know* (3.4)

505   T: Am I:::treading on (.) risking (.) territory here >with you

506   *you t[hink*<?] do you

507   B: [hmmmf] {shaking his head no}

508   T: think it would be useful for you to (.) srt ov (.)

509   >give some thought< to a contract that you can make (.hhh) for

510   yourself   to::to srt ov >try to< follo::w (.3) with him? (1.5)

511   B: Sure (.) absolutely I mean I'm I'm not aposed to that umm (.3)

512   B: I'm I'm very open to that (1.7) {Resting his face in his hand with

513   other across his chest} You know all we want is we want to start (2.3)

514   T: S[ee

515   B: [making a progression= {Hands come down and leans forward}

516   T: =Ya right I think it might be useful to actually do that (.2)

517   Bob because (.8) I think it would (.5) umm (.4) create a bit of a

518   process of reciprocity (.1)

519   B: Mhmm (.3)

520   T: Beetween you and him (1) and >is away that both of you< (.7)

521   sort of (.4) collaborate in your efforts to get past thisss family crisis (1.4)

522   B: Well part of part of part of when I went back to the hospital (1.3)

523   was it yesterday (1.6) the day before (0.8) day before (2.0) ahhh(0.1) and Joe

524   and I:::: (1.3) we spent (0.7) a few hours together (0.3) just me and him (0.2)

525   T: Oh great (1.2)

526   B: ...and no (0.2) no Sandy no kids just me and Joe (0.3) and we just sat (0.3)

527   and we sat in his room and we talked (0.3)

528   B: Remember that Joe? (.2)

529   J: Mhmmm (1.3)

530   B: a::nd we talked about a lot of stuff (.2) we talked about (.9) stuff I

531   have done stuff I have done right stuff I've done wrong. We just

532   >we just< talked (.7)

533   T: Oh neat =

534   B: = a::nd and it was (.) I think (.) ::I think we both kind of came up

535   out of there (.3) and >Joe you can (.) speak for yourself< but (.)

536   what I came out of it was that (.1) ummm >we need to do things

537   a little bit different< (.5) we need to start (.1) >do things a little bit

538   different<   and I asked you one question remember (.) what I asked? (.5)

539   J: No {looking down, playing with a bottle, sarcastic intonation} (.9)

540   B: You don't remember (.3) it had to do with the fact I said (.9) umm (.8)

541   wouldn't it be neat (.5) o::r did you like the fact that we just sat and

542   talked(.4) just talked about stuff (.) and you said you did (1.9)

543   And I asked you if you would like to do more in the future what'd

544   you say? (1.1)

545   J: Sure {Solidly spoken} (2.2)
546   B: And that is something that (.3) maybe I haven't done very much in
547   the past? (.) >for what ever reason< (.5) but <u>just</u> (.5) shoot the fat (.2)
548   talk. (0.1)
549   T: Ya (.)

APPENDIX H

Five Step-Wise Entry Sequences

Exemplar X	Exemplar X-XIV	Exemplar XV-XVI	Exemplar XVII - XIX	Exemplar XX-XXI
Collective Invitation (renegotiate the contract) **Step 1**	Invitation to parents (renegotiate contract) **Step 1**	Invitation to Joe (Worry about the contract) **Step 1**	Invitation to parents (Two-way contract) **Step 1**	Invitation to Joe (Two-way contract) **Step 1**
⇩	⇩	⇩	⇩	⇩
Step 2 Rejection	**Step 2** Partial acceptance	**Step 2** Partial Acceptance	**Step 2** Rejection	**Step 2** Strong ambivalence
↺	⇩	⇩	↺	↺
Extended Invitation (Humour) **Step 1**	**Step 3** Opinion with only partial uptake (Lessening attending)	**Step 3** Opinion accepted so moves on to second shift	Extended invitation (Humour) **Step 1**	Extended invitation (redesigns question) **Step 1**
Acceptance **Step 2**			Partial uptake **Step 2**	Strong ambivalence **Step 2**
⇩			⇩	↺
Step 3 Opinion not accepted (adjacent Non-verbal)			**Step 3** Assessment/ Opinion Qualified acceptance	Extended invitation to Bob through Joe **Step 1**
				Ambivalence **Step 2**
				↺
				Extended invitation to Bob **Step 1**
				Solid uptake **Step 2**
				⇩
				Step 3 collaborative opinion giving

APPENDIX I

Map of Term Definitions

NOUN (conceptual) ←——————————————————————————→ **VERB** (practical)

CULTURAL

Discourses
– *Broad* cultural or other systemized ways of understanding (e.g., patriarchy). Researchers tend to reify them and speak of them as nouns.

Discursive Position – Discursive locations in which people engage others as they converse. They are both ways people understand (e.g., discourse) *and* act in conversation in relation to each other. They are more indexes in the ongoing interaction and therefore less reified than a discourse. They are fluid and immanent (meaning they develop from within discourses not transcendent to or a result of discourses).

Discursive Practices – Specific Communicative behaviours that are meaningful and influence the course of the conversation and its outcomes.

Participant Framework – Culturally derived, frames of meanings for how one is typically to act in particular social circumstances. They furnish a sense of role obligations and the boundaries for what is acceptable in a social interaction that can be understood in a generalizable way. For example, therapy has role obligations, as in the specific example of Joe and his therapeutic contract. Joe is expected to follow the contract and the therapist is obliged to support the parents in carrying this out.

Language Games – Coordinated, *local* ways of interacting, often with understandings, evaluations and practices specific to the people engaged in them. These games have significance for those engaged in them but do not apply to other conversations in a generalizable way. Games can draw from discourses but are not subordinate to them because of the locally specific ways of interacting taken up by those so involved.

LOCAL