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Therapeutic Collaboration: Conversation Analysis of Couple Therapy

by

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Abstract

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

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Chapter I: Introduction

In the mid 1980s family therapy[1] 'went' postmodern. A postmodern or constructionist critique of conventional family therapy revolved primarily around the issue of therapist power and influence vis-à-vis families. The proponents of postmodernism in family therapy challenged an instrumental, hierarchical approach to working with clients and advocated replacing it with a more collaborative, participatory engagement. What this collaborative engagement entailed has largely remained a matter of controversy; nonetheless, the collaborative dimension of the client-therapist relationship has become a distinguishing feature of postmodern therapies, and some therapists have even used the term "collaborative" to depict postmodern approaches to working with families (Anderson, 2001; Hoffman, 1995; Madsen, 1999).

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

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

My Interest: Collaborative Counselling Relationships

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

I was stunned. This was the most unusual session I had ever had. Other than describing EMDR and nodding empathically I had not uttered a word. At some level I was concerned for Linda who, by engaging in therapy on her own terms and disregarding my professional judgment as to what she needed, might have prevented herself from experiencing long sought-after changes. By violating the standard entitlements and obligations of therapy participants, Linda had reorganized the therapy system into an

unrecognizable species of interaction. I felt I had no opportunity to restore the therapy's

identity, in which I should be the one to apply psychological knowledge and she should

receive and make use of it. Linda instead approached therapy as a place where she could

feel at ease to self-engage in any method that would minimize her pain. The client bluntly

asserted, if not imposed, her story and preferences.

A number of thoughts crossed my mind after she left. Have there been times in

my work with clients when they felt they were unable to contribute to what was

happening in therapy? Do clients find that they have to assert their preferences with such

force before I allow them to influence my professional agenda? This experience made me

question how much space clients feel they have to share their story in their own language.

It further posed a dilemma for me: how can therapists' professional knowledge be

reconciled with clients' own theories of their predicaments and with their ideas of what

they need for therapy to be a genuinely mutual endeavour (Duncan, Miller, & Sparks,

2004)? I initiated this study in order to better understand how therapists can be

interventive in their responses to clients without becoming *impositional*. I wanted to

understand "the means by which the therapist negotiates a non-expert position while

enacting persuasions within the therapy" (Roy-Chowdhury, 2006, p. 169) and to offer

insights into the specifics involved in maintaining this delicate relational balance.

Around the time of this incident I was introduced to postmodern or constructionist

approaches to family therapy (e.g., narrative therapy, solution-focused therapy, and

collaborative language systems approach). I learned that constructionist therapists claim

they are doing exactly what I was hoping to understand – intervening, yet doing so while

actively orienting to and incorporating clients' meanings and preferences (Andersen,

1991; Anderson, 1997; de Shazer, 1991; Freedman & Combs, 1996; McNamee & Gergen, 1992; White & Epston, 1990). Influenced primarily by social constructionism[2] and poststructuralism[3], postmodern practitioners propose a professional rigour of a distinct, conversational kind. They recommend that therapists be rigourous not so much in terms of *what* professional knowledge or interventions they contribute but more in terms of *how* they contribute such knowledge and how (or whether) clients embrace professionals' ideas (Anderson, 2001). Ultimately, clients are the final judges of what is helpful or meaningful to them. Whether to apply professionals' ideas outside of therapy must be a choice they make. In order to enhance the likelihood that therapy is of genuine benefit to clients, why not elicit and incorporate clients' within-session feedback to the value of therapists' formulations and interventions?

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

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

[3] Post-structuralism, and postmodernism more broadly, is a range of critiques that challenge structuralism's claims to objectivity and stress plurality and shifting nature of meaning (e.g., Derrida, 1977; Foucault, 1980; Lyotard, 1984).

formation of therapy as a cultural practice – as *they* see it. Even if therapists attempt to locally democratize therapy (as in some collaborative therapies), at a macro-level they remain *psychotherapists*, or experts to clients (Guilfoyle, 2003).

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

My next challenge was to locate a research method that would allow me to examine Tomm's collaborative uses of language. In my search for a suitable method, I discovered a number of studies in which researchers utilized so-called discursive[4] or

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[4] "Discursive" concerns people's use of language (both process- and content-related aspects of such use).

constructionist forms of inquiry (Potter, 1996b). As I later discovered, discursive

approaches to research (e.g., discourse analysis, conversation analysis, and critical

discourse analysis) were brought into psychology and family therapy from neighbouring

disciplines. A series of discursive studies have been conducted since the 1970s to

examine couple and family therapy. Although some studies examined power practices of

therapists (e.g., Buttny & Jensen, 1995; Davis, 1986; Gale, 1991), collaborative aspects

of communication in therapy have remained largely unexamined. This relative lack of

empirical attention to the topic of collaboration is surprising, since the notion of

collaborative practice has now permeated not only family therapy but also the overall

field of counselling. In addition to the novel empirical focus, I approached the topic using

a discursive research method of *conversation analysis* (CA), which is rather

unconventional within psychology because of its sociological roots. My research

approach was also inspired by writings of dialogical thinkers (Bakhtin, 1981; Linell,

1998; Volosinov, 1973); proponents of collaborative and social theories of

communication (Clark, 1996; Jorgenson, 1995; Sigman, 1995); and discursive

psychologists (Edwards, 1997; Edwards & Potter, 1992). I used CA to examine in detail

one session of couple therapy facilitated by Dr. Tomm, specifically focusing on the

collaborative aspects of his communication with a couple.

Examining Processes and Outcomes of Therapeutic Collaboration

Discursive researchers argue that as therapy progresses, clients begin to talk about

their problems and experiences differently (Buttny, 2004; Gale, 1991). In therapy,

clients' concerns are first formulated and then reformulated (Muntigle, 2004). Some

therapy researchers presume that this formulation-reformulation process is responsible

for the therapeutic change (e.g., Burck, Frosh, Stickland-Clark, & Morgan, 1998; Frosh, Burck, Strickland-Clark, & Morgan, 1996; Russell, 1998). Therapists and clients co-create new meaning that has real, practical implications for how clients' concerns are defined and remedied. Meaning in therapy is not only co-created but also negotiated (Miller, 1987; Stancombe & White, 1997). Therapists have agendas based on their professional theories about why clients have problems and how to solve those problems. Clients may also have their own problem-solving theories, which may contradict therapists' ideas and proposals for therapeutic work. While therapy can be characterized by a reciprocity of communicative efforts, that reciprocity can certainly be unequal – with negotiations tilted in favour of the therapists' understandings and preferences (Jones & Beach, 1995; Peyrot, 1995; Viaro & Leonardi, 1983).

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

In studying collaboration in family therapy, I wanted to examine not only sequences of talk, meaning the back-and-forth of therapists talking with clients, but also the conversational outcomes developed within those sequences. I hoped to trace how the meaningful descriptions offered by the clients shifted in the course of a conversation with the therapist. Typically, when the therapeutic collaboration, and the working alliance more broadly, is examined, reports are gathered from clients, therapists, or observers who

are asked to rate the frequency, intensity, or significance of alliance-related behaviours

(e.g., Creed & Kendall, 2005; Horvath & Symonds, 1991; Mallincrodt, 1993; Watson &

McMullen, 2005). This study also makes use of the participants' reports; however, it

examines how such reports are developed, made evident, and responded to in the

immediacies of therapeutic dialogue. I focused on how participants *showed each other*

that they were advancing (or not) in the direction of shared goals in mutually acceptable

ways. Such conversational evidence (T. Strong, Busch, & Couture, in press) reflects

speakers' evaluations of the relationship and of shared understanding in particular

moments of interaction. This discursive approach to the analysis of collaboration is not

meant as a substitute for more traditional ways of assessing therapy process and outcome

but can complement these various approaches to understanding therapy.

Overview – Chapter Breakdown

Through discussing the literature on the therapeutic alliance in Chapter Two, I

provide the theoretical framework underpinning my investigation of therapeutic

collaboration and the rationale for the study of collaboration. Chapter Three deals with

the project methodology, while Chapter Four moves into outlining the specifics of the

study, such as participant recruitment, data collection, and data analysis. In Chapter Five,

I present the results of the study – an account of how the therapist collaborated with the

couple. An overview of devices and practices accounting for collaboration can be found

in Chapter Six. Chapter Seven concludes this dissertation by discussing the results of this

study in light of existent literature and by specifying the study's limitations and

implications for counselling practice, future research, and theory development.

Chapter II: The Therapeutic Alliance in Family Therapy

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

Definition of the Therapeutic Alliance

Psychotherapy has been broadly defined as "the interaction between the therapist system and the client system" (Pinsof, 1995, p. 60). Over the years researchers have attempted to identify the aspects of this interaction that are responsible for client change. Precipitated by research evidence suggesting that different therapies produce similar beneficial effects for clients (Pinsof, Wynne, & Hambright, 1996; Shadish et al., 1993), the field of counselling has redirected its attention from refining *specific* therapeutic models and techniques to identifying curative factors that are *common* to all therapies (Lambert & Ogles, 2004; Wampold et al., 1997).

Research has demonstrated that across a variety of treatment modalities, clients

identify their relationship with therapists as paramount for making a difference in their

lives (Horvath & Symonds, 1991). The therapeutic or working alliance has been

identified as the core aspect of that relationship. Occasionally, the terms "alliance" and

"relationship" are treated interchangeably; more commonly, however, the relationship is

viewed as a more encompassing concept involving both alliance and non-alliance aspects.

Lambert and Barley (2002) distinguish three kinds of relationship factors: therapist

variables (experience, training, interpersonal style, attributes); facilitative conditions

(empathy, warmth, genuineness); and the working alliance (collaboration on goals and

tasks of therapy and affective bond). They argue that these factors are perhaps best

treated as interrelated rather than distinct because they are difficult to separate

conceptually. Overall, while acknowledging the interrelatedness of alliance and non-

alliance factors, researchers and theorists have chosen to retain the distinction between

these factors and argue that the alliance development does not necessarily depend on non-

alliance factors (Pinsof & Catherall, 1986). Also, by distinguishing therapist

contributions from the alliance, it may be possible to empirically examine the relation

between the former and the latter (Allen, Coyne, Colson, & Horwitz, 1996). Overall, it

appears that there is no single, universally acceptable definition of the alliance (Horvath

& Bedi, 2002); nonetheless, it may still be possible to extract from the literature some

shared ingredients of this construct.

The alliance has been most commonly defined as *the quality and strength of the*

collaborative relationship between the therapist and the client (Bordin, 1994; Pinsof &

Catherall, 1986). It is for this reason that I will be using the terms "alliance" and

"collaboration" interchangeably. For Pinsof (1995), both the therapist and the client

must be willing and able to contribute to therapy and to collaborate with each other's

contributions in order to facilitate change in the client. Researchers similarly argue that

collaboration and the ongoing negotiation regarding tasks and goals of treatment

constitute the central aspect of the alliance (Horvath & Symonds, 1991). Both clients and

therapists indicate that treatment success greatly depends on the perceived clarity of goals

and the adequacy of tasks (Howe, 1996; Sells, Smith, & Moon, 1996). Moreover, clients

who experience a strong alliance with therapists find the process of healing to be

smoother and less emotionally draining (Heatherington & Friedlander, 1990).

Although the alliance constitutes a necessary condition of successful therapy, it is

insufficient in and of itself (Pinsof, 1995). Therapists and clients must display certain

qualities and engage particular skills for therapy to work. Specifically, research indicates

that some practitioners are more skilled at promoting positive therapy outcomes

(Luborsky, McClellan, Woody, O'Brian, & Auerbach, 1985; Shapiro, Firth, & Stiles,

1989). Certain therapist variables, such as credibility, the ability to engage with the client,

and the ability to focus the client's attention to the client's affect, have consistently

accounted for successful outcomes (Orlinsky, Grawe, & Parks, 1994). There is also

moderate evidence linking facilitative conditions (empathic understanding, genuineness,

and warmth) and client outcomes (Lambert & Barley, 2002). Low levels of impairment

and the presence of social support have been identified as the client variables most

commonly associated with positive outcomes (Beutler, Harwood, Alimohamed, & Malik,

2002). Hence, the persons of the therapist and the client, and what each contributes to the

process of therapy, seem significant as exclusive entities. Yet, it can be argued that

without the alliance or collaboration, no array or amount of the therapist's skills or the

client's qualities or capacities can lead to change. As Pinsof (1995) helpfully sums up this

point: "The alliance is the vessel within which therapy occurs and creates the necessary

context for change" (p. 62). To understand how the alliance creates conditions for client

change, researchers developed a number of measurement scales to assess the quality and

strength of the alliance and to better gauge its ingredients and outcomes (e.g., Luborsky,

1994; Pinsof & Catherall, 1986).

The contemporary conception of the alliance has been largely inspired by the

Bordin's tripartite theory (1994), according to which the therapy participants must

successfully negotiate three aspects of their relationship for the alliance to develop. These

three aspects are bonds, goals, and tasks. The *Bonds* dimension of the alliance refers to

the quality of the relationship between therapists and clients and includes the clients'

perception that therapists accept and care about them. The *Goals* aspect addresses the

extent to which therapists and clients agree on and are working toward the same

objective. The general goal of therapy is the resolution of the client's distress. The

therapist and client also work together to develop and pursue incremental goals. The

Tasks aspect reflects the degree of the agreement between clients' views of their

difficulties and how to resolve those difficulties, and the methods or techniques proposed

by therapists. Tasks may include the topics for discussion, the agendas for sessions, the

interventions, and the clients' overall sense that therapists understand (Pinsof &

Catherall, 1986). The more clients and therapists collaborate on goals and tasks, the more

they experience a sense of shared purpose, trust, and connection (bond). At the same

time, the strength of the affective bond makes the process of collaboration around goals

and tasks smoother and more efficient. According to Henry and Strupp (1994), while collaboration is a transitory property in the initial sessions of therapy as it ranges from one moment of interaction to another, over time it tends to stabilize. Similarly, Weingarten (1991) argues that intimate (collaborative) interactions tend to accumulate to create an overall experience of intimacy (partnership) in the relationship.[5]

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

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[5] Although collaboration and the affective bond influence each other, I have intentionally chosen to delimit my study to the analysis of collaborating on goals and tasks and to exclude the emotional bonding dimension of the alliance. This is because I did not analyze therapist-client collaborating over time, after the initial session of consultation. Therefore, I could not track how collaborative interactions accumulated to result in the overall experience of a strong relational bond. Future research may focus on this aspect of the alliance. Moreover, my research approach (detailed analysis of discourse) did not seem suitable for assessing this more global quality of the relationship.

consistent with the results of research showing that in family therapy, clients'

'individualist' descriptions of their predicaments (he is too distant; she is too critical) are

gradually reformulated in relational or systemic terms (Buttny, 1996; Edwards, 1994;

Miller, 1987). Ryan and Carr (2001) similarly show how questions that assess

relationships among family members promote a greater sense of collaboration in the

beginning phases of therapy than do questions exploring the experiences of individuals

within the family.

Pinsof (1994, 1995) combines Bordin's *content* aspects of the alliance (bonds,

goals, and tasks) and its *interpersonal* aspects (individual, subsystems, whole system, and

within system).[6] Figure 1 (Pinsof, 1995) demonstrates the interrelationships of these

various levels and loci of the alliance in family therapy.

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[6] Friedlander, Horvath et al. (2006) offer a somewhat different perspective on the alliance in

couple and family therapy. They identify four dimensions of the alliance: Engagement, Safety, Emotional

Connection, and Shared Purpose. The *engagement* dimension corresponds to the therapeutic collaboration.

Safety refers to the clients' experience of being in therapy with other family members. *Emotional*

connection denotes the presence of an affective bond and covers all client behaviour in relation to the

therapist. Finally, *shared purpose* is equivalent to collaboration among family members or Pinsof's notion

of "within-system" alliance.

Interpersonal Dimensions	Content Dimensions		
	Tasks	*Goals*	*Bonds*
Individual			
Subsystem			
Whole System			
Within System			

Figure 1. The therapeutic alliance in family therapy.

The top three rows constitute between-system alliances, whereas the bottom row represents within-system alliances (e.g., between co-therapists, among family members or subsystems of the family). These levels and loci together form the total alliance. Although each dimension, whether interpersonal or content, influences every other dimension, some levels or loci may be more significant than others in the determination of the overall strength of the alliance. For example, the wife's reports of a strong alliance with the therapist were more associated with positive therapy outcomes than the husband's reports (Quinn, Dotson, & Jordan, 1997). This finding implies that therapists may need to focus on forming alliances with women in the family, particularly in early phases of therapy. Overall, Pinsof encourages therapists to conceive of the alliance as a fluid process shifting in strength, direction, and significance rather than as a static entity, established once and for all. Recently, there has been a trend to conceive of the alliance as interactive rather than as composed of discrete behaviours and attitudes of therapists and clients (Horvath, 1994; Pinsof, 1994).

My Conceptualization of the Therapeutic Alliance

While traditional therapy literature has focused almost exclusively on clients'

collaboration (read compliance) with therapists' interventions, therapists inspired by

feminist, constructivist, and social constructionist traditions have often prioritized *their*

collaborative positioning in relation to clients (Anderson, 1997; Hoffman, 1992; Real,

1991). Such a reflexive focus is not surprising, since constructionist therapies emerged

partly in response to the conception of the therapist as an unbiased and value-free expert

capable of defining reality of clients' situation and experience 'over the heads' of those

clients (McNamee & Gergen, 1992). Similarly to the traditional literature, what is absent

from this constructionist perspective is a "language to describe the client's 'collaborative

stance' as a more active participant in the collaborative process" (Perlesz & Brown, 2005,

p. 177). From a more encompassing perspective, collaboration is neither the sole

responsibility of the therapist nor the client's willingness to cooperate with the therapist's

agenda, but rather a dynamic, joint performance (Rober, 2005). In collaborative

interactions, speakers articulate and coordinate their perspectives and jointly develop new

understandings and ways of relating preferred by clients.

I was struck by this perspective on the alliance or collaboration as a joint and

dynamic phenomenon emergent through the participants' responsive (rather than

disconnected) actions in interaction. It seemed 'genuinely' relational. Intrigued by this

interactive viewpoint, I continued examining the literature in hopes of understanding

what such collaboration may entail. In my readings I discovered a social constructionist

definition of collaboration (presented below). It was specific enough to keep me focused

on examining only collaboration-related aspects of the client-therapist communication,

yet broad enough to allow for a discovery-oriented examination (Mahrer, 1992).

For the purposes of this study, I shall define collaboration as a process of

coordinating, sharing, and co-creating meaning in mutually preferred ways (Anderson &

Goolishian, 1988; Weingarten, 1991). This fluid and interactive view of collaboration

seems to contrast starkly with more traditional perspectives on collaboration as one's

capacity to work together with others, or as an inherent quality of the therapeutic

relationship (Weingarten). My definition of collaboration is based on Kaethe

Weingarten's distinction between intimate and non-intimate interactions. In describing

both kinds of interaction, Weingarten remarks:

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

Obviously, to misunderstand or to be silent in a conversation does not

automatically imply being non-collaborative. Some speakers may only minimally

contribute to a conversation, yet when they do, their contributions may be of great

significance. Further, Weingarten's definition appears to overlook the context of the

relationship shaping the meaning of actions. For example, if the therapist offers an

intervention, the client may experience it as either coercive or useful, and that reaction is

based on the client's assessment of the nature of the therapeutic relationship so far.

Finally, recent communication research shows that even activities such as interruptions

traditionally viewed as non-collaborative are highly coordinated (Del Vento, McGee, &

Bavelas, 2004; Ferrara, 1992). The addressee must closely collaborate with the speaker in

order to discern how the speaker might have intended to complete the speaking turn.

Despite these concerns, I found Weingarten's definition suitable for the purposes of my

investigation.

      The definition I adopted implies that the working alliance is 'worked up' and

sustained in and through repeated collaborative (inter)actions emergent from the

participants' ongoing responsive efforts (Sutherland & Couture, 2007). The therapeutic

collaboration is something that therapists and clients create together in the moment. The

specifics of the conversation are less important than whether each person feels included

when producing meaning. Collaboration is, therefore, about the extent to which all people

in a conversation feel liberated to contribute ideas and to contest the ideas of others

(Weingarten, 1991). This definition places the emphasis on the working side of the

working alliance, a side that I feel has been overlooked in most therapy literature.

      My conception of collaboration is inspired not only by a social constructionist

perspective, but also by collaborative and social theory of human communication (e.g.,

Clark, 1996; Ferrara, 1992; Isaacs & Clark, 1987; Jorgenson, 1995; Sigman, 1995;

Wilkes-Gibbs & Clark, 1992); perspective of dialogism (Bakhtin, 1981; Linell, 1998);

discursive psychology (Edwards, 1994, 1995; Edwards & Potter, 1992, 2001); and the

sociological research tradition of conversation analysis (Sacks, 1995; Sacks, Schegloff, &

Jefferson, 1974). Both constructionists and discursive researchers view the client-

therapist relationship and the therapeutic contract pertaining to roles, tasks, and goals

as a continuous, mutually involving process of meaning making and negotiating

(Anderson, 1997; Kozart, 2002; Roy-Chowdhury, 2006). Instead of approaching the

therapeutic contract as something pre-established before the therapist and client enter

therapy, or as something created exclusively by one party, discursive scholars propose a

dynamic and interactive conception.

From this discursive perspective, language (its use by people) not only arises from

relationships; it also forms or 'performs' those relationships (Bateson, 1972; Roy-

Chowdhury, 2006; Russell, 1998; Sigman, 1995; Shotter, 1993). As Russell remarks,

"language in the form of discourse …constitutes a public, intersubjective space, a shared

context of symbolic meaning. In and through this shared context of symbolic meaning,

we negotiate social hierarchies, build reciprocal dyadic alliances, and forge and maintain

coalitions…" (p. 17). This constructive or perfomative view differs from the traditional

representational conception of language as a mirror image of some stable intrapersonal or

interpersonal reality (Edwards & Potter, 2001; Gergen, 1999). According to a

constructionist, discursive perspective, people perform their relationships using available,

and at times differing, cultural resources and practices for understanding and influencing

(Potter & Wetherell, 1995; Wetherell & Potter, 1988). Articulating, coordinating, and

reconciling these differences at the level of each turn in talk play dual roles; they both

constitute and account for the quality of the therapeutic relationship.

Kozart (2002) provides an appealing dialogical conception of the therapeutic

collaboration. He suggests that the normative interactive work of psychotherapy is

centred on goals and tasks associated with eliminating the client's distress. The desire to

improve the client's psychological or relational problems is what initially brought this

client and therapist together. When the therapist and client deviate from this original

purpose of their encounter, the smoothness of the interaction and the sense of bonding are

hindered. When, however, the accomplishment of therapeutic tasks flows smoothly, and

the speakers are able to avoid focusing on the interpersonal or emotional dynamics of the

therapeutic relationship itself (frequent clarification, checking, correcting, and

reinterpreting of each other's actions and meanings), the mutual sense of bonding is

strengthened. Kozart highlights the paradoxical nature of the therapeutic alliance, stating

that, when a strong relational bond exists, the participants do not make an issue of their

relationship. Kozart thus defines alliance as "the methods by which the patient and

therapist sustain attention to sensible goals" (p. 222). He further suggests that it is not

goals and tasks themselves that clients find therapeutic, but the process of generating and

working together on mutually agreed-upon goals for change.

How does the conception of collaboration as coordinating, co-sharing, and co-

creating talk in mutually preferred ways translate into the practice of family therapy?

Collaboration in family therapy is not only interpersonal which is the way

constructionists see it; collaboration is also interpersonally multilayered (Pinsof, 1995;

Pinsof & Catherall, 1986). As aforementioned, ideally, the therapist collaborates on goals

and tasks with each family member, each family subsystem (e.g., parental, sibling), and

the family system as a whole. The challenge of the family therapist is to join in and

validate each member's understandings and goals while nurturing the family's shared

sense of purpose for therapy and transforming individual goals into group goals

(Friedlander, Escudero et al., 2006). Therapists' end goal should not be validating

members' familiar, often polarizing, meanings and ways of relating; familiar meanings

need to be renegotiated into new, mutually acceptable lines of talk.

Family therapy researchers have recently begun examining the therapeutic

alliance as multidimensional (e.g., Knobloch-Fedders et al., 2004; Symonds & Horvath,

2004). Symonds and Horvath found that the partners' agreement about the strength of the

therapeutic alliance to be a stronger predictor of therapy outcome than each partner's

individual assessment of the alliance. These researchers recommend attending to two

kinds of relationship in family therapy: the *allegiance*, or ongoing relationship between

the partners, and the *alliance* with the therapist. Couture (2005) and Diamond, Hogue,

Liddle, and Dakof (1999) reveal that therapists' attempts to strengthen alliances with

adolescents eventually led to stronger parent-adolescent allegiances. Drawing on these

ideas and research results, I wanted to incorporate into my constructionist, discursive

framework the conception of the systemic therapist[7] as multiply-engaged (Real, 1991).[8]

Following T. Strong and Tomm (2007), I broadly conceptualize concerns clients

bring to therapy as being related to objectionable uses of language within the family

system. By "objectionable talk" I signify meanings, and ways of articulating those

meanings, which recipients experience as pathologizing them as individuals or as

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[7] Family therapy is based on general systems theory (von Bertalanfy, 1968). "Systemic" refers to

an approach, adopted by most family therapists, which treats the entire family as a single unit of treatment

and which focuses on relationships and communication patterns rather than on traits or symptoms of

individual members.

[8] For other attempts to integrate systemic and constructionists ideas refer to Atkinson (1992),

Atkinson and Heath (1990a, 1990b), and Simon (1992).

distorting or invalidating their experiences and perspectives. For Tomm (1991), some

patterns of human interaction have "pathologizing" effects on the persons involved, while

other patterns have "healing" or "wellness" effects.[9] Others in interaction may object to

imposing, rejecting, and misunderstanding meaning (Weingarten, 1991). Objectionable

talk may contain blame, invalidation, and closing off possibilities (O'Hanlon, 1993) and

may create impasses preventing people from coordinating meaning to find a *shared*

language and mutual methods of talking deemed acceptable by all parties.

Not all coordination of meaning is helpful; on the contrary, mutually

objectionable meanings can be highly coordinated. The coordination of objectionable

meaning may result in non-mutual and ineffective meanings and the inability of family

members to move forward together in their relationships. Some family members remain

committed to their preferred (or familiar) modes of responding; others deem those ways

objectionable and refuse to participate. Re-coordination of this "constraining talk" (Jones

& Beach, 1995) may be required to facilitate interactions that all participants would deem

acceptable. Some studies examined therapists' interventions that are aimed at modifying

recurrent transactions that are found problematic by families (e.g., Buttny, 1996; Couture,

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[9] Tomm's view is based in part on the Cronen's Coordinated Management of Meaning (CMM) theory (e.g., Cronen, Johnson, & Lannamann, 1982). According to CMM, communication among family members may be characterized by the presence of problematic (strange) or unproblematic (charmed) reflexive loops. In the context of a strange loop, one member may construe the situation in two (or more) mutually excusive ways, thus being unable to discern an intended meaning of another's action and therefore barricaded from devising an appropriate response. Producing a response incompatible with the intended meaning further invites confusion and difficulty in coordinating intentions and meanings. The result is that both speakers are stranded in a strange reflexive loop.

2005; Edwards, 1994; Gale, 1991). These researchers identified discursive strategies

employed by family therapists who introduce middle-ground positions, thus helping to

build a bridge between the polarized solutions proposed by individual family members.

When it comes to the practice of family therapy, the focus on transactions within

family systems has been more characteristic of first-order cybernetics[10]. Second-order

cybernetic therapists have focused more on their own communication with clients. For

Karl Tomm (1987a), to collaborate means to adopt a posture of *caring circularity*.

Drawing on the Milan team's approach to family therapy, Tomm defines "circularity" as

therapists' observing their behaviours in relation to clients and examining the ongoing

effects of those behaviours on clients. The more therapists adjust their actions to fit

clients' specific responses and preferences, the closer the structural coupling between the

therapist and the family becomes. By adopting a posture of caring circularity, the

therapist engages with the family in ways that provide room for the family's autonomous

growth and development. The likely effect of such engagement on the family is a sense

that therapists are sensitive, caring, and understanding. The corollary is *obligatory*

circularity, a posture the therapist adopts to selectively utilize the clients' responses in

order to carry out his or her professional agenda efficiently. A probable effect of such

engagement is that the client feels rushed or coerced into change. Tomm recognizes that

the two postures are not mutually exclusive, since the therapist will fluidly shift in and

out of postures in response to the client's responses. However, he points out that giving

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[10] First-order cybernetics deals with circular causal processes (e.g., feedback, control). It pertains

to systems that are observed from the outside, as opposed to (second-order) cybernetics of systems

involving their observers (von Foerster, 1981).

priority to one of these postures is likely to shape the course and tone of the therapeutic conversation.

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

Collaboration Versus/And Power

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

Working along these lines, Bakhtin (1981) conceptualizes perspectives or "voices" in dialogue not as excluding each other but as intersecting with each other in many different ways. When some voices are formulated 'authoritatively', their intersection with other voices is hindered. Even in these situations, other perspectives are not excluded from dialogue; they are organized around the authoritative discourse, interpreting, resisting, and praising it. Hence, for Bakhtin, communication is inevitably

"heteroglossic" or polyphonic, even if some voices end up being on the margins of a conversation. Overall, Bakhtin characterizes language by the simultaneous presence of forces that are *centripetal* (toward discursive unity) and *centrifugal* (toward discursive diversity). Not only do these forces coexist in dialogue, they also rely on each other for their continuous existence. The performance of power by one party requires collaborative efforts of the other party, such as conformity or resistance (Burman, 1995; van Dijk, 1993). Furthermore, asymmetries – communicatively relevant and temporal inequalities in knowledge or participation – are inevitable features of dialogue and without them collaboration and communication in general would be unnecessary. Learning and development depend upon a person's ability to collaborate with or temporarily depend upon someone with more extensive knowledge or power (Linell & Luckman, 1991).

While power can be characterized by the reciprocity of efforts, such reciprocity can certainly be unequal. Starhawk (1987) distinguishes between *power-over* and *power-with*. While connecting power-over with coercion and domination, Starhawk links power-with to the influence of a strong individual in a group of equals. She suggests that power-with is realized not through force, but through the other's willingness to follow and to be led temporarily by a member of a social group. Power-with is necessary for creating alternative understandings and is a common attribute of social relations. Proctor (2002) similarly defines power as one's capacity to produce change. Drawing on Foucault (1980), Tomm (1993) suggests that clients may eventually internalize therapists' power/knowledge and such knowledge may become a part of these clients' own stories of identity and wellness. Arguing along the same lines, S. Strong (1968) proposes a two-phase model of therapists' social influence, according to which the first phase of therapy

is dedicated to therapists utilizing various techniques and procedures (e.g., self-disclosure, empathy, education) to enhance their perceived credibility and attractiveness; clients are more open to influence from professionals whom they find credible and attractive. In the second phase of therapy, therapists make full use of their acquired power to influence clients.

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

The key issue, as I see it, is not *whether* professionals share their expertise (power) but *how* they do it (Anderson, 2001; Weingarten, 1998). All therapists at times objectify or try to fit the material presented by clients into familiar frameworks or categories (Larner, 2004). All therapists at times misunderstand, ignore, reject, or withdraw meaning. Arguably, there are moments when therapists find themselves unwilling to join clients in their ways of construing reality. While assuming that practices of power are inevitable, constructionist therapists prefer to talk[11] *with* clients rather than

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[11] By "talking" I do not only mean what people say to each other but also how they say it (nonverbal and paraverbal aspects of communication).

talk *to* them or *not* talk at all, that is, withdraw their voice (Anderson; Madsen, 1999).

Constructionists try to be conscious of the moments when their offerings may turn into

impositions. This is likely to happen if therapists continue to present their ideas as

superior, privileged, or objective. This may result in clients' hesitation to contribute their

potentially differing understandings. Power needs to be enacted in respectful and

responsive ways if it is not to turn into dominance; it needs to be co-shared, with

therapists and clients taking turns at offering their expertise (Anderson, 1997; Cecchin,

Lane, & Ray, 1992; Hoffman, 1995; Madsen; T. Strong, 2002). Thus, collaboration may

be viewed as a form of power-with (rather than as an absence of power) and non-

collaboration can be characterized as power-over.

Overall, more recent developments within discursive therapies have led to the re-

conceptualizion of therapy as a *dialogue of rhetorical forces* (Anderson, 2007; Guilfoyle,

2003) rather than as a dialogue free of rhetoric. As Guilfoyle maintains, "power

relations… infuse dialogue, without compromising the dialogical status of the

interaction: power and resistance work together to produce a dialogical interplay of

forces" (p. 335, intalics in the original). Gibney (1996) similarly argues that "power must

be used in loving ways – that is, it must be used in a way that increases the family's

options" (p. 91). Larner (2004) also encourages therapists' ethical uses of power.

Alongside these developments, a range of ideas emerged pertaining to how

therapists can share their power/knowledge with clients without imposing it. Some

suggest that therapists should adopt a non-expert, 'not-knowing' position, or downgrade,

or completely relinquish their position of power (Anderson & Goolishian, 1992;

Guilfoyle, 2003; Hoffman, 1992). Others question the extent to which this non-expert

position can be achieved in therapy (Golann, 1988) or is, in itself, an expression of therapist power (White, 1991). Still others wonder whether therapists should use their elevated position to advance certain political agendas, such as promotion of social equality and justice (Guilfoyle, 2005). Clearly, the debate about power in collaborative therapies is far from being resolved (Sutherland, 2007). Although constructionist therapists have been fruitful in generating a variety of ideas regarding how they can collaborate with clients, little research has been done to investigate how these ideas are realized (or not) in actual practice.

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

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

Rationale for the Study of Collaboration

Scant attention has been given to the linguistic means responsible for the therapeutic change. While therapy is commonly described as a "talking cure" (Campbell, 1994; Wachtel, 1993), the talking aspect of therapy has remained largely unnoticed (Ferrara, 1994; Stancombe & White, 1997). Traditionally, the focus on the actual interaction between the client and therapist has been replaced with an emphasis on some underlying mental and experiential processes responsible for change in clients (Martin, 1994). Although it is sensible to assume that change is a process of interpersonal influence[12] (S. Strong & Claiborn, 1982), we know surprisingly little about how therapists and clients actually influence each other in the course of interaction, how goals and tasks are negotiated and agreed upon, what specific actions support or subvert the development of a strong relational bond, and what therapists and clients do when a breakdown occurs in the relationship (Lepper & Mergenthaler, 2007; Roy-Chowdhury, 2006; Russell, 1998).

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

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[12] By "influence" I mean any attempt by the therapist to change the client's reported or displayed thoughts, feelings, or behaviours. I see therapy as a place where therapists and clients mutually exercise influence.

(Diamond, Diamond, & Liddle, 2000; Friedlander, Horvath et al., 2006; Norcross, 2002; Quinn et al., 1997). Quinn et al. propose that "given the weight of evidence suggesting that treatment outcome associated with alliance, research … should focus on the formation and changing nature of alliances in multiple client systems" (p. 436). Henry and Strupp (1994) similarly invite researchers to move away from stating *that* the alliance is important and instead examine *how* it may be important.

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

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

extract a more extensive representation of the practices and devices accounting for

collaboration – as intended by the therapist.

Examining Therapeutic Collaboration as a Two-Way Process

With the realization that client change can be achieved through diverse treatment

modalities and that no singular technique or a set of techniques specific to a model of

counselling lead to transformation (Stiles, Shapiro, & Elliott, 1986; Wampold et al.,

1997), researchers turned their focus to curative elements of therapy that are common to

all models (Bordin, 1994; Horvath & Greenberg, 1994; Sprenkle & Blow, 2004). Most

attention has been given to the relationship or alliance between the therapist and the

clients (Horvath & Bedi, 2002). Alliance in individual therapy has been found to account

for a third of treatment outcome (Horvath & Symonds, 1991). Research on family

therapy has similarly pointed to the therapeutic significance of a strong relational bond

(e.g., Knobloch-Fedders, Pinsof, & Mann, 2004; Sells et al., 1996)

As I have already discussed, at the core of the alliance is the notion of

collaboration, defined as "the client and the therapist forming a partnership against the

common foe of the client's debilitating pain" (Horvath & Greenberg, 1994, p. 1).

Collaboration, in turn, entails two elements: goal consensus and involvement (Tryon &

Winograd, 2002). Orlinky et al. (1994) define *goal consensus* as the extent to which the

therapist and the client agree on treatment goals. This element, on which I will elaborate

below, is one of the three aspects (goals, bonds, and tasks) of the alliance as conceived by

Bordin (1994). Bordin's conception of the alliance has become prevalent in the field of

counselling. Collaborative or mutual *involvement* is defined as the degree of the client's

cooperation or compliance. Although Bordin warns against reducing the therapeutic

collaboration to the pairing of a leader-therapist and a follower-client, most research

focuses exclusively on the degree of client cooperation, homework completion, and

involvement in the patient role (e.g., Colson et al., 1988; Schmidt & Woolaway-Bickel,

2000; Soldz, Budman, & Demby, 1992). Studies are needed that would take into account

the mutual negotiation of goals and ways of being involved in therapy. At the heart of my

research project is the conception of collaboration as a two-way endeavour. In examining

how collaborative interaction was accomplished, I attended to all participants'

contributions to discourse.

Related to the issue of how to conceptualize collaboration is the issue of how to

investigate it. Most existing studies approach collaboration retrospectively. One of the

shortcomings of this approach is that it fails to describe the moment-by-moment

unfolding of how therapeutic goals and tasks are continuously introduced, negotiated, and

decided upon (Rogers et al., 1985). Henry and Strupp (1994) refer to collaboration as

"momentary", arguing that it varies from moment to moment and exerts its influence in

moment-by-moment processes, especially in the initial stages of counselling. Most

research, however, has approached collaboration as a static phenomenon (e.g., Epperson,

Bushway, & Warman, 1983; Zamonstny, Corrigan, & Eggert, 1981). Kokotovic and

Tracy's (1987) suggestion that one examine "explicit, in-session verbal agreement on the

presenting problem between participants and not agreement derived from independent

post-session evaluations" (p. 82) has been overlooked, primarily due to a shortage of

suitable methods of inquiry. I would add that collaboration around goals and tasks does

not have to be explicit and verbal. As I will demonstrate, the participants also rely on

non-verbal and less explicit (implied) messages to move forward in interaction in mutually preferred ways.

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

Furthermore, when collaborative involvement is studied, researchers primarily attend to characteristics or attributes of therapists and clients. For example, Longo, Lent, and Brown (1992) and Tryon (1990) suggest that clients in their study who were perceived by their therapists as more disturbed were more likely to become disengaged in

the course of therapy, as compared to clients whom their therapists viewed as more well-adjusted. My research is distinct, as compared to other studies examining collaborative engagement, in that rather than quantifying or measuring the degree of client or therapist engagement, I investigated how the process of collaborative engaging was done in the back-and-forth of actual talking.

Existing Discursive Research on Collaboration and Power

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

afforded therapists opportunities to advance their own accounts and agendas by presenting professional versions as neutral or unbiased summaries of the clients' offerings ("So, what you are saying is…").

Kogan (1998) and Kogan and Gale (1997) identify some collaborative practices of therapists. For example, they distinguish a strategy of "reciprocal editing", which entails therapists designing their talk as tentative and uncertain. Clients were given space to interject and edit therapists' wording (e.g., "No, that's not what I said"). Couture's (2005) micro-analysis of forward-moving interactions in therapy reveals some communicative practices of the therapist that were aimed at bridging conflicting perspectives in interaction. In describing a range of practices, Couture notes communicative practices and devices used by the therapist to collaborate with clients. One of them is "collaborative completions" (Lerner, 1993) or simultaneously completed phrases. In this practice, the therapist completes the client's turn in speaking to demonstrate his or her interest in and understanding of the client's discourse. Another strategy Couture identifies is the therapist's attending to clients' weakly displayed agreements (Kitzinger & Frith, 1999) and modifying his or her talk until clients demonstrate a stronger acceptance of his offerings. Moreover, Hak and de Boer (1996) argue that formulations of clients' talk featured in collaborative interactions, displaying the relevance and significance of clients' accounts and understandings. Ferrara (1994), in her micro-analysis of therapy talk, similarly notes that the therapist showed interest in the client's description by uttering minimal encouragements (*uh huh*) and by reusing the client's descriptive language (words, phrases, and metaphors).

Two research articles deserve particular attention due to their close association with my topic of study and approach to research. These articles are Roy-Chowdhury's (2006) *How is the Therapeutic Relationship Talked Into Being?* and Lepper and Mergenthaler's (2007) *Therapeutic Collaboration: How Does it Work?* Both articles summarize the results of conversation analysis of client-psychotherapist interaction. In both articles, researchers examine in original ways how communicative rapport is developed and negotiated. Roy-Chowdhury identifies the following collaborative strategies used by therapists: formulations or summaries of the client's prior talk; the use of minimal encouragements, such as *uh hum* or *right*; and the therapist's willingness to adopt a variety of conversational formats (e.g., advisory). The researcher further argues that in interactions where the therapeutic relationship was under strain, there were problems of speaking, hearting, and understanding. In another study, Lepper and Mergenthaler name "topic coherence" (i.e., situations where a topic proposed by one party is endorsed by another party) as a marker of collaborative discourse. These researchers argue that topic coherence was present during periods of high therapeutic productivity.

My analysis, although similar in aims and a method of inquiry, is distinct. As I will demonstrate, a problem in understanding or a shift in topic does not necessarily indicate a low degree of collaboration. What is more important is how the participants attend to and deal with this occurrence (more or less mutually). I examined mutuality or collaborating-in-talk as *the participants' concern*, displayed in the very ways they design and coordinate their interaction. I also assumed that the same discursive strategy (e.g., advice, formulation, minimal encouragement, topic shift) can be used to achieve a variety

of objectives in interaction (Edwards & Potter, 1992). My analytic aim was to not rush into concluding what each strategy was used to accomplish at a particular juncture in interaction, but rather to attend to what this strategy was used to do, as observably interpreted by its user.

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

Investigating Process-Outcome Dialectic

A recent trend in research has been to study therapeutic outcomes in association with therapeutic relationships. The members of the *Task Force on Empirically Supported Therapy Relationships* (Norcross, 2002) have been among the first to suggest that it is the client-therapist dyad working collaboratively that determines the treatment of choice (and its outcomes) rather than a particular pre-set intervention package invariantly applied. John Norcross, the leading proponent of the Task Force, argues that skilled

psychotherapists do not simply implement interventions regardless of what they

receive from clients, but "respond flexibly to patient qualities and alter their relational

stance on a patient-by-patient or moment-to-moment basis" (p. 12). Norcross further

notes that traditional outcome research overlooks this *responsiveness problem* (Bohart,

Elliott, Greenberg, & Watson, 2002; Stiles, Honos-Webb, & Surco, 1998) by failing to

recognize that the therapist's behaviour is shaped by the emerging dialogical context and

is sensitively adjusted in light of that context. As a detailed, context-sensitive description

of the therapist's alliance-facilitative practices and its conversational outcomes or

accomplishments, this research "takes responsiveness into account and offers clinical

specificity in the form of particular instances of interventions that appeared effective (or

ineffective) in context" (Stiles, 2002, p. 362). Conceptualizing client change not only as

an outcome of the therapeutic relationship, but also as an input into that relationship

allowed me to highlight the evolving alliance-outcome dialectic.

<div align="center">*Summary*</div>

In this study, I examined the discursive or interactive processes of therapy by

orienting to how therapeutic change was "talked-into-being" (Heritage, 1984) or to how

clients were effectively and collaboratively talked through their problems. Therapy is

more likely to be successful if it is congruent with clients' goals for treatment and their

ideas about their problems and ways to resolve them (Bordin, 1994). To maximize

clients' engagement and benefit and to minimize premature dropout, practitioners may

need to focus on how they can elicit and incorporate clients' understandings and

preferences as part of treatment (Barnard & Kuehl, 1995). One way to accomplish this

goal is to expose to results of the studies that examine how avowed collaborative

therapists engage and work with clients. Research of this kind may help identify specific practices that facilitate conversations in which the understandings and preferences of all parties are honoured and welcomed.

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

Chapter III: Method

The purpose of this study was to offer a detailed description and interpretation of

how a therapist collaborated with a family around the goals and tasks of therapy,

conceptually viewed as mutual meaning coordinating, sharing, and co-creating. Adopting

this constructionist perspective on collaboration as a joint endeavour calls for a research

approach with compatible premises (Avdi & Georgaca, 2007; Couture & Sutherland,

2004). Such an approach would permit a description of how meaningful discourse

emerges and is furthered, in mutually fitting ways, through the participants'

communicative contributions. In this chapter, I present my methodological framework for

approaching the topic of collaboration in family therapy. In particular, I argue that

conversation analysis (CA) constitutes a distinct and suitable research approach for

answering questions stemming from the constructionist framework, including my

research question addressing the process of collaborative meaning-making in counselling.

Investigating Collaboration: My Discursive Approach

It is generally acknowledged that language serves as a medium for both assessing

and treating clients' concerns. Interestingly, most research looks beyond conversation in

order to understand what makes therapy therapeutic (Ferrara, 1994; Stancombe & White,

1997). As Russell (1998) argues,

> The paramount tasks of psychotherapy, when viewed at the level of discourse, are
>
> the construction and re-construction of symbolic [meaningful to people] worlds…
>
> The linguistic bases of these worlds, the actual methods of linguistic construction
>
> and reconstruction, remain opaque to most psychotherapy researchers and
>
> practitioners. (p. 17)

Some research examined communication in therapy; it primarily involved some form

of content analysis in which therapy discourse was coded with a subsequent statistical

manipulation of the coded material (Essig & Russell, 1990). Alternatively, researchers

elicited participants' or observers' responses to scales and inventories, measuring their

perceptions, experiences, or cognitions related to therapy process and outcome (e.g.,

Luborsky, 1994; Pinsof & Catherall, 1986). Although valuable for offering insight into

quantifiable changes taking place in the course of interaction, these approaches seemed

unsuitable for answering my research question. The approach I required had to meet the

criteria I outline below.

First, in light of my interest in co-creating and coordinating meaning, I needed an

approach to analysis whereby meaning is viewed as an evolving *process* rather than a

discrete occurrence. Building on a constructionist premise that meaning is

intersubjectively constructed, emergent in and through the participants' situated actions

and inferences (Gergen, 1999), I could not simply resort to a dictionary in my attempts to

understand the meaning of a particular utterance. In a dictionary, language is 'dead'

(Bakhtin, 1981). In communicative interaction, however, the meaning of what is said and

done is in constant flux, never fully complete or determined. Each speaking turn has

potential for renewing the meaning of what is happening (Heritage, 1984). Therefore, I

required a method that would 'capture' this evolution of the meaningful discourse in the

context of interaction.

Second, if meaning is perceived as emergent rather than pre-given (e.g., residing

in words or objects), the *context* of interaction becomes pivotal in offering participants

cues as to the meaning of a particular action. People are meaning-making beings; in

communication, they not only respond to each other but also try to interpret each

other's responses (e.g., What does she mean by saying this? What is he trying to say?).

Being an 'outsider' to therapeutic interaction, I decided to attend to how the 'insiders'

(the therapist and his clients) interpreted each other's communicative actions and treated

the context of interaction.

Third, my interest in collaborative practice is not limited to my interaction with

families; it extends to my engagement with research participants. While wishing to give

primacy to the participants' interpretations of what happened in therapy and hence to

facilitate a collaborative research practice, I had to remain sensitive to my research topic,

namely, the participants' meaning-making *in* therapy, not *about* therapy. From a

constructionist perspective, retrospective accounts about therapy are situated (context-

bound) constructions that are best treated as the *topic* of analysis, rather than as the

resource for trying to understand what happened in therapy (ten Have, 1999; Zimmerman

& Pollner, 1970). The topic of how the participants constitute post-therapy accounts in

the situation of research, or how they generate evaluations of the researcher's analytical

claims, falls outside of the scope of this study. Finally, in seeking to understand how the

therapist introduced alternative meanings while remaining sensitive to what the family

offered in return, my task was to take into account the *interactive* dimension of therapy.

Being mindful of these concerns, I turned to constructionist, discursive research

approaches (Potter, 1996b). Discursive research falls within the realm of qualitative

inquiry (Denzin & Lincoln, 2005; Silverman, 2004); it attends particularly to how

language is used by people to accomplish social projects and construct social worlds. I

found qualitative inquiry appealing due to its focus on meaning-making, its ability to

answer the *how* research questions (what is happening, how people do what they do, what something means to them) (Gubrium & Holstein, 1997), and its inductive analytic approach allowing to 'preserve' the complexity of social life (Mahrer, 1992). Most importantly, qualitative researchers conceive of their own neutrality and objectivity as unrealistic and undesirable, a view consistent with my constructionist perspective. Qualitative researchers acknowledge their analytical presence and its implications for the process and outcome of the inquiry. Consequently, they take great care to delineate their assumptions and working methods in order to provide an audience with a contextual vantage point from which to evaluate research (Gubrium & Holstein; Maione & Chenail, 1999). What follows describes the methodological vantage point from which I investigated collaboration in family therapy.

Traditional Monological Model of Communication

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

from each other and from the context of interaction. This same model has been applied

to the study of family relations and interaction (Couture & Sutherland, 2004).

One potential concern with this *from-to* model of communication is that it tends to

overlook the interactional business that people accomplish when they talk (Hutchby &

Wooffitt, 1998; Schegloff, 1997). People use words and other communicative actions as

objects to complain, justify, explain, apologize, inform, or excuse. As people tell stories

or convey messages they construct their social worlds – versions of identities,

experiences, and relationships (Potter, 1996a). An analysis of language use in therapy

needs to take into account this functional or performative aspect of talk (Stancombe &

White, 1997). In other words, communication researchers may benefit from examining

not only what people in interaction say to each other but also what they try to accomplish

by saying it.

Another concern is that while attending to the *report* aspect of interaction (the

what, information-based side of talk), the traditional model of communication lacks the

means for describing and explaining its *command*, or relational, dimension (Watzlawick

et al., 1967). The command dimension constitutes a more subtle aspect of communication

implied in what speakers say to each other and how they say it. Every statement carries

with it the *how* dimension of interaction, that is, messages regarding participants'

interactive entitlements, obligations, roles, and so forth. People draw on 'pre-established'

socio-cultural resources as they negotiate the nature of the unfolding interaction and

relationship. Some participants assert certain entitlements (to terminate the exchange, to

shift a topic, to continue posing questions); others, in turn, affirm those proposals or

contest them, thus inviting their conversational partners into alternative relational

arrangements or dynamics. There is an ongoing relational coordination and negotiation transpiring at the level of each conversational turn, with each party putting forth his or her preferences while responding to preferences asserted by others.

The model of language underlying most research on therapeutic communication tends to overlook this relational aspect of interaction (Soyland, 1995). An extensive body of psychotherapy research suggests that the quality of this relational dimension accounts for the large portion of therapy outcomes (Horvath & Symonds, 1991; Luborsky, 1994; Martin, Carske, & Davis, 2000). By approaching language and meaning as a simple transmission of information between two or more autonomously functioning individuals who just happen to interact, researchers risk overlooking the key curative aspects of therapy. This is especially relevant when it comes to the study of family therapy rooted in the systemic assumption that the relationship is more than the sum of the individuals' actions. Although the distinctiveness of family therapy resides in its emphasis on people's communication and interactional patterns (Bateson, Jackson, Haley, & Weakland, 1956; Watzlawick et al., 1967), only a handful of studies have approached therapeutic phenomena from an interpersonal framework (Friedlander & Tuason, 2000). Recently, researchers began generating and using measurement instruments that allowed them to examine the interactive dynamics of family therapy and to treat clients' and therapists' actions in interaction as adjacent and interrelated rather than discrete and disconnected (e.g., Binschoff & Tracey, 1995; Friedlander, Escudero et al., 2006; Knobloch-Fedders et al., 2004; Murphy et al., 2006; Patterson & Forgath, 1985; Pinsof & Catherall, 1986; Symonds & Horvath, 2004).

While welcoming these developments, I nonetheless found that the scales and coding systems that evaluated relational dynamics in therapy were inadequate for answering my research question. First, the use of coding systems tends to answer questions about *whether*, and to what extent, certain phenomena (e.g., therapist control, noncompliance) occur in discourse. In contrast, I sought to answer the question of *how* interaction or a specific theorized aspect of thereof, is assembled and interpreted by its participants. Specifically, I was interested in how collaborating was 'done' by the therapist and clients in and through their use of language. Coding systems or scales could not assist me in understanding how meaning was co-created and coordinated in the course of a conversation and how actions performed within and across speaking turns were interwoven to produce meaningful interaction. It is unlikely that the strength of the alliance will remain constant throughout therapy (Pinsof, 1994). Rating scales are used to measure the strength of the alliance at different point of an interview (Friedlander et al., 2006). However, evaluating participants' behaviours at discrete moments of a session is different from offering an uninterrupted account of interaction as it naturally unfolds (Rogers et al., 1985).

Second, being concerned with the interaction from the participants' perspective, I could not use coding systems, since the meaning of communicative conduct is often pre-determined by researchers employing these systems (Pinsof, 1989; Stancombe & White, 1997). In assigning a code to some action (e.g., advice, confrontation, support), the researcher overlooks the context shaping the meaning of that action and the participants' own emergent interpretations of interaction. In summary, traditional research adopting an "interactive stance" (e.g., Bischoff & Tracey, 1995; Patterson & Forgatch, 1985, p. 850)

did not strike me as being sufficiently 'interactive'. Therapists' and clients' behaviours were rated separately prior to being paired up and manipulated statistically.

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

Dialogical, Conversation Analytic Perspective

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

within real-life conversations lies the key to understanding how family problems are

formed and resolved. As such, these perspectives offer a distinct outlook at what

transpires in therapy.

     Conversation analysis. Most researchers investigating family therapy are

unfamiliar with CA, despite the fact that conversation analysts (e.g., Miller, 1987; Peyrot,

1987; Viaro & Leonardi, 1983) were among the earliest contributors to the interactive or

communication-focused trend in family therapy (e.g., Watzlawick et al., 1967).

Endorsing the concept of human communication as an interactive endeavour, CA

practitioners assume that every conversational turn is a joint project. For them, dialogue

is more than the exchange of monologues. Conversation analysts approach the

constitution of meaning as a 'between' process that requires meticulous coordination and

co-management of intentions, preferences, and understandings of all conversing parties.

Speakers tend to mutually signal each other, using a shared stock of interactive devices

and procedures (e.g., "uh huh," "yeah," head nodding), that the shared understanding has

been established (or not) at the level of each speaking turn (Clark, 1996). Hence, while

one party speaks, the other party is not inert but is actively involved in the constitution of

the speaker's turn (Sacks, 1995). The speaker adjusts the form and delivery of an

utterance in light of continuous verbal, paraverbal, and nonverbal feedback from the

addressee. From this perspective, meaning and understanding are built jointly, turn-by-

turn; they emerge from within the conversation through the participants' interweaving

communicative efforts. Based on this perspective, we must consider not only the

initiatory property of therapists' interventions (stemming from these therapists'

individual intentions) but also the *responsive* property addressing therapists' orientations

to the preferences and understandings articulated by clients. Within traditional

approaches to (communication) research, only the initiatory aspect of action is recognized

(Linell, 1998). Researchers have lacked the means for addressing the responsive

dimension of discursive conduct, which CA claims to distinctly investigate.

Earlier, I mentioned the *responsiveness problem* (Bohart et al., 2002; Stiles et al.,

1998) which has been 'haunting' researchers who seek to identify generic treatments that

work for specific groups of clients. From a traditional monological viewpoint, therapist

responsiveness is the problem that must be controlled scientifically.[13] If therapists'

interventions are shaped by clients' responses, which are difficult to predict and control,

researchers trying to identify generic treatments are at a loss as to how to maintain the

rigour of research and to arrive at consistent and valid results. By contrast, within CA,

therapists' responsiveness is not an obstacle. On the contrary, CA researchers assume that

therapists' behaviours in discourse are likely to be responsive to clients' actions and

understandings. (Conversation analysts still prefer to confirm this assumption

empirically.) On the whole, instead of focusing on the contributions of individual

speakers, CA investigates the sequential exchange of actions in interaction (Sacks, 1995;

Sacks et al., 1974).

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[13] The closest to the therapist's responsiveness is the well-known psychoanalytic notion of

countertransference – the psychotherapist's own reactions and responses to the client's emotions,

experiences, or problems. Traditionally, countertransference was presumed to hinder the effectiveness of

treatment by obscuring the therapist's sensitivity to client's transference reactions, that is, the client's

displacement of unresolved past conflicts and dependencies onto the therapist.

A dialogical researcher would agree with the monological model concerned with simple vocalizations or behaviours by individual speakers. In interpreting communicative value (meaning) of those behaviours, however, the monologist perspective falls short. A monologically oriented researcher cannot account for social antecedents and consequences shaping meanings of actions and expressions (Linell, 1998). CA's dialogism resides in its capacity to describe how one speaker's contributions to discourse shapes and constrains the contributions of the next speaker in an ongoing hermeneutic circle of conversation. CA not only examines the design of individual speaking turns; most importantly, it interprets these turns in light of their adjacent positioning among other turns, both preceding and anticipated (ten Have, 1999).

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

parts (e.g., an answer or an explanation as to why the answer is not produced).

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

1	Child:	Have to cut the:se Mummy
2		(1.3)
3	Child:	Won't we Mummy
4		(1.5)
5	Child:	Won't we
6	Mother:	Yes

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.
Underlining	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 indicates the nonverbal messages.
?	Indicates rising inflection.
!	Indicates animated tone.
.	Indicates a fall in tone.
**	Talk between * * is quieter than surrounding talk.
> <	Talk between > < is spoken more quickly than surrounding talk.
	Arrow indicates marked shifts into higher or lower pitch in the utterance-part immediately following the arrow.
-	A single dash indicates a halting, abrupt cutoff.
Bolded	The researcher's attempt to direct the reader's attention.

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

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

prior turns, and what implication they may pose for subsequent turns (Hutchby &

Wooffitt, 1998; ten Have, 1999).

Since the same utterance may be used to accomplish different actions in

interaction (refusal, invitation, accusation, apology, etc.), CA researchers attend to how

an action and its function are 'noticeably' interpreted by its recipient (Sacks, 1995). This

means that the design of the next turn in talk will display how the addressee made sense

of the previous speaking turn (and what the speaker's intentions were for that turn). The

mother in the above exemplar interprets the child's action as a case of a *question* because

she produces an *answer* (line 6). Conversely, if she produced an alternative response

(e.g., "Wow, good job!"), researchers would have used her reply as a basis for drawing

conclusions about how she might have interpreted the child's intention (e.g., the child

seeking evaluation or assessment). The speaker cannot read the recipient's mind in order

to confirm that the recipient understands the way the speaker intends to be understood.

The speaker has to proceed in interaction orienting to the recipient's understandings *as*

these are displayed conversationally. There is no other evidence on which participants

can rely in order to ensure mutual understanding (Clark, 1996).

Participants in interaction attend to details of how speaking turns are designed,

including pauses, overlapping of speech, and inhalations, to name a few, as they attempt

to understand and interpret what is occurring. A fall in intonation in the speaker's

utterance may signal to the addressee that this may be a possible place and time for a

transition between speakers (Sacks, 1995). Consequently, conversation analysts prefer to

not prematurely exclude as irrelevant and insignificant these various micro-details of talk

(Heritage, 1984; see Table 1). The value comes with observing if the participants

themselves show these details as relevant to each other, and thus to the researcher, when making inferences about what is occurring in the interaction (Schegloff, 1991).

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

Consider the following exemplar as a demonstration of how CA practitioners

address issues of socio-cultural context (Heritage & Sefi, 1992). The exemplar shows an

interaction between the health visitor and the first-time mother and father. In the UK,

health visitors assist first-time parents in the care of babies by offering education and

guidance.

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

The health visitor's remark "He's enjoying that" presumably reflects his or her

observation that the baby is chewing or sucking on something. While the father simply

agrees with the health visitor, the mother *defends* herself. She orients to both the health

visitor's role as an observer or evaluator of the baby's care and to her own role and

responsibility to provide adequate care (lines 3-4). The parents' different responses may

reflect the traditional gender-based division of labour within a family in which the mother

is responsible for child rearing. Critically-oriented researchers tend to assume *a priori*

that interaction between people of different gender will be characterized by particular

dynamics (e.g., unequal division of labour). CA practitioners, on the other hand, tend to

adopt a 'wait and see' approach to discourse and demonstrate how participants

themselves invoke culture in and through their actions in interaction, as is demonstrated

in the exemplar above.

Conversation analysis of institutional interaction (medical, counselling, court,

etc.) explores how particular kinds of interactional practices 'realize' or talk those

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

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

understanding, describing, exemplaring, and interpreting psychic life, just as if it were a document under philological analysis" (p. 26).

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

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

Dialogism helped me make sense of the notion of preference (e.g., client preference to account for something in a particular way) without conceptually reducing this notion to the structural properties of a conversation. However, ultimately my analytic concern was not with why the client preferred one thing over another (a theoretically interesting question), but rather how this client's preferences were asserted in ways that displayed "other-orientation" (Linell, 1998) in discourse and how they were responded to by the therapist. That is an issue that CA is well-equipped to address. The term "preference" within CA is not used to refer to subjective or psychological desires (Heritage & Atkinson, 1984; Sacks, 1987) but rather to the recurrent patterns of talk in which actions are executed. The participants treat some actions as problematic for social relationships, and other actions as acceptable. In some contexts, the speakers generally

avoid or delay certain actions, while producing other actions directly (without any

inserts) and with minimal delays. For instance, acceptance is commonly a preferred

response to invitation, while rejection is a 'dispreferred' response (Pomerantz, 1984). The

speakers themselves orient to rejection following invitation as a dispreferred action, as

evidenced in their attempts to downgrade such rejection by attaching to it an explanation

or justification and delaying it with silences, particles (*uh*, *um*), or discourse markers

(e.g., *well, I don't know*). From this perspective, preference is not private but public

(Wittgenstein, 1958); it is imbedded within how interaction is organized or structured by

the participants themselves. This does not imply that in collaborative interaction the

speakers avoid producing dispreferred actions (disagree, reject, decline, refuse), but

rather that such actions are attended to and used as a resource for renegotiating discourse

into more mutually preferred lines of talk.

Discursive psychology. The perspective of *discursive psychology* (DP) resonates

with the perspective of dialogism, while taking it one step further by providing the means

for examining how the psyche is constituted discursively. DP can be characterized as a

constructionist version of CA (e.g., Edwards et al., 1995; Potter, 1996b). While using the

same analytical procedures as CA, DP distinguishes itself by its focus. Its interest lies in

discourse in which participants' (clients') mental states become relevant. Its main

assumption concerns the nature of language. Discursive psychologists assume that

people's descriptions of the world are not determined by the objective properties of the

world itself. Rather, faced with a variety of alternative ways to depict the world, people

select and negotiate competing descriptions. Similarly to rhetorical psychology (Antaki,

1994; Billig, 1996), DP views *all* interaction as rhetorical or argumentative (not just

situations of dispute), and investigates how people invoke mental phenomena in producing persuasive, authoritative, or factual discourse (Edwards, 1997; Edwards & Potter, 1992). For example, discursive psychologists take the notion of knowledge and examine how the phrase "I don't know" functions in a given context to achieve desirable outcomes (e.g., to downgrade one's expertise or withdraw from the interaction).

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

CA and Other Approaches to Research

Conversation analysis and traditional research. CA is distinct from traditional therapy research that employs scales and coding systems. It is intended to answer a different set of questions about therapy. When it comes to the study of the working

alliance, CA aims to describe *how* clients and therapists actually manage to develop and sustain working alignment in the course of therapy. The focus is not on the quantitative dimension of the alliance (frequency, intensity), but on its qualitative dimension (dynamics, characteristics, mechanisms). The following investigation offers a helpful example for highlighting the difference.

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

In addition to the different focus, CA is based on a distinct set of assumptions and practices, and can be briefly outlined as follows. As mentioned earlier, CA is interactive; it focuses on participants' contributions to discourse, treating them as adjacent and mutually shaping. In addition, CA avoids pre-defined category systems for interpreting the data. Rather than coding the content of the participant's speaking turn as blame, invitation, or question, conversation analysts look at how the addressee interprets what

the speaker is doing in the prior turn. CA offers an account of therapy from the 'insider's' perspective, attending to the participants' own concerns, understandings, and priorities (Schegloff, 1991, 1997). Related to this, scales and coding systems often tend to restrict participants' reports by forcing meaning into pre-defined categories. By contrast, CA offers a highly detailed and 'inductive' account of therapy (ten Have, 2004). Lastly, therapy researchers have largely based their conclusions about therapy process and outcome on participants' or observers' post-therapy reports (Horvath & Bedi, 2002). Family therapy researchers have lacked the adequate means for exploring what transpires within the actual therapeutic interaction. CA, on the other hand, distinctly investigates therapy as it naturally unfolds.

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

2001; Martin, Sugarman, & Thompson, 2003) seek to unmask historical and cultural horizons of meaning that shape how people experience the world. Practitioners of ethnography examine social practices and rituals through which culture is constructed (Miller, Hengst, & Wang, 2003; Todd, Joanning, Enders, Mutchler, & Thomas, 1991).

In contrast to these approaches, CA aims to explicate specific communicative strategies and structures responsible for constitution of meaning in interaction.[14] Using other qualitative approaches would not have been as productive as employing the approach I chose. For example, approaching my question with the use of a grounded theory (GT) analysis, even its constructionist version, would not have been adequate. GT, although focusing on describing/interpreting meaning, would not have allowed me to illustrate the dynamic, contextual, interactive, and functional dimensions of meaning-making. Moreover, participants' own meanings *in* the interaction would also have been obscured. GT and related approaches (e.g., hermeneutics, phenomenology) pursue a different set of questions about collaboration, such as how participants experience collaborative interactions, and what collaborating means to them. I was concerned with the *process* of collaborating or with how it was performed discursively.

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

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[14] Some branches of CA fall under the constructionist/interpretive category of qualitative inquiry (e.g., Edwards et al., 1995; Pollner, 1991; Potter, 1996b; ten Have, 1997, 2001). It is within this group of CA that I place myself, preferring to maintain consistency between my theoretical and methodological commitments. Many CA practitioners adhere to objectivist epistemology (e.g., Peräkylä, 2004). In contrast, I believe it is possible to articulate something meaningful about the interaction without resorting to ontological claims (what I observe is really happening in interaction).

(Potter, 2004; Soyland, 1995; Wooffitt, 2005), two general camps have been identified: *conversation analysis* with the micro ('bottom-up') analytic approach and Foucault-inspired *critical discourse analysis* with the macro ('top-down') approach (Avdi & Georgaca, 2007; Speer, 2001). One difference between macro- and micro- research traditions is that the latter examines the *what* dimension of discourse while the former focuses on the *how* aspect of discourse (T. Strong & Paré, 2004). Macro-researchers examine discourse as a *noun*, studying how cultural resources (cultural meanings, category systems, metaphors, images) feature in interaction. Micro-researchers, on the other hand, investigate discourse as a *verb,* focusing on its performative features – how participants deploy various discursive practices, strategies, and devices to organize their conduct and accomplish social projects. Because my interest lies in the processes of collaborative therapy I have drawn on the micro-oriented forms of discursive inquiry.

One difference between micro- and macro- streams of discursive research (which I briefly addressed above) lies in their differing conceptions of the socio-cultural context and how it should be examined. From the macro perspective, researchers must examine not only how people constitute culture/context through their actions, but also how culture positions people to act and think in particular ways (Wetherell, 1998). Conversation analysts have criticized critical discourse analysts for advocating the position characterized by social determinism, a view of the socio-cultural context as a bucket or as something global and external – constraining individuals' talk from the 'outside' (Heritage, 2004; Hutchby & Wooffitt, 1998; Schegloff, 1997). Once again, by contrast, CA practitioners treat social categories of gender, power inequalities, oppression, professional roles as issues to be "worked up and made relevant in the interaction, not as

external determinants" (Speer, 2001, p. 113). Context is endogenously established and continuously renewed by people in the back and forth of their talking. CA proponents are interested in the "[social] *structure within discursive practices*, rather than structure apart from, above, and before discourse" (Linell, 1998, p. 5). While skin colour, gender, historical events, organizational policies, and other socio-cultural variables impact interaction, micro analysts are more interested in *how* people locally evoke, interpret, and manage these factors (Schegloff, 1997).

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

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

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[15] I have only touched on certain aspects of this micro-macro debate. For further details see, for example, Schegloff (1997, 1999), Billig (1999a, 1999b), and Wetherell (1998).

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

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Summary

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By attending to interactive, contextual, and functional aspects of client-therapist communication, CA distinctly assesses the process of articulating, coordinating, and co-creating of meaning in therapy. It further shows how the *details* of the conversation are a formative part of its outcomes. Instead of measuring global outcome at the end of a session, CA examines how participants accomplish small within-session outcomes evident in shifts in their talking and relating. As such, CA can be used to examine both processes and outcomes (or better, outcomes-in-process) of constructionist therapies. While CA offers analytical tools to examine discourse, discursive psychology, collaborative and social theories of communication, and dialogism provide ways to conceptualize interaction. This study is discursive psychological due to its attention to the

processes of accounting and attribution related to human subjectivity (Edwards & Potter, 1992). I investigated how the participants' versions of events were produced to accomplish specific agendas in talk. Dialogism is more of a theoretical framework than a set of specific empirical methods (Linell, 1998). I used it, along with collaborative and social approaches to communication (Clark, 1996; Clark & Krych, 2004; Leeds- Hurwitz, 1995; Wilkes-Gibbs & Clark, 1992), to conceptualize client-therapist interaction. In the next chapter I describe the specifics of my research project (participant recruitment, data collection, and data analysis).

Chapter IV: Details of the Study

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

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

2. *Regular transcription.* Having received the videotape from Dr. Tomm, I converted its contents into an audio-only format to ensure client anonymity. I

employed a professional transcriber to transcribe the session in its entirety with the use of the standard orthography (Appendices C & D).

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

4. *Data Analysis.* Although I included the data analysis step as subsequent to the exemplar selection step, these steps occurred more or less concurrently. Having

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

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

Collaboration Operationalized

Therapy in its idealized form is a *joint* activity (Clark, 1996). The idea of coming to see a therapist presupposes that a client is in need of a therapist's assistance. Also, because the client's experience and suffering are addressed in therapy, the degree to which a client is involved in therapy is of great significance. As compared to solitary activities (e.g., reading, playing piano in solitude, running), joint activities (e.g., playing chess, playing piano as a part of an orchestra, meeting with colleagues) involve

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

However, the therapist and clients come together to do therapy, not to collaborate. To complicate the picture, collaborating in and of itself needs to be coordinated. It takes more than one party to collaborate or to work together. The addressee could accept the speaker's proposition and renew the context for the next speaking turn. If, however, the addressee refuses to collaborate with the speaker's invitations, talk may need to be re-coordinated and re-negotiated until both parties can move forward in interaction in mutually acceptable ways. (Subsequent turns may be used to repair the trouble spot.) Overall, problems can arise in both the joint activity (agreement on what task to do next) and in collaborating (for example, one party may refuse to adjust his or her talk in light of another party's persistent refusal to join an idea or proposal).

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

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[16] Devices are social objects (Sacks, 1995) used by people to achieve specific objectives in interaction. For example, silence or the interjection *uh* are devices that can be used to signal an upcoming disagreement (Pomerantz, 1984). *Okay* is frequently used to mark a transition to another topic or project (Beach, 1993).

techniques. Nonverbal messages (gestures, eye gaze, pointing) can also have relevance and meaning to those for whom they are intended.

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

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

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

uh huh, researchers need to examine how the speaker produces the subsequent turn in talk. The speaker's response should display (both to the addressee and to the researcher) how this speaker understood the addressee.

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

(descriptions, understandings, intentions, etc.) can be executed in mutually preferred ways.

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

In studying the joint activity of therapy, I attended to how the participants managed to (a) enter and exit projects jointly, that is, transition *between* projects and (b) to continue *within* projects (Bangerter & Clark, 2003). Buttny (2004) highlights the importance of explicating the criteria used to decide that a particular stretch of talk counts as the phenomenon in question. My task was to translate the concept of collaboration into conversational terms and to make a compelling case for examining the discursive accomplishment of collaboration and not that of some other phenomenon. I used the following two criteria for selecting collaborative moments of interaction (T. Strong & Sutherland, 2007). I saw such moments as showing:

1. The therapist eliciting, taking up (i.e., incorporating as a part of their talk), and extending the client's descriptions and understandings and visa versa – creating a *descriptive language* deemed mutually adequate.

2. The therapist and the clients determining a *shared language of intentions*[17] by continuously coordinating and negotiating the mutually fitting terms of engagement (e.g., topics, projects, or relational arrangements).

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

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

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[17] The term "intention" relates to a form of *description* of actions or to how people describe what they are going to do (e.g., "I am going to a party" or "before I do X, I am going to do Y"). This is in contrast to the conventional introspective conception of intention (Anscombe, 2000).

struggling to find a word); and (d) *invited utterance completions* (the speaker

elicits help from the addressee, usually with a prolonged syllable and a brief

pause).

2. Collaborative discourse is likely to entail shared uses of language – words,

   phrases, intonation, pace, and other aspects of talk (Ferrara, 1994; Gale, 1991). By

   'taking up' (i.e., reusing and extending) clients' descriptive language, therapists

   display that they attend to and understand what clients are saying (Clark & Krych,

   2004). Therapists may invite clients' involvement by using a range of procedures

   and techniques. They may do this by pursuing clients for feedback and adjusting

   their action in talk in light of such feedback. In other words, therapists may use

   the rejections and disconfirmations issued by clients as a resource for repairing

   and readjusting their understandings and subsequent offerings (Couture, 2005;

   Pomerantz, 1984). Clients' rejection of therapists' invitations could be key to the

   development of common ground as the participants cultivate another way of

   proceeding in interaction. To elicit clients' feedback to their offerings

   professionals may explicitly ask clients "Does it fit?" or "Yeah?"(Buttny, 1996).

3. More implicitly, therapists may collaborate by designing their interventions as

   cautious (Drew & Heritage, 1992), tentative (Anderson, 2001; Guilfoyle, 2003;

   Kogan & Gale, 1997; Roy-Chowdhury, 2006), or uncertain (Guilfoyle, 2003).

   This permits obliging the client to produce (in the next turn) sequentially relevant

   evaluation of the therapist's offerings (Heritage & Raymond, 2005). As Buttny

   (1996) states, "The therapist attempts to involve the clients in addressing the

   therapeutic position by forming it as provisional, tentative, and subject to their

confirmation" (p. 138). Cautiousness, tentativeness, and uncertainty can signal

that the speaker is not firmly committed to what he or she is saying and that what

is offered is potentially revisable (Kogan & Gale). Clients may orient to

therapists' displayed uncertainty as an invitation to assert their knowledge and

expertise. The therapist can carry out these practives by using a variety of devices,

including an uncertainty marker ("maybe", "I guess"; Lobley, 2001), pauses, false

starts, or hesitations such as *uh* or *um* (Kogan & Gale; Pons Borderia, 2006).

4. By simply offering an assessment, therapists may create a 'slot' in the flow of

    interaction normatively expected to be filled with appropriate conversational

    objects (i.e., things to say or do) (Schegloff & Sacks, 1973). Questions expect

    answers, assessment expects responsive assessments (e.g., confirmation or

    disconfirmation), invitations expect decisions (acceptance or rejection), and so

    forth. By uttering an assessment, therapists implicate or project clients' responsive

    assessments (Buttny, 1996). This is another implicit way of inviting clients'

    understandings.

5. One more way to develop a common descriptive language is to formulate clients'

    meanings, that is, to describe, summarize, expand on, or characterize what has

    been said (Garfinkel & Sacks, 1970; Heritage & Watson, 1979). Formulations can

    be seen as therapists' displayed interest in clients' situations from the clients'

    frames of reference. Formulations are typically absent when professionals

    consider clients' understandings to be irrelevant or inconsequential to what they

    plan on saying or doing next (Hak & de Boer, 1996).

6. Therapists may also collaborate with clients by completing these clients'

   utterances (Diaz, Antaki, & Collins, 1996). Lerner (1993) helpfully describes the

   function of collaborative completions: "Speakers can demonstrate their co-

   participation … by joining in the production of an ongoing action. For example …

   through anticipatory completion … of that participant's not-yet-completed

   utterance" (p. 221).

7. To establish and sustain a shared language of intentions, one party may join in the

   projects initiated by another party. Such joining may signal not only that the

   speaker consents to participating in the current project, but also that he or she

   continues endorsing the overall activity in the accomplishment of which this

   project is a part (Bangerter & Clark, 2003). To mark entry into a project, speakers

   may use an array of discourse markers[18], such as *okay* (Beach, 1993; Fischer,

   2006b), *so* (Redeker, 2006), or *by the way* (Bangerter & Clark). (Of sole interest

   to me were those entries and exits that showed that the participants themselves

   oriented to the relevancy of obtaining co-participants' consent to initiating or

   closing joint projects.)

Rather than selecting other criteria, I chose these because they are based on

existing empirical evidence, and so constitute a rigourous foundation and a sound

rationale for further analysis of collaborative client-therapist interaction. Also, grounding

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[18] Discourse markers (DM) mark and create the meaning of conversational units and the

relationships among those units (Fischer, 2006a); as such they help create a coherence of discourse

(Schiffrin, 2006). DMs include, among other things, conjunctions (*and*, *but*, *or*), interjections (*oh*), adverbs

(*then*, *now*), and lexical phrases (*you know*, *I mean*, *I think*). Conversation analysts examine the

functionality of DMs (i.e., how they are used to manage conversations).

my topic of inquiry in concrete communicative actions of people permitted me to

maintain the consistency between my topic, research approach, and the overall

perspective on therapy as a conversational activity.

One difficulty I faced, in trying to focus exclusively on the moments of

interaction containing participants' orientations, related to how I went about deciding on

what should be included as "participants' orientations". In other words, some exemplars

of talk clearly demonstrated the participants displaying the relevance of mutual

involvement, while in other moments of interaction, the participants were working on a

task together without displaying as clearly that each other's involvement mattered.

Whether or not turn completion, laughter, or an acknowledgment token constitute

involvement is debatable, but if direct participation of the addressee in the description or

story are to be excluded, then it is difficult to imagine what the term "involvement" might

otherwise refer to. I included as a part of the analysis less clearly identifiable exemplars

of collaboration, while offering provisional analytic claims about discursive practices

used to perform those moments of interaction.

The exemplar below illustrates some of the devices and techniques outlined

above. In displaying this exemplar, I also wanted to show how the participants

themselves find the micro-details of talk significant (pauses, intonation, pace, volume of

speech). Qualitative researchers generally exclude the details of talk from analysis,

viewing them as meaningless noise (Clark & Fox Tree, 2002). Conversation analysts

challenge this approach to the analysis of naturally-occurring interaction and argue that

the meaning and function of such micro-details need to be (a) examined rather than

assumed ahead of time, and (b) investigated from the participants' viewpoint (Heritage,

1984). Therefore, to understand how meaning is produced in interaction, it is important to incorporate not only what people say to each other, but also how they say it – especially since the speakers themselves use this *how* aspect of communication as a resource ("contextualization cues"; Schiffrin, 2006) for making sense of what is happening in interaction. I re-analyzed the exemplar (borrowed from Ferrara, 1994; see Table 1 for transcription notation) to demonstrate how a therapist works with the client to co-create a shared language or a mutually fitting description of the client's experience and how non-verbal features of talk are attended to and treated as consequential by the participants themselves.

Exemplar (T – therapist, C – client)

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1        T:    What's it like to be floating down the river? Tell me more.
2        C:    (2) It's (1) comfortable. It's safe. Everything just keeps on an even
3              keel, you know.
4        T:    Uh huh.
5        C:    You're just kinda floating.
6        T:    Kind of in a canoe? (.) going down the river, or-
7        C:    No, more like a great ole big barge (.) on a great old big [river  ]
8        T:                                                              [barge]
9              very stable, kinda.
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The therapist in this exemplar explicitly displays the relevance of the client's perspective on his or her experience (line 1). The way the therapist forms her questions embeds her orientation to the client's direct access to this client's own 'mind' (Peräkylä & Silverman, 1991). When counsellors invite clients to describe their experiences, such descriptions are produced in a straightforward manner (as in this example) without any inserted structures. For example, inserting *I think* would have downgraded the knowledge claim involved in the question and the answer ("What do you think it is like for you to be

floating down the river" and "I think it's comfortable"). *I think* is often added when people are asked to describe someone else's experience (Peräkylä & Silverman).

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

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[19] TCU are "the building blocks out of which turns are fashioned" (Schegloff, 2007, p. 3).

sharing of the client's experience (note no pauses between turns; lines 2-3 & 5). *Uh huh* is the device they used to accomplish it.

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

To summarize, collaboration in this exemplar is accomplished by the therapist, jointly with the client, using a variety of conversational devices. These include the tentative design of a speaking turn, projecting or implicating (making sequentially relevant) the client's feedback or responsive assessment, attending closely to and

incorporating the client's descriptive terms, and using continuers (*uh huh*) as a sign that the therapist is surrendering her speaking turns in order to offer the client the opportunity to elaborate. Having clarified my operational definition of collaboration, I began examining each CA transcript chronologically, using the two criteria outlined above. I will now describe the details of each step outlined in the beginning of this section.

Exemplar Selection

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

As I continued reviewing the tape and reading and rereading the transcript, I began noticing the exemplars of talk in which meaning was shared, coordinated, and co-created by the participants. Most of the session seemed to contain some form of meaning coordination and sharing. Examining the transcript chronologically and marking the beginning and end of each interesting exemplar (therapeutically and analytically) helped me to generate the list of 10 exemplars ranging from 35 to 71 transcribed lines. Overall, approximately 50 minutes of the 80-minute session were transcribed with the use of the CA transcription system developed by Gail Jefferson (e.g., Sacks et al., 1974).

With the CA transcripts, the standard transcript of the entire session, and the videotape of the session in hand, I began narrowing down the list of moments (within the 10 exemplars identified earlier) that contained *conversational evidence* (T. Strong, Bush et al., in press) of participants collaborating. By "participants collaborating" I mean participants' showing *to each other* that they were creating helpful meanings and interaction in mutually preferred ways. I had to distinguish between the parts of talk in which the participants coordinated their actions and those in which they coordinated actions in mutually preferred ways. I used the two criteria specified earlier as a guide to the exemplar selection. For example, I attended to the moments in which words and phrases used by one party subsequently featured within the speaking turn of another party (as in line 8 of the exemplar presented above). I also highlighted parts of the transcript in which new or alternative meanings were introduced and how various parties responded to such offerings (see lines 6-7). Moreover, I paid attention to how entering into and exiting from projects was accomplished and how the participants moved from one topic to another in ways that showed how they oriented to their conversational partners' responses to these initiatives. CA studies reveal that a conversation does not just end; rather, it is brought to a close (Schegloff & Sacks, 1973). Entering into, exiting from, and moving within projects have to be coordinated (Clark, 1996; Schegloff, 1968). If one party initiates a closing of an exchange (e.g., "All right then"), the other party must endorse this initiative ("Okay, I'll call you tomorrow") in order for them to move into a terminal exchange ("Bye-bye") (Schegloff & Sacks).

Transcription

Having selected 10 exemplars of talk, I added the CA symbols to the standard

transcript. To do this, I used the software program called Transana (Version 1.22)

developed at the University of Wisconsin (Woods, 2003). I found this program's ability

to measure lengths of time involved in particular aspects of conversation especially

valuable. Transana provides a soundwave and makes it possible to insert within a

transcript the precise length of pauses within or between turns (see Figure 2).

Figure 2. Transana screen.

I uploaded standard transcripts into Transana and added CA transcription symbols

to each transcript in a chronological order. I repeatedly played the video/audio version of

each turn or its part until I felt that the symbols adequately captured not only *what* was

said in an exemplar but also, most importantly, how it was said, including pace, volume,

and intonation. The idea behind such detailed transcription is that micro-features of talk

may have interactional meaning for the participants. A fall in intonation may be

interpreted as a possible place to change speakers; an inhale may be used to signal that

the addressee is about to assume the next turn in speaking; *uh* or *um* can be deployed to indicate a delay in the production of a turn or that more time is needed to formulate what to say and how to say it (Bangerter & Clark, 2003). CA researchers transcribe the micro-details of talk to show how the speakers themselves orient to and draw on these details in interpreting each other's communicative conduct.

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

Tomm and the client to whom he chose to speak relied on it to accomplish a successful speaker change.

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

Data Analysis

After all the exemplars were transcribed with the use of the CA notation system, I began my formal data selection and analysis, identifying and examining the exemplars that contained conversational evidence of participants collaborating. Although Transana facilitates analyzing and comparing transcribed exemplars, I decided to record my

analytic inferences using the *Reviewing* feature in Microsoft Word. This feature allowed me to attach comments to highlighted parts of the text (transcript). The working copy of each transcript had a multitude of comments (in different colours) appearing in the right margin. Four colours were used for comments and observations addressing 'pure' CA concepts (ten Have, 1999). While pure CA examines the production of everyday (informal) talk, 'applied' CA studies the interaction in institutional settings (school, court, counselling, medical, etc.). For pure CA, I used blue to denote turn-taking and sequential organization, green to make remarks about repair organization, red for turn-taking construction/design, and yellow for account construction (these concepts will be explained below). I used teal to colour-code the data pertaining to the applied CA. Finally, I used violet for therapeutic remarks. For example, I utilized this colour to tie family therapy literature to what I was noticing in the transcripts.

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

When examining a specific, observed practice or device, I followed ten Have's (1999) conception of the process of generating an analytic interpretation. First, I tried to

answer the question of what is being done with a particular action. In other words, I

considered what interactive problem this practice or device was used to solve (Schegloff,

1968). For example, Maynard (1991) depicts how medical doctors and clients organized

their talk using a so-called "perspective display series" (PDS). PDS involve the doctors'

first eliciting the parents' perspectives on the child's difficulties and then fitting their

diagnostic formulations within those responses. The function of PDS is to allow doctors

to adjust their diagnostic news to parents' responses, thus enhancing the probability that

the diagnosis will be accepted by the parents. Second, I traced the participants' own

orientations to the function of their actions. In other words, my task was to demonstrate

how the interlocutors designed their actions as recognizably and cumulatively

accomplishing something. Third, I had to generate a compelling account connecting a

practice (e.g., diagnosis delivery) with an action or a series of actions (e.g., PDS).

Overall, my challenge was to find patterns of action used to accomplish collaborative

moments of interaction and to explicate these patterns' local logic (ten Have).

To identify and examine in detail specific discursive practices[20] and devices

accounting for collaboration in family therapy, I used as a guide the following

conventional concepts within CA: turn-taking organization, overall structural

organization, sequence organization, repair organization, turn construction and design,

account construction, and interactional asymmetries (Gale, 1996; ten Have, 1999;

Heritage, 2004). Ten Have proposes to "systematically work through [the] data in a series

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[20] People speak while orienting to *procedures* (e.g., 'rules' of turn-taking or sequential

organization, such as one person speaks at a time). *Devices* (e.g., *okay*, *uh huh*, *oh*) allow coordinating

actions in interaction.

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

Turn-Taking Organization

Of relevance here are two key notions: *turn-construction unit* (TCU) and *transition relevance place* (TRP) (ten Have, 1999). A speaking turn may consist of one or more TCUs or "the building blocks out of which turns are fashioned" (Schegloff, 2007, p. 3). TCUs may be composed of a sound, a word, a sentence, or a series of sentences. While grammatical, prosodic, and other linguistic features of talk can be examined within CA, of more relevance are the social and functional aspects of turn-taking (what specific actions a turn or a series of turns allow to accomplish). TRP occurs at the point of a turn

completion and is of concern not only to conversation analysts but also to interlocutors themselves. If a TCU is recognizably incomplete (i.e., the speaker continues speaking), or if the addressee bluntly overlaps the speaker without waiting for a potential TRP, these deviations are often 'observably' oriented to and treated as problematic by the participants (Sacks et al., 1974).

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

One aspect of executing applied CA is to note any specific or systematic transformations to the turn-taking organization, as is often found in institutional settings (Heritage, 2004). For example, pre-allocation of turns may be observed in counselling interactions, with professionals asking questions and clients answering them. Heritage and Drew and Heritage (1992) argue that the distinctiveness of conversational tasks characterizing particular institutional settings (e.g., assessment or diagnosis in

psychotherapy) may account for the participants using special turn-taking practices. In other words, rather than accepting the prerogative of professionals to continuously ask questions as a sign of their culturally elevated position, conversation analysts examine what therapists and clients observably attempt to accomplish in interaction and in what ways adopting a particular turn-taking format is the means to doing it (Schegloff, 1968).

Overall Structural Organization

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

Sequence Organization

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

subsequently. Heritage (1984) refers to actions as being context-shaped and context-renewing. Consider these examples:

A: Have a pen
B: No, thanks

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

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

A previously discussed notion of an adjacency pair (AP) is of relevance here. Examples of an AP include question-answer, greeting-greeting, or initiation-acceptance/refusal (Sacks, 1995). An AP allows the chaining of turns into a meaningful discourse. The first part of an AP makes the second part 'conditionally relevant' (Schegloff, 1968). That is, the first part expects the second part; it creates a 'slot' for the second. If the 'appropriate' second part is missing, its absence is noticeable to the insiders in interaction. In simpler terms, if following a question there is no answer (or a reasonable explanation as to why an answer is not forthcoming), the questioner may keep the speaking partner accountable for violating the normative expectations underpinning interaction by, for example, repeating the question louder (Sacks). Such repeating shows that the questioner finds the absence of an answer to be relevant and significant, preventing smooth moving forward in interaction. This concern with the participants'

local orientations and inferences is what makes CA so distinct from other approaches to examining social life. While proponents of other approaches use theoretical constructs to explain social life, conversation analysts investigate data in terms of the practices and normative expectations that are oriented to and relied on by the speakers themselves. Conversation analytic account "is not a statement about reality but rather a part of the reality being studied" (Liddicoat, 2007, p. 8). Obviously, the researcher's common-sense (membership) or even theoretical knowledge will shape the inquiry,but within CA such knowledge needs to be checked against the participants' own displayed understandings. The situated and context-bound (rather than 'after the fact') organization of interaction and constitution of meaning are of interest (ten Have, 1997)

Repair Organization

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

Turn Construction and Design

According to ten Have (1999), turn design is concerned with the speakers choosing how to 'package' or formulate their turns (form, length, etc.). For example, an invitation can be offered in a number of ways. The speaker may invite by expressing a wish ("I wish you could come to the party"), or by posing a question ("Can you come to

the party?"), or by criticizing the other ("You are always busy and can't join me"). The

speaker has options and must decide how to best achieve his or her objective (invitation).

In choosing among alternative packaging options, one consideration that speakers tend to

make relates to the notion of *recipient design* – expressing something in ways that fit the

addressees (Sacks et al., 1974). An important component of turn design is lexical choice

(i.e., the descriptive terms people use as they speak). Turn design also relates to

preference organization, discussed earlier (Pomerantz, 1984). The speakers seem to

design their turns by orienting to a preference for *contiguity* (i.e., the immediate

placement of the second part of an AP after the appearance of the first part) and

agreement (Sacks, 1987). Disagreements and its variants (e.g., rejections, refusals) are

commonly pre-empted by silences and other devices (e.g., *uh*, *um*, *well*) marking the

upcoming production of a dispreferred response (Pomerantz).

Account Construction

While CA is focused on sequential organization of talk, some discourse analysts

(e.g., discursive psychologists) attend to the rhetorical organization of interaction. Potter

(2004) argues that in order to adequately understand how accounts of events are justified,

countered, negotiated, and so forth by speakers, it may be important to first understand

the conversational 'machinery' (Schegloff & Sacks, 1973) that affords people the

opportunity to accomplish such accounting practices in the first place. Social actions are

accountably placed by interlocutors within the flow of talk, that is, the nature and the

positioning of the action provides an account of why this action is taking place and why

now. Conversation analysts examine this level of accountability along with another level,

namely, people's everyday explanations or evaluations (accounts) of events and actions

(Heritage, 1988). Within CA, accounts (as stories or explanations) are not examined topically but functionally. Conversation analysts and discursive psychologists are concerned with the social organization of account (e.g., Edwards, 1994, 1995; Potter & Hedburn, 2003). They examine how accounts are introduced and formulated within the flow of interaction and, most importantly, how they are interpreted and dealt with (undermined, corrected, endorsed, etc.) by the participants. Overall, conversation analysts argue that talk-in-interaction is better examined for what it is *doing* than for what it is *about* (Schegloff, 2007).

Interactional Asymmetries

Interactional asymmetries can often be identified in formal interactions (court, radio, medical clinic, counselling, school). These asymmetries are related to account construction and other CA concepts. Heritage (2004) identifies four kinds of asymmetries: (a) participation, (b) interactional and institutional 'know-how', (c) knowledge, and (d) right to knowledge. Asymmetry of participation concerns who takes and retains initiative in interaction and how this is accomplished. For example, one must consider who initiates the opening or terminating of an exchange, introduces a topic shift, or asks questions. Constructionists argue that there is a resemblance between everyday talk (e.g., chat between friends) and collaborative therapies (e.g., Anderson, 1997; Weingarten, 1991). In ordinary conversations, the relational arrangements are negotiated with little or no preparation or forethought. Presumably, collaborative moments of interaction would display the clients and therapists negotiating and contesting each other's proposals and meanings, rather than therapists insisting that clients work within the therapists' models of preferred ways of conversing.

Professionals have generic categories and procedures for 'managing' client cases; however, clients may not necessarily have access to such knowledge. This aspect of institutional interaction is explored under the rubric of *asymmetries of interactional and institutional 'know-how'*. Asymmetries in knowledge and the right to knowledge deal with rights to evaluate something or have access to knowledge about something. For instance, CA researchers have noted that people tend to have a privileged right to evaluate their own experience (Sacks, 1984).

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

everyday conversations or other kinds of institutional interaction (withdrawal of surprise or agreement by a professional is not necessarily interpreted by a client as disaffiliative, as would more likely be the case within everyday conversational contexts).

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

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

associated hierarchical order (e.g., Bergmann, 1992; Davis, 1986; Grossen & Apothéloz, 1996).

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

<div align="center">*Evaluating the Rigour*</div>

Validation in CA is distinct from a traditional, positivist-empiricist notion of validity or accuracy of the results. As Couture (2005) remarks, "The world does not posses an overall order that I wish to discover. The order I offer in my analysis is continually constructed between people" (p. 104). Peräkylä (2004) further suggests that, while it is possible to conjure a multiple interpretations of what a particular action might mean in abstract, when people interact they have to 'settle' on specific understandings of what an action may mean. My task was to describe and account for (i.e., offer *an* account of) the practices oriented to and utilized by the participants in order to collaborate. I thus *re-presented* what is happening in interaction and did not claim to *re-produce* the interaction – the speakers' intentions and experiences at that time (Peräkylä). Representing does not imply objectively mirroring, but describing using a particular language, in the case of my study, the language of CA. Representing from a CA perspective implies that research complies with a specific set of assumptions, practices, and evaluative criteria. This study was evaluated by using a set of validation criteria outlined in Peräkylä (2004) and Schegloff (1991). Peräkylä lists the following criteria:

1. *Apparent validity*. Once the interpretation is read in light of the displayed transcript, it seems plausible and valid to the reader. I displayed the CA transcribed exemplars and the entire standard orthographic transcript alongside my accounts of the interaction to allow the reader to judge the plausibility and validity of my interpretations.

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

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

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

but also that their orientations to specific aspects of the context were consequential for interaction.

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

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

summary of devices and procedures used by the participants to accomplish collaboration.

Particular attention will be given to the therapist's participation in and contributions to

collaborative moments of interaction.

Chapter V: Results

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

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

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

Exemplar 1: *Why are you here?*
(1 minute and 19 seconds into the session, lines 1-53 in the standard transcript)

1	Tomm:	Well (0.5) I just wanted to mention tha::t Nancy did fill me in (0.5) a bit
2		about her work with you and (0.6) so:: um (1.2) I have <u>some</u>
3		background.
4		[I I] don' t have all the details.
5	Nancy:	[yeah]
6	Jen:	There is a bit of a review (hhhhh)
7	Tomm:	Yeah because there's (.) I understand yo::u've been coming for some
8		time, you saw Ann for a while >Ann Johnson< (.) and then saw Nancy,
9		so forth and (.) •hhh So (.) what I'd like to start with (wait) before I do
10		start, >do you have any questions you want to ask me?< Abo::ut me, my
11		work, what I do:::, why I'm he::re (0.9) >or anything<?
12	Dan:	Why <u>are</u> you here?
13	Jen:	[(hhhhhhhhhh)
14	Nancy:	[(h[hhhhhhhhhh)
15	Tomm:	[(hhhhhhhhh) (why am I here?) Uh (.) at this particular moment, in this
16		room, or do you mean (.) in Calgary ( )?
17	Dan:	(Well) take it as you as (hhh) you li(hh)ke.
18	Tomm:	Okay well I I >actually< grew up in Calgary a:nd (0.8) and when I
19		finished my psychiatric training in (.) McMaster University I came back
20		to visit my fa:ther here, and (they offered me) a job and, (.) so I started
21		this program about thirty-five years ago (.) and running it ever since
22	Dan:	>It's a good thing.<
23	Nancy:	Hm
24	Tomm:	(°Thank you°)
25	Jen:	Yah [(hhhhh)]
26	Tomm:	Do you have any question[s (.) you] want to ask ( ) ((looking at Jen))?
27	Jen:	Um (0.5) well I'm curious I (.) I <u>guess</u> I'm curious about <u>literally</u> why
28		you're here today like (0.8) I think Nancy is <u>fin</u>ding us to be (hhhh) a
29		ch(hhhh)allenge I guess I'm assuming that's why (hhh)(.) <u>another</u> person
30		is here
31	Tomm:	•hh well [(.)]
32	Jen:	[or]
33	Tomm:	Nanancy can comment tto that too but my understanding is that that
34		Nancy wanted me to: •hhh >sort of< (.) um review the therapy (.)
35		together with (.) you and her (0.8) and to:: think of (.) some <u>new</u>,
36		possible directions (.) in in the therapeutic process. (.)
37		( ) °Do you want to add [to that?°]
38	Nancy:	[Uh huh uh huh uh huh yeah •hh yeah I
39		think partly beca::use I would <u>basically</u> ssummarize it that way but
40		because a:lso (.) •hh our last interview was so difficult a::nd it seemed
41		like we were getting stuck in the mud so to speak that I thought it would
42		be good to get some additional input cause we've been working together
43		quite some time (.) so I thought it would be advantageous to get some
44		input.
45	Tomm:	Yeah
46	Nancy:	Yeah

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47    Tomm:   And we do this quite often with families who've been (.) in therapy for
48            some time (.) because we like to get (.) you know other points of view
49            and so forth, it's a way to review the whole process, and to set new
50            directions if necessary, o:r (0.7) a::nd uh (2.1) (Does that) answer your
51            question?
52    Jen:    °Yeah (yeah)[(.) I think so° hhhh]
53    Tomm:             [Okay (.)        ] If other questions come up (.) about
54            me and my role in this by all means (.) feel free to bring them up.  (1.0)
55            Okay?
56            (1.9)
57    Jen:    Okay
58    Tomm:   Well let me begin then and ask you like (.) from your point of view↑
59            how how is the therapy going? like do you feel like (0.5) um (1.0) you're
60            getting (0.7) you know (.) what you would like in terms of (1.0) our
61            work with you he::re, or you're not, or some things happening that (0.8)
62            uh you wish weren't happening, or some things that are not happening
63            that you wish were happening? So I'd like to get each of yo::ur
64            perspectives on (.) on the therapy to date.
```

Existing CA studies reveal that professionals often begin sessions by getting

straight to the business of eliciting clients' perspectives (Hak & de Boer, 1996; Maynard,

1991; Vehviläinen, 2001). Tomm similarly begins this session by asking the clients to

share their perspectives on therapy to date. However, he quickly corrects himself (line 9;

Schegloff, 1979), offering an opportunity for the clients to ask questions about him and

his role.[21] An insert such as "before I do start" is referred to within CA as a *pre-*

(Schegloff, 2007); it allows Tomm to signal that clients' perspectives will be elicited but

that this activity is temporarily suspended (until lines 58-64, Peräkylä & Silverman,

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[21] Tomm's mid-turn correction ("what I'd like to start with, (wait) before I start") is a good

example of how speakers' intentions may be viewed not as pre-formed inner desires awaiting outer

expression, but as emergent actions in interaction. In other words, it is not only that intentions can be

viewed as evolving performances – actions under articulation or description (Anscombe, 2000) – but also

that such intentions are performed dialogically. Tomm's discursively displayed intentions will not stand

unless the clients accept (join in) his invitations.

1991). Tomm's subsequent invitation ("do you have any questions…") shows efforts to involve clients in working out how to proceed in interaction. In a way, Tomm creates a 'slot' in the flow of discourse in which the clients could insert questions, should they have any. The clients appear to take Tomm's "do you have any questions" as an *invitation* (rather than as a question or some other action), since they produce questions in response (lines 12, 27-30). Normally, answers follow questions, whereas acceptances/rejections follow invitations (Sacks, 1995). The clients collaborate with Tomm by *accepting* his invitation as evidenced by them subsequently posing questions to him.

Tomm formulates his invitation relying on a *candidate answers* strategy, which specifies possible examples of what the clients may want to ask him (lines 11-12, Pomerantz, 1988). Tomm leaves the list of questions open by adding "or anything" (line 11) to allow for questions he does not mention. Pomerantz describes candidate answers as an information-seeking strategy, as they afford indirectly eliciting the clients' preferences for how to move forward in interaction. Specifically, the clients are encouraged to join in or alternatively reject Tomm's proposals. Arminen (2005) concludes that candidate answers assist speakers in developing and negotiating a shared language of intentions for how to talk and what to talk about. Dan and Jen respond by accepting Tomm's proposal to discuss and clarify his role. They select one of the questions from Tomm's list (why Tomm is in attendance at the session?). Dan self-selects as the next speaker[22] and

---

[22] In multiparty talk, if the current speaker does not select the next speaker, anyone can claim the conversational floor (Sacks et al., 1974).

explicitly inquires "why <u>are</u> you here?" (line 12). Jen raises the same question in lines 27-30.

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

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

minimize the asymmetry associated with such frequently unequal access to institutional ways of managing cases.

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

Conversation analysts view the institutional context of interaction as produced through the participants' actions and inferences (Boden & Zimmerman, 1991; Drew & Heritage, 1992). CA practitioners treat gender, race, power inequalities, oppression, professional roles, and identities as characteristics to be accomplished and made relevant in the interaction, not as external determinants (Schegloff, 1991; ten Have, 1991). For them, the institutional context is developed and sustained discursively. A part of such context in this session is the task of establishing Tomm's institutional identity or a search

for reasons behind his attendance at the session. The participants in this exemplar use each other's talk as a resource when jointly describing Tomm's role. Tomm's account of his role is grounded in new understandings shaped by the responsive contributions of all involved parties. The clients collaborate with Tomm by accepting his invitation to ask questions about him and his role. Building on each other's descriptions, Nancy and Tomm co-construct an account of "why Tomm is here" (lines 33-50) in response to the clients' questions. Tomm and Nancy's explanation observably satisfies the clients. (Note: Jen's affirmative response in line 54 and a lack of objections or clarifications from Dan.)

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

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

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

8	Dan:	about the issues that impact your life [and your key rela]tionships
9	Tomm:	[°(yeah) for sure°]
10	Dan:	so you ta:p (0.6) a lot of emotions
11	Tomm:	°right°
12	Dan:	so (0.7) ( ) sometimes and the (.) uh (.) I have (0.9) just from my
13		individual therapy I <u>know</u> I've got <u>wa::y</u> too much (0.7) uh (.) lightning
14		rod uh (1.0) to the <u>anger</u> emotion that gets me: (.) focused, <u>doing</u> things,
15		ac<u>com</u>plishing things, being <u>disci</u>plined (.) just as a person whether I'm
16		angry at my <u>dad</u> as a <u>kid</u> so I'm going to stand on my own two <u>feet</u>, and
17		go forward in <u>school</u>, and pursue my own <u>career</u>, and <u>wa:ll</u> him out, and
18		(<u>lead</u>) my life. (.) I'm angry th<u>ere</u>. Or whether I'm angry at work I'm just
19		overwhelmed with so much stuff to <u>do</u> (.) that I just (.) get into gear and
20		(.) even at university if I just (.) st<u>rug</u>gle with someone and it gets me
21		going I I get going and I get things <u>done</u> out of that mode so (.) >there's
22		too much of that< in me and I need mo:re of (.) um a °<u>diff</u>erent
23		emotion°,
24		[um different feelings.]
25	Tomm:	[o:kay] So so you you've become aware of of the the
26		amount of anger you deal with aand even though you've been able to
27		harness some of it to apply yourself, you'd like to:: ↓<u>lib</u>erate yourself
28		from (0.7) anger as it (it worth) so you can express other emotions
29		more↑ Is that what you're saying?
30	Dan:	Yes. And and when we're in therapy here, and we're <u>tal</u>king, if <u>per</u>sonal
31		things come up, we're not in a <u>com</u>fort zone, and on the sidelines
32		watching the game, we're <u>in</u> (.) the playing field.
33	Tomm:	[Okay
34	Dan:	[And sometimes it's playing the game, and sometimes that's where the
35		action is, that's where the the out-of-<u>com</u>fort zone engagement is going
36		on. And if Nancy puts her finger on a <u>topic</u> where it's pretty clear uh (.)
37		we need some <u>focus</u>, and some <u>clarity</u>, and some under<u>stan</u>ding because
38		we a::re (0.6) coming at it all wrong then (0.8) some of those feelings
39		come up…

Prior to the beginning of this exemplar, Nancy announced: "last time Dan seemed quite angry with me" (lines 348-349 in the standard transcript). In this exemplar, Jen similarly expresses her observation that Dan felt frustrated during the last session (lines 1-3). To demonstrate that Dan was frustrated she *quotes* (Clark & Gerrig, 1990) him ("So okay let's get him in here and let's s-see what he has to say", lines 1-2) and raises his proposal to invite a consulting psychologist to attend a session of their therapy. Dan observably interprets Jen's report as an accusation or blame (Buttny, 1990; Stancombe &

White, 1997), as evident in his efforts to defend himself (see my analysis of the next exemplar). In accounting for Jen's report of 'his' anger, Dan presents his reaction as an expected or legitimate occurrence, given the circumstance – therapy being an "out-of-comfort zone" (line 35) and emotion-evoking setting (lines 5-6, 10, & 38-39). He goes on to suggest that anger is a problematic inner disposition ("there's too much of that in me") (line 22), which manifests in various areas of his life (lines 16-22). I will not outline other strategies Dan employs to justify his anger, because I am primarily concerned with Dr. Tomm's conduct. Let me focus on his contributions to this presented discourse.

Parallel to Dan's unfolding description, Tomm quietly offers backchannels *uh huh*, *yeah*, *for sure*, and *right* (Jucker & Smith, 1998; Schiffrin, 1987). Within the field of counselling, backchannels have been referred to as "minimal encouragers" and identified as one of the core counselling skills (Beitman & Yue, 1999; Manring, Beitman, & Dewan, 2003). Schegloff (1982) criticizes the approach to interpreting discourse markers that focuses solely on the addressees' behaviours and excludes consideration of the sequential context of their use. Following Sacks (1995), Schegloff proposes to refer to backchannels as "continuers", because they display the addressee's recognition that the current speaker is still in the midst of, and shall continue, some course of action. As such, continuers (especially *uh huh*) often function as conversational floor-relinquishing devices. While *uh huh* is a "response token" (Sacks) confirming that the addressee is attending to and comprehending what the speaker is saying, without the need to clarify or correct (Schegloff), *yeah* is an "acknowledgment token" (Jefferson, 1984). It shows affirmation or agreement. *For sure* is a stronger version of agreement, as it indicates certainty with respect to what is said by the speaker (Gardner, 2001). Similarly, *right*

often implies "exactly" or "precisely" and is used to signal strong affiliation with what is said (Gardner). Tomm inserts increasingly affirmative markers within Dan's turn (*uh huh*, *yeah*, *for sure*, *right*) to confirm that he is not only attending to what Dan is saying but strongly agreeing with him. Dan seems to interpret these markes as a sign that he can continue speaking.

Tomm subsequently negotiates a transition between speakers. He overlaps Dan with *okay* proposing the speaker change, which Dan endorses (line 25). *Okays* have been described as multifunctional (Beach, 1993), most commonly used to mark movement at transitional junctures to the next phrase, activity, or topic. They may also be used to continue a topic (Fischer, 2006b) or to signal that the addressee understands the speaker without objecting (Frank-Job, 2006). As such, they are deployed to maintain a perspective in a conversation (Filipi & Wales, 2003), as we observe here. Tomm proposes to discuss the same topic (instead of moving to the next topic) by offering a *gist formulation* (lines 24-27; Heritage & Watson, 1979) or a summary of Dan's prior talk. Heritage and Watson distinguish between *gist* and *upshot* formulations. Gists simply reflect back or summarize what the speaker has said, while upshots derive unspoken implications from what is said. Formulations allow marking newly shared information as potential common ground (Schiffrin, 1987). By summarizing Dan's talk, Tomm displays an understanding of what Dan said rather than merely claiming it (e.g., by uttering *uh huh*; Sacks, 1995). Formulations have been found to be a common feature of collaborative professional interactions (Hak & de Boer, 1996). By formulating Dan's talk, Tomm marks Dan's understandings as more relevant or significant than his own versions of events.

Some CA studies, however, have shown that therapists rely on formulations to advance their professional agendas, potentially at the expense of clients' preferred understandings (Antaki et al., 2005; Davis, 1986; Gale, 1991; Grossen & Apotheloz, 1996). By restating clients' offerings in their own preferred words, therapists manage to steer interaction in the direction *they* prefer. (This, of course, does not imply that therapists should completely refrain from influencing clients.) In all probability, it is harder for clients to contest therapists' diagnostic formulations if these formulations are based on clients' prior discourse. As a conversation analyst, however, I focused on how formulations were developed jointly (or not), rather than on whether or not they were offered by professionals. In addition to 'privileging' Dan's descriptive account through using acknowledgement and agreement tokens and formulating the client's talk, Tomm explicitly requests that Dan assesses his gist ("Is that what you are saying?", line 29). Dan, in response, confirms the accuracy of Tomm's formulation (line 28) with an agreement token: *Yes* (Pomerantz, 1984). This confirmation is subsequently acknowledged by Tomm with *okay* (line 33).

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

Exemplar 3: *Intimidating, not intentionally*
(28 minutes and 21 seconds into the session, lines 471-543 in the standard transcript)

```
1    Dan:     Thatzz probably why it was more ra:w and there was more emotion
2             showing than maybe •hh (0.5) >is usual< and and it isn't (0.6) hostility to
3             you or criticism as much as it is Dan in process (0.4) and I hate to say
4             that. (0.4) >you know< If I'm focused in on my work, with a group of
5             people, and I'm (0.6)  to the point, and abrupt, and focused on something
6             (.) they're gonna experience exactly what you're experiencing kind of
7             •hh 'Wow' you know
8             (0.9)
9    Nancy:   °Uh huh°
10   Dan:     What did I do? (.) °>you know<°
11   Tomm:    [°Okay°]
12   Dan:     [ Why  ] is  he acting like that? (0.9) •hh So (.) I'm sorry.
13            (0.9)
14   Tomm:    •hhh (          ) do you think that other people sometimes experience yo:u
15            as (0.9) as coming across as being intimidating when (.) that's not how
16            yo::u (.) experience yourself? (0.6) an:::d-um (0.7) >so that< (0.4) is that
17            one of the:: dynamics (you) think that operates here?
18   Dan:     >Sure< (0.7) Uh I don't know (0.5) I I haven't heard that as a complaint
19            that I'm (0.6) intimidating I don't know=
20   Jen:     =what about this 'walls of fe(hh)ars and complexity' [        hhh
21   Dan:                                                          [That's not fear,
22            that's(hhh)my(hhh)boss=
23   Jen:     =I know but that's how other people hear you (hhh) right?
24   Dan:     (hhhhhHHhhhhhHHHhhhhhhh)
25   Jen:     That's pretty intimidating (hHHH) (sorry) This was a comment (    )
26   Dan:     My boss has a grade ( ) education but he's probably worth ( ) million in
27            terms of investment with the company and mo::re in his personal
28            investments . . .
29            but the boss can see me (1.3) even now explaining things (0.8) delve into
30            detail and then sta:rt with a tree, start filling the branches in with the
31            detail and •hh and give him a picture that's so complete that it's just (0.5)
32            in his words in anger oncce he:: tells me I can create a wall of fear and
33            complexity um when he's (.) ta:lking to me or trying to work with me on
34            something and to me (.) I'm too open with my (.) mmental processes in
35            running through (0.8) what I'm trying to do is give somebody they say
36            what should I do- and I say well (0.5) here are your choices- (0.6) but I
37            give them here are your choices and here's what's behind them here are
38            your choices here's what I'd recommend and here are the the reasons
39            [why   ]
40   Tomm:    [°I see° ] and they get a bit overwhelmed then I gue[ss    ]
41   Dan:                                                        [Yeah ]
42   Tomm:    Okay
43   Dan:     and sso intimidating (.) not intentionally I'm not trying to do that I'm not
44            trying to blow somebody away cauze I've got the big giant ego and I've
45            gotta (.) >you know< let everybody know how smart I am. Maybe
```

46		there's a part of that in there that's subconscious it's going on (0.6) but
47		I'm really not, I'm trying to be helpful, I'm trying to make them (come)
48		to (0.7) a decision they feel c<u>om</u>fortable with it that they've got (1.7)
49		the:: [f]ocus (and enough)
50	Tomm:	[Okay]
51	Dan:	background and they can (1.5) [debate it with me or or
52	Tomm:	[•hhhhhh Okay (can I) shift a bit here in
53		terms of ask you uh general question like given that yo:u recognize and
54		acknowledge that your relations with °with° frustration and anger is is a
55		<u>chall</u>enge (0.6) for you (.) um in your life in general, at work, as well as
56		at home, (0.6) um where do you see yourself as (.) as sort of working
57		personally to •hhh develop greater competencies in in managing (0.6)
58		>you know< tha:t that aspect of your life

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

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

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[23] *You know* is an *editing expression* (Clark & Fox Tree, 2002; Fox Tree & Schrock, 2002) commonly featuring in places where speakers find it relevant to inquire into the addressees' feedback about their comprehension (Schiffrin, 1987).

end of turns to project or forewarn the transition to a new topic or activity (Beach, 1993).

Okays attend to prior talk while setting up new priorities for subsequent talk. In their

absence, the transition to other topics would be abrupt. Following *okay* Tomm selectively

listens in order to utilize (O'Hanlon & Wilk, 1987) the portion of what Dan

communicated (how other people experience him) but articulates a different implication

from it, which is that Dan can come across as "intimidating" (Buttny, 1996). In lines 14-

17, Tomm offers an upshot formulation of Dan's experience, deriving an implication

from Dan's prior talk (Heritage & Watson, 1979). Instead of offering the formulation

directly, Tomm poses a question, embedding his formulation within that question. CA

literature notes that therapists' formulations frequently imply that clients' responses

display some underlying psychological or relational patterns or dynamics (Hak & de

Boer, 1996; Davis, 1986). Tomm's upshot is designed to point to the presence of

"dynamics" (line 16) underlying Dan's relationships with others. Again, Tomm does not

simply state that others could be finding Dan intimidating, but elicits Dan's confirmation

or disconfirmation of his upshot (lines 18-19).

The design of Tomm's upshot is noteworthy. When inviting clients to consider

new or alternative understandings, professionals tend to package their offerings as

tentative, cautious, and open to further revision by clients (e.g., Bergmann, 1992; Lobley,

2001; Peräkylä & Silverman, 1991). Tomm designs his formulation of Dan's impact on

others cautiously, or as a still-to-be-determined matter (Drew & Heritage, 1992). To

display caution Tomm permeates his turn with pauses, stretched words, particles ("uh"),

and temporary adverbs ("sometimes") (Kogan & Gale, 1997). It is possible that Tomm's

tentative turn design assists Dan in subsequently producing a disagreeing or

"dispreferred" (Pomerantz, 1984) response. Put differently, therapists' expressed

cautiousness and tentativeness may invite contestability of meaning from clients

(Bergmann; Kogan & Gale).

The CA literature examining formulation sequences reveals that in contrast to

those offering responsive assessments, those who produce first assessments by virtue of

'going first' seem to have a superior right to assess something (Heritage & Raymond,

2005). In this case, Tomm is the first to produce a formulation of how Dan is experienced

by others, and Dan is placed in the position of being 'expected' to respond to such a

formulation (Hak & de Boer, 1996). Formulation sequences commonly look like this:

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

The *formulation-decision* pair helps link current and prior talk and set priorities for

subsequent talk. It also invites Dan's involvement (in the next turn). Tomm presents his

professional formulation as a shared one (Hak & de Boer, 1996) rather than as disjointed

or disconnected from Dan's prior talk. Not only is Dan expected to produce a response to

the first part of a formulation sequence; he is also limited by the kind of response he can

legitimately offer (MacMartin, 2008). Tomm's question 'sequentially implicates'

(Schegloff & Sacks, 1973) a specific (yes/no) kind of answer (Raymond, 2003;

Vehviläinen, 2001). It has been suggested that people have privileged access to

evaluating and describing their own experience (Sacks, 1984). Dan's task to assert his

(presumably) elevated right to evaluate how others experience him is compounded by the

expectation that he has to speak second, and therefore, is constrained by the specific

practices deployed by Tomm in the prior turn (Heritage & Raymond, 2005).

Although Tomm's upshot formulation in lines 14 through 17 sequentially

implicates agreement *or* disagreement from Dan, it is still structured to invite agreement

over disagreement (Pomerantz, 1984) – Tomm invites Dan to co-participate in describing

his actions as having an intimidating effect on others. Tomm further marks Dan's

confirmation/disconfirmation to his formulation as relevant. (Designing his formulation

as a question may be perceived as intensifying the relevance of Dan's responsive

assessment.) Family therapists are commonly relied on to help clients identify problems

that require intervention (Pinsof, 1995). Dan's collaboration with the task of identifying

concerns is pivotal. For example, without Dan's endorsing Tomm's idea that there is a

problematic pattern of others experiencing Dan as intimidating, subsequent therapeutic

tasks cannot be accomplished. The participants would have to continue searching for

areas of concern to be topicalized and problematized.

In lines 18 to 19, Dan orients to the implicated preference[24] for confirmation that

he is intimidating, and delicately manages to work around it by producing his turn in a

form of agreement followed by disagreement. He offers an agreement token "Sure" – a

relatively weak form of agreement, considering that it only *claims* agreement (Sacks,

1995). *Sure* is followed by an ambivalent statement "I don't know", viewed within CA as

an example of *unstated disagreement* (Pomerantz, 1984). In designing his explicit or

stated disagreement Dan suggests that he "has not heard" (from unspecified others) the

complaint that he is intimidating (Drew & Heritage, 1992). This strategy may allow Dan

to 'soften' his disagreement, while upgrading his assessment by countering Tomm's

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[24] The term "preference" within CA is not used to refer to subjective or psychological desires or

dispositions (Heritage & Atkinson, 1984), but rather to characterize the circumstances in which alternative

courses of actions are available to the participants, and how the participants go about choosing among

alternatives.

suggestion that there might be a concerning pattern of others finding Dan intimidating. Moreover, Dan's use of "I don't know" in a tag position (line 19) may be viewed as an attempt to inoculate himself against the charge that he is being defensive (Potter, 1996a). By marking his utterance as uncertain or indifferent, Dan implies that he does not have a stake in the matter of whether others find him intimidating, and that he simply reports. This allows him to present himself as a disinterested or objective reporter rather than as someone who is biased and defensive (Edwards, 1995).

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

Although it appears that Dan is reluctant to accept Tomm's idea, he nonetheless ratifies or displays willingness to discuss the topic of his impact on others. In summary, the mere occurrence of disagreement from the client does not imply non-collaboration. Diamond (1996) helpfully illustrates this point. In order to provide a thorough illustration, it is worth providing Diamond's observation in full:

When a speaker's topic is ratified by other speakers, its status as a topic of

conversation is accepted by exhibiting their willingness to argue about it, even in

the content (i.e., the *idea* expressed within the topic) is rejected. In other words,

the act of arguing about an idea, or even rejecting an idea, is still considered topic

ratification because the topic becomes a subject of conversation. A case of valid

topic rejection happens when the speaker's intent to put forth a discourse topic as

a matter of discussion is not taken up at all. This type of topic non-ratification

takes the form of interlocutors ignoring, silencing, minimizing or refusing to

develop the speaker's contribution further. (p. 95)

Even though Dan rejects Tomm's idea that other people may at times find him

intimidating, all participants (including Jen) continue discussing the mutually ratified

topic of Dan's impact on others.

Potentially delicate situations can arise when family therapists are faced with

disagreements from clients. In these situations other family members can offer help and

add weight to therapists' formulations, as happens here. Jen self-selects with "what

about" as the next speaker (line 20). This *tying device* (Sacks, 1995) allows her to fit the

new material into the prior discussion or show that what she is about to mention is

relevant to the prior talk. Jen further uses the *deictic markers* "this" and "that" (lines 23

& 26, Schiffrin, 1990) to signal that her utterance is a continuation of, or response to,

some parts of the prior discourse (Schiffrin, 1987). These markers further permit marking

knowledge as shared or accumulated, and against these markers subsequent information

may be understood. By using deictic markers and a tying device, Jen exhibits her

understanding of the prior talk, while legitimizing her self-selection as the speaker

(Sacks).

Having selected herself, Jen offers an *item* or emblematic instance (Edwards,

1994) of a general pattern of others in Dan's life experiencing him as intimidating. Jen

aligns (Kangasharju, 1996) with Tomm in his proposition. This exemplar demonstrates

how the formulation of Dan's impact on others is a collaborative accomplishment. It is

not an individual but a multiperson unit (Jen and Tomm) that produces meaningful

descriptions of Dan's relationships with others in his life; Tomm and Jen further share

and coordinate their understandings with Dan. Kangasharju (1996) discusses how in

situations of conflict in multiparty institutional interactions a particular kind of sequence

tends to emerge:

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

The same structure appears to operate in this exemplar, except that C (Jen) endorses the

position of A (Tomm) rather than B (Dan). The signs of Jen's affiliation with Tomm can

be detected through an examination of how she packages her turn. She utilizes a slightly

modified phrase that had been used by Tomm ("other people hear you", line 23). In

response to Dan's "I haven't heard that as a complaint that I am intimidating", Jen

reminds Dan that his boss indicated to Dan that he can create "the walls of fears and

complexity" (lines 20). This is a delicate matter because of the danger that Dan may

disagree or reject her offering, as he did just previously in relation to Tomm. To

minimize the risk of Dan's dispreferred responsive action, Jen downgrades her

endorsement of Tomm's assessment by using laughter. Humor is frequently used in

situations of disagreement and misalignment (Arminen & Halonen, 2007; Buttny, 2001)

as an affiliative device (Kanagashariu). The speaker anticipates disagreement from the hearer and signals (e.g., through the use of laughter) that the upcoming utterance is to be heard 'lightly' (Sacks, 1995; Silverman, 1998). Dan displays his understanding of how Jen wants him to hear what she is saying by joining her in laughter (lines 21-22, 24). Nonetheless, his 'defensive' response in lines 21-22 also shows his recognition that Jen's utterance is not intended as a joke but as an extension and endorsement of Tomm's assessment of Dan.

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

In lines 26-39 (some lines are omitted), Dan unpacks, presumably for Tomm, the context of the utterance "wall of fears and complexity". He does this by telling a story of what his boss tends to observe in his interactions with Dan. As a part of his story, Dan offers a description of himself as being "too open with his mental processes". Tomm overlaps Dan (line 40) and, following a quietly uttered acknowledgement token *I see*, introduces an upshot formulation of Dan's prior talk ("and they get a bit overwhelmed then I guess"). Tomm offers an extension of Dan's utterance (Ferrara, 1992) by adding

something not previously articulated. His lexical choices are worth highlighting. Tomm

downgrades his description of Dan as "intimidating" to "overwhelmed" prefaced by a

quantifier "a bit" and concludes his formulation with a downgrading *uncertainty marker*

"I guess" (Lobley, 2001). He builds on Dan's response to further co-construct an account

of how others might experience him. In response, Dan offers an overlapping agreement

token ("Yeah") endorsing Tomm's description. Agreements are frequently placed without

any delays or even slightly overlapping the material in the prior turn (Pomerantz, 1984),

which is the case here. In line 43, Dan joins Tomm's (and Jen's) assessment of him as

having an intimidating effect on others but qualifies it by adding "not intentionally".

It is possible to track how meaning in this exemplar of interaction is being co-

constructed and negotiated by the participants. An account of Dan's impact on others has

undergone discursive transformation from surprising or unexpected ("Wow", line 7), to

"intimidating" with Dan's refusal to take up this term for self-description (lines 15, 19-

26), to "overwhelming" (line 40), and finally to Dan's description of himself as

"intimidating, not intentionally" (line 43).

In the exemplar below, Tomm continues to persistently adjust and modify his

descriptive language until it becomes shared or mutually acceptable.

Exemplar 4. Sounds like you've got a fairly good partnership
(35 minutes and 2 seconds into the session, lines 576-609 in the standard transcript)

1	Tomm:	•hh Can I ask? what to what extent to do you see Jen as a <u>re:</u>source for
2		you (0.8) in (0.6) your <u>per</u>sonal development in (.) in relation to: (0.9)
3		<u>anger</u> in both domains? Like do you see her as (0.6) a as a m-major (1.1)
4		uh cont<u>ri</u>butor to:: developing greater skill and competence, or do you
5		see her as someone who yo::u (.5) you struggle with and and (.) it
6		becomes uh more of a liability than an asset?
7		(1.0)
8	Dan:	Overa<u>:ll</u> mo:re of an asset. (0.8) Um but (1.0) looking at the <u>track</u> record
9		(0.7) again both things are there. •hh She's my best friend. Jen is is um

10		(1.5) °you know° my <u>con</u>fidante, there isn't anything I don't talk about
11		with her and (0.8) um (1.8) we:: (.) have a lot of (1.5) (kind of) value-
12		based di<u>rec</u>tions in our life and we share values. (0.6) So (.) there's lots
13		of alignment to touch base with there (0.8) um just in terms of <u>intention</u>,
14		what we would like to do, and why we would like to do it, and how
15		important it is <u>to</u> us [(.)] in the things that we do.
16	Tomm:	[°Okay°] (>Just a second) let me check
17		something out with her<. Do you experience yourself being (.) a
18		<u>re</u>source to him that that that he sees you that way?
19		(1.2)
20	Jen:	I <u>def</u>initely see mmyself as being a resource to Dan. Whether he always
21		sees me that way (.) >I don't know< (.) (Hh)uh sometim[es, sometimes.
22	Tomm:	[So so is it a
23		surprise to you to hear him say <u>today</u> that that he does see you as (.) as
24		more of a (.) resource than a liability °in that regard°?
25	Jen:	No not really.[(.)] It's not a surprise today [(.)]I think that (.)•hh
26	Tomm:	[Okay] [Okay]
27	Jen:	we spend a lot of time (.) <u>talk</u>ing about some of the challenges that he
28		faces, just personally and at work, and I (.) try to (.) give him <u>feed</u>back
29		from a different perspective (.) >you know<
30	Tomm:	And you you experience him as open and receptive and (.) reflecting on
31		comments you make or (.)
32	Jen:	Yes (.) most of the time yeah.
33	Tomm:	°Oh good°. So sounds like you've gotta (.) fairly good partnership then
34		in that regard (.) in terms of (1.1) being able to collaborate.

Gale (1996) recommends examining actual sessions of therapy to see if therapists

do what they claim to do on the basis of how they describe their practice. Tomm has

written extensively on how he prefers to work with families (e.g., Tomm, 1984, 1987a,

1987b, 1988, 1992, 2003). His engagement with this couple appears to correspond

closely to his depiction of his own practice. His therapeutic approach has been informed

in part by narrative, systemic (Milan), and solution-focused therapies. The influences of

these approaches are observable by the ways in which Tomm participates in interaction.

Arguably, if therapy is viewed as a conversational activity (Anderson & Goolishian,

1990), we should be able to observe how therapeutic models and interventions are

realized in the actual practice.

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

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

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[25] Once again, this functional perspective on the micro-details of talk treats pauses, particles, and other details of interaction as *language with meaning* (Clark & Fox Tree, 2002; Fox Tree, 2002), rather than as barriers to smooth communication. These details are often intended to be, and interpreted by, the participants themselves as meaningful.

mean editing the story for clients, but rather providing space so that clients can re-edit or

re-author (White, 1995) their stories in their preferred ways. Conversationally, the editing

is made reciprocal in the therapists' use of pauses, stretched or repeated words,

uncertainly markers, and tag questions to clarify therapists' understandings (e.g., "…

or?", "Does this make sense?", "What do you think?"). By using these devices therapists

display "an ongoing invitation to for the clients to define and evaluate the meanings

attributed to accounts, experiences, and the unfolding story in the session" (Kogan &

Gale, p. 9). For instance, within-turn pauses or silences may be attended to and

interpreted by clients as invitations to step in and edit therapists' versions of clients'

experiences.

Tomm's turn (lines 1-6) introduces two distinctions. In his writing, Tomm (1992)

explains that "to draw a distinction is to differentiate an entity, an event, a pattern, or

some other phenomenon from a background" (p. 118). He argues that the act of

introducing a distinction might be therapeutic in itself. Clients may adopt distinctions

introduced by therapists, making them part of their own language (Tomm, 2003). The

first distinction Tomm offers in this exemplar presents anger not as Dan's inner

disposition but as something external over which Dan has some control or influence.

Narrative therapists refer to this practice as "problem externalization" (White, 1989,

1995). Tomm invites Dan to reflect on his own influence over the problem (lines 2-3).

This aspect of problem externalization assists clients in identifying skills and

competencies for dealing with problems (Tomm, 1989). The second distinction deals

with Jen's being an asset versus a liability to Dan.

Both clients adopt Tomm's distinctions. They collaborate with Tomm around the first distinction by continuing the conversation, without clarifying, challenging, or objecting to the distinction (Fais, 1994). The clients endorse and extend the second distinction more explicitly. Jen reports having perceived herself as a "resource" to Dan (line 18), and Dan describes Jen as both an asset and liability to him (lines 8-9). The clients' collaborative efforts are noticeable in the "syntactic parallelism" (Fais) or mirroring of Tomm's language. Jen virtually repeats the phrase previously used by Tomm (compare lines 18 & 21), while Dan adopts Tomm's descriptive term "asset" (line 6). Overall, both Jen and Dan endorse or collaborate around the topic of Jen's role in Dan's relationship to 'his' anger.

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

"therapeutic interruption" (Gale, 1991; O'Hanlon & Wilk, 1987) to facilitate a shift away from problem-talk and towards solution-talk.[26]

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

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

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[26] Along the same lines, Del Vento et al. (2004) argue that some forms of interruption are used to signal that the addressee has been attending closely to the speaker's talk. This perspective on interruptions as evidence of mutual understanding contrasts a more traditional view, according to which interruptions are barriers to smooth communication.

position of an issue, or with multiple positions or perspectives in discourse simultaneously[27] (Anderson, 1997).

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

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

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

[28] The idea behind asking interpersonal perception questions relates closely to Tomm's "internalized other" interviewing (Tomm, 2004; Tomm, Hoyt, & Madigan, 1998). Jen is encouraged to reflect upon and share how Dan may be experiencing and perceiving her. In the internalized interview the interviewees are asked to speak as if they were other family members. This method of interviewing allows expanding the interviewees' awareness into how others in their life may experience them.

yet expresses doubt in Dan's "always" perceiving her as a resource (line 21). Tomm selectively utilizes (Gale, 1991) a portion of Dan's prior talk to highlight that "today" Dan reported seeing Jen as a resource. Tomm issues an upshot formulation (Heritage & Watson, 1979) implying that Jen must be surprised to hear that Dan views her that way. In designing his question, Tomm modifies his prior talk of Jen's being solely a resource to Dan (line 18) to talk of her being "*more of* a resource than a liability" (line 26).Thus, Tomm incorporates both partners' previously displayed preferences for distinguishing Jen as *both* a liability and an asset.

Jen subsequently corrects Tomm's misunderstanding that she is surprised (line 27). In response, Tomm acknowledges the receipt of her correction by uttering two overlapping *okays* (line 28, Filipi & Wales, 2003). Jen proceeds to offer examples or emblematic instances (Edwards, 1994) of her being a resource to Dan. Tomm adds (with the additive marker "and", Zeevat, 2006) to the list of instances, which cumulatively permit presenting Jen as a resource to Dan and Dan as being "receptive" to Jen's feedback. Tomm invites Jen to participate in developing an alternative storyline of her relationship with Dan. From the perspective of narrative therapy, discursive unpacking or "thickening" (Geertz, 1975) of alternative accounts involves searching for unique outcomes (White & Epston, 1990). Once a unique outcome has been identified, the therapist then asks questions to develop and extend this new, previously unexplored storyline. The idea behind this is that not only people might benefit from building alternative or preferred descriptions, but also that these new stories can then be used to manage the problem differently or to reduce the problem's influence in people's lives.

The use of the word *or* at the end of Tomm's turn (line 33) affords Jen space to reject Tomm's addition to her list of examples. Following Jen's confirmation of Dan being receptive to her feedback, Tomm offers another upshot, suggesting that the partners have "a fairly good relationship". He preempts the upshot with "Oh good." The *oh-* preface[29] response marks what Jen offers as being surprising or unexpected. It is possible that Tomm anticipated Jen's affirmation that she is surprised to hear that Dan sees her more as a resource then a liability. Tomm might have anticipated problem-talk from Jen. He nonetheless manages to adjust his understandings and his solution-focused agenda to reflect Jen's reports of her experiences.

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

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[29] Heritage refers to *Oh* as a "change-of-state" token and notes that "its producer has undergone some kind of change in his or her locally current state of knowledge, information, orientation or awareness (Heritage, 1998, p. 299). *Oh* plus *good* is an example of an "appreciation" (Sacks, 1995) or "assessment marker" (Redeker, 2006).

preferences. This piece of discourse further reveals that, in addition to explicitly

suggesting what may be helpful in changing problematic relational patterns, Tomm

enacts or *models* (Pomerantz, 2003) for the partners alternative ways of relating.

Exemplar 5. I am not being very articulate here
(39 minutes and 08 seconds into the session, lines 637-700 in the standard transcript)

1	Jen:	that's been one of (.) <u>mm</u>y biggest challenges is I am extr<u>e:me</u>ly (.)
2		<u>private</u> person (0.7) very <u>shy</u> person and •hh so I don't (.) <u>Dan</u> (.) he'll
3		just go on and tells tells me <u>everything</u> like in <u>det</u>ail all of what's going
4		on. So •hh (.) there's <u>lots</u> of opportunity for me to give him feedback. I'm
5		less like that and probably is more like (.) you really have to draw it out
6		of me sometimes to get me to speak. And so I know that's a frustration
7		for him. I think it has been and (.) maybe still <u>is</u>. (1.0) But I also am
8		(1.0) ( ) lo:sing I forgot what your question is but anyways (hh) I
9	Tomm:	Mmy my question is >what is [what is it you'd like from <u>him</u>?<
10	Jen:	[The areas ( )
11	Tomm:	(Yeah) (0.8) so so but you you're <u>ackno</u>wledging that perhaps you're not
12		<u>giv</u>ing him as much oppor<u>tun</u>ity to (.) help you because you're such a
13		private person •hhh so (.) so one challenge for you would be to (.) open
14		up more to give him more <u>acc</u>ess to your experience so he <u>can</u> (.)
15		perhaps receive more from you. But I-I imagine there's some reason why
16		you're (0.5) you're more private. I mean uh do you feel <u>vul</u>nerable to
17		open up more? Do you (0.5) do you feel that he can <u>hon</u>or and and
18		respect your your vulnerabilities if you were to expose yourself mo:re
19		psychologically?
20		(1.6)
21	Jen:	Um (4.3) depends what we're talking about. Sometimes I you know Dan
22		is (0.7) cuts straight to the advice or right to the (0.9) "Do this, do that."
23		You know, and that's really not what I'm looking for. I'm really just
24		looking to 9.) have a discussion with him about [(0.7) whatever it is.
25	Tomm:	[(is it) You don't want
26		him to <u>solve</u> your problems.=
27	Jen:	=No.
28	Tomm:	You just want him to be able to reflect on ( ) (1.1), give you the space
29		to:: (0.7) make your own choice
30		(1.2)
31	Jen:	Yah. uhh (2.1) but <u>also</u> (1.0) some of the times I just don't feel like (0.9)
32		I do •hh ITS'S A BIG RISK FOR ME TO DO THAT SO WHEN I DO
33		TAKE THE RISK OF "Okay I'm gonna (.) talk about (something) here
34		that (1.0) really means something to me" •hhh (.) yet I often (1.5) >well<
35		(1.4)
36	Tomm:	How come it's such a <u>risk</u>?=
37	Jen:	=I don't know. That's just my (.)

38	Tomm:	Are you afraid of <u>him</u> and his response °or°?
39		(0.9)
40	Jen:	Um
41	Tomm:	Are you intimidated by <u>him</u> sometimes?
42		(4.4)
43	Jen:	Sometimes yeah.
44	Tomm:	Do you ( ) with the what <u>force</u>fulness of <u>his-s</u> his be<u>liefs</u> and (.)
45		sol<u>ut</u>ions and (1.5) is is that what you find intimidating or what?
46		(3.4)
47	Jen:	U::h (0.9) partly <u>that</u>. Sometimes just not (.) <u>not</u> being under<u>stood</u>. (0.7)
48		So maybe that's and again I always (.) sit and think "Well is it just me
49		not being able to communicate well enough what it is that I'm (.)
50		feeling, or is it (2.4) Dan hearing something different from what I'm
51		saying, o:r
52		(1.5)
53	Tomm:	And do you you sometimes um (1.3) articulate <u>that</u>, and say to him
54		"Listen (.) Dan I don't think you're understanding me." (1.2) Um and to
55		make a claim for mo:re spa:ce to to express your experience more fully.
56		(2.6) Have you been able to do that o:r
57	Jen:	Mm
58		(1.3)
59	Tomm:	And if you did, would he (.) hear <u>that</u>, or would he (1.2) you know b-be
60		(.) able to uh (.) back off and give you the m-more space?
61		(0.7)
62	Jen:	Well you know I guess it depends on what it is we're talking about. If
63		we're talking about <u>family</u> and <u>parenting</u> issues (.) or something like that
64		where I have (1.1) you know a <u>strong</u> feeling about ho::w (.) Fred is
65		being dealt with then (1.0) uh it's uh it's a scary thing to have a
66		discussion because we <u>will</u> end up fighting for sure (1.2) •hh kinda
67		thing. But if it's it's mo:re (0.8) just my experiences or me wanting to
68		get feedback from him about how something went (0.9) >that I did, or
69		you know he was there, and saw it, or something like that< (0.9) the::n
70		u:h (3.5) >I don't know< for me that's (2.1) <u>riskier</u> somehow >I don't
71		know<. I'm not being very (2.2) (hhhh) (1.6) art<u>i</u>culate here.

The previous exemplar ended with Tomm's offering a gist formulation of the couple having "a fairly good partnership". In response, Jen disagrees with Tomm's portrayal of their relationship by stating, "I don't always feel like that's a two-way" and "I wish that Dan was more >supportive of me<" and "more willing to just sit and listen and give me feedback" (lines 618-622 in the regular transcript). Existing discursive studies demonstrate that family therapists commonly avoid attributing the cause of the problem

to a single individual (Buttny, 1996; Edwards, 1994; Grossen & Apotheloz, 1996). Clients frequently explain their predicaments as resulting from some inner psychological disposition. In family therapy, these intrapersonal explanations feature side-by-side with therapists' interpersonal perspectives.

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

Jen's "privacy" or articulation difficulties are noticeable in the way she designs her talk. Although she does express her feelings and thoughts, such expression is

fragmented and cautious (Bergmann, 1992; Drew & Heritage, 1992). Cautiousness is

evident in the way that Jen designs what she says. Her speaking turns contain multiple

pauses and particles (*uhs, ums*), stretching or repeating words, uncertainty markers (line

62), and a failure to produce a response (line 57) or complete her turn (lines 34-51). Jen

states that she "loses" Tomm's questions (line 8) and that she is "not being very (2.2)

(hhhh) (1.6) articulate" (line 71). Tomm's engagement with Jen is interesting. On the one

hand, he encourages Jen to "make a claim for more space to express her experience more

fully" (lines 55-56 & 59-60). On the other hand, he *demonstrates* (presumably for Dan)

how the conversational space may be provided to Jen so that she can articulate herself

more completely. To invite Jen's participation and to "honour" her experiences, Tomm

uses a number of strategies and devices, listed below:

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

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

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

4. Tomm attends to how Jen responds to his ideas and modifies his subsequent talk
   in light of Jen's feedback. In particular, he observably hears Jen's weak

agreements ("yah uhh", "um", "sometimes yeah", "u::h (0.9) partly that", "well you know I guess it depends") as refusals to accept his proposals and ideas (Kitzinger & Frith, 1999; Pomerantz, 1984). Tomm revises his descriptions of 'Jen's' experience (lines 38 & 41) following weak agreements displayed by her.

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

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

by offering ideas as questions Tomm implicates Jen's evaluation (agreement/disagreement) of what he proposes.

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

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

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

10. Tomm focuses on what is salient in Jen's discourse, targeting it for further discussion. For example, Jen stresses (using speech volume) that it is "A BIG

RISK" for her to talk to Dan about something that really matters to her (lines 32-

33). She also repeats the word "risk" twice within the same turn. Tomm

topicalizes in order to further explore (Vehviläinen, 2005) Jen's experience of

talking to Dan as potentially hazardous (lines 36 and on).

11. Finally, Tomm uses *or* in a tag position to offer space for Jen to disagree with

what he proposes. Jen responds by producing weak agreements characterized as

safe ways to disagree (Kitzinger & Frith, 1999).

Overall, Tomm skillfully invites the partners to step into alternative modes of

relational engagement. He attempts this while closely attending to Jen's displayed

preferences and understandings. Jen observably demonstrates that she feels understood

(line 27). She is quick to offer the strong affirmation, "No", to Tomm's understanding of

her experience (note a lack of a discernable pause between Tomm's upshot formulation,

"You don't want him to solve your problems" and her subsequent response).

The next exemplar is noteworthy for further showing how professionals can offer

alternative perspectives in the environment of disagreement. Grossen and Apothéloz

(1996) describe the therapist's role as that of contributing perspectives that differ from

those of the client. For them and other discursive thinkers and researchers (e.g.,

Andersen, 1991; Anderson & Goolishian, 1988; Buttny, 2004), therapeutic change arises

out of the discrepancy between the therapist's and the client's perspectives. However, it

is not mere differences in meaning that account for changes in clients but rather how such

differences are addressed in a conversation (Couture, 2005). To put it differently, it is the

process by which the therapist and the client coordinate and negotiate their perspectives

in order to co-construct new definitions of problems that account for successful therapy

outcomes. When therapy participants speak from differing or conflicting ways of

understanding the world, it may be difficult to find mutual ways of talking acceptable to

all parties (T. Strong & Tomm, 2007). Impasses in meaning-making can occur when one

party's ways of viewing and speaking about a problem are continuously advanced,

leaving little space for other participants to introduce and develop their perspectives

(Couture, 2005).

Having 'established' that Jen is hesitant in her interaction with Dan (see the

previous exemplar), Tomm and Dan rely on a variety of discursive strategies to

coordinate and justify their distinct perspectives of why Jen is reluctant to be more open.

Tomm invites Dan to reflect on how he contributes to the problematic relational

dynamics, while Dan persistently refuses to join Tomm in discussing these proposed

'contributions'. Although Dan shows little uptake of Tomm's ideas here, some

collaborative conversational practices and devices can still be noted.

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

```
 1   Tomm:  Mm hmm •hh Do you do you relate to:: Jen's experience of (1.0) of uh
 2          struggling with (1.3) how safe it is to:: (0.5) to be open in raising things?
 3          (3.4)
 4   Dan:   S-safety isn't an issue I I don't think. Uh-um-and this reluctance to share
 5          I don't think it stems from (0.7) °you know° (.) fear of me and and and
 6          sharing. I Jen has been a person who uh (0.9) is hidden, and doesn't
 7          know her own thoughts, and can be troubled, and to talk I'm no
 8          professional and to talk with somebody who seems troubled, or (.) or
 9          withdrawn, and to trying to understand what's going on, and what's
10          wrong. I I've had to spend uh (1.4) lots of time (.) stopping everything
11   Tomm:  [Okay]
12   Dan:   [and   ] trying to focus and trying to (.) fish that out because it's not  [
13   Tomm:                                                                     [•hh
14          °Yeah°
15   Dan:   talking with her. And and even to get there it's not like 'she's hiding it
16          she knows what's bothering her, but but she's just not gonna share it
17          with me because she's afraid'. It's more like 'she's not sure' and if we
```

18		don't talk and is it this? is it that? did it start here? or when did you feel
19		that way first? If we don't go through stuff like that, uh (0.6) Jen's kind
20		of gone underground with her feelings. (1.3) And and so (0.8) yeah
21		there's a a frustration uh in terms of (.) for me >°I don't know why°<
22		it's easier [to talk, but to draw out of Jen
23	Tomm:	[Can I (interrupt for a second? Do you) think I'm
24		misinterpreting what she is saying then because it struck me that she <u>was</u>
25		expressing some you know hesitance based on fear. (0.8) Um and you're
26		saying 'No no that's not the way it is.' (0.7) So do you think I'm
27		misunderstanding her?=
28	Dan:	=No (.) um but I think fear of <u>me</u> ↑I if that's what [(your question)
29	Tomm:	[Well, fear of your
30		response (.) not necessarily you as a person but (1.0) cause she
31		mentioned sometimes you were quick to come with solutions and that's
32		not what she wants.
33	Dan:	Right.
34	Tomm:	And (.) I guess she feels kind of (0.9) ummm you know when you do
35		have a solution (.) >And I see with other people too a lot< that (.) that
36		one person has a solution and they think it's a good idea so they tend to
37		impose it right? The other person for whatever reason isn't comfortable
38		with that (.) but they can't (.) sort of easily (.) you know uh articulate
39		their discomfort and and effectively protest so they feel op<u>pre</u>ssed (.5)
40		and so that creates some fear (1.1) in the::e (0.7) dynamics of the
41		relationship.
42	Dan:	Well uhh (.) yeah I mean that's almost a caricature, and it's almost a a
43		male thing, and it's almost a (0.5) a sitcom type thing where •h men go
44		to solution and all they ever do is tell people how to fix things, they
45		never spend the time to sit and listen whether it's kids or (.) their spouse.
46		And yeah I have a propensity that way [but
47	Tomm:	[So do you think this caricature
48		fits for your relationship (.) as a couple?
49	Dan:	No I I don't Jen isn't she's she is a <u>very</u> smart person, she can think very
50		well and if I'm <u>out</u>lining a reason for something and there's <u>always</u> a
51		discussion to engage. She she doesn't hesitate (.) to to reason and
52		discuss (0.8) on (1.6) on engagement, on issues …

While "unmarked queries" simply elicit clients' perspectives without referring to

some problematic state, "marked queries" presuppose the existence of some problem to

be resolved (Maynard, 1991). By issuing a marked query while addressing Dan (line 1-2),

Tomm introduces the idea that Jen's privacy is contingent upon Dan's responses in

interaction. Tomm's query shows a presupposition that Dan's responses create fear in Jen

to express her thoughts and feelings. Tomm packages his turn as a yes/no question, proposing as common ground a specific account of why Jen hesitates to open up (because Dan rushes into offering solutions). Tomm's question projects agreement from Dan as the preferred response (Pomerantz, 1984; Raymond, 2003).

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

To present as factual the description of Jen as "withdrawn" (line 9) Dan uses a number of devices. These include his use of the perfect present tense ("Jen has been a person who is hidden"); verbs with an iterative aspect ("Jen's kind of gone underground with her feelings"); and an *if-then* structure (Russell, 1998) ("If we don't go through stuff like that, … Jen's kind of gone underground…"). Dan presents his communication with Jen as time and labour intensive by stating that he has to "spend lots of time stopping everything" to "draw" (line 22) and "fish" (line 12) something out of Jen. He builds the case that Jen is only hesitant to become vulnerable when she is "troubled" or distressed

(line 7). Dan contrasts Jen's behaviours when she is troubled with her normal conduct by describing Jen as "a <u>very</u> smart person, [who] can think very well… and [who] doesn't hesitate to reason and discuss" (lines 49-50). He uses the extreme case expressions (Pomerantz, 1986), such as "always", "very smart", or "think very well", to describe Jen (Edwards, 1994) as generally open and talkative. Presenting Jen's uncommunicativeness when she is troubled as stable and recurrent, rather than temporary or situational, bolsters such a description against refutation (Edwards, 1995).

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

Dan packages his description of Jen while attending to counter versions. He observably recognizes that he produces a disagreeing response. Edwards (1995) argues that disagreements "are not merely different and inconsistent accounts… [but] are *contrasting* accounts constructed precisely in relation to an actual alternative, in that they display an awareness of that alternative and its evidential-rhetorical grounds" (p. 329,

italics in the original). Dan indexes his response as an alternative to Tomm's perspective by using a series of *contrasts* (Buttny & Cohen, 1991) through an *it's not like X, it's more like Y* structure (lines 15-17 and 4-6). His orientation to the difference in perspectives is also evident in his efforts to 'soften' his disagreeing response (Heritage & Raymond, 2005). To downgrade his claims, Dan uses the device of *hedging* (Aijmer, 1986). Hedging allows one to display hesitation in formulating a speaking turn (Holmes, 1995; Locher, 2004). Examples of hedges used by Dan are hesitation markers, such as *uh* or *uhm,* repeated words ("and and'), and stretched sounds ("S-safety"). Produced as a tag to disagreement, *I don't think* ("Safety isn't an issue") is also likely to function as a hedge to the disagreement (Holmes). Dan's efforts to collaborate with Tomm are visible in his marking of his talk as tentative and delicate (Silverman, 1997). He does not bluntly dismiss Tomm's perspective but works to convince him to consider Dan's point of view.

Let us examine what Tomm does with what Dan offers. In his writing, Tomm (1990) critiques the traditional approach to psychiatric assessment and argues that "diagnoses are almost always collapsed onto the persons so diagnosed. This is often first done by professionals, then by family members, friends, and the public at large, and eventually by 'patients' themselves" (pp. 2-3). For Tomm, mental phenomena, such as "privacy" or "withdrawal", are the effects on individuals of problematic interpersonal patterns (e.g., pursuit-withdrawal, criticism-defensiveness) rather than intrinsic stable personality attributes. From this systemic perspective, Jen's withdrawal is a recurrent response contingent upon Dan's tendency to offer solutions, with both partners' responses being coupled in a circular, mutually reinforcing fashion. This pattern becomes the context both partners turn to in making sense of each other's actions. When a

problematic pattern of interaction permeates the relationship, it may be challenging to transform it into a more healing or mutually acceptable pattern, normally because family members are unaware of how their coupled actions maintain the pattern. In these circumstances, the observer's (therapist's) input may be important for enhancing the clients' awareness into the overall pattern of interaction (Tomm, 1991). Throughout the session Tomm attempts to offer his version of a meta-perspective on what is occurring. He invites the clients to shift away from focusing on what is happening *within* each partner to considering how what each partner perpetuates the pattern of interaction *between* them. Tomm's challenge is to offer this alternative perspective collaboratively, that is, without dismissing clients' accounts.

The collaborative dimension of Tomm's engagement is evidenced by his showing efforts at developing the presupposition that Jen is fearful of Dan's responses as a mutual one. Instead of disregarding Dan's preferred understandings, Tomm pursues Dan over many turns (Gale, 1991) for a response that would acknowledge Jen's reported experience in order to eventually develop mutually acceptable lines of talk. The client's and the therapist's perspectives might be so distinct that it would be difficult for the therapist to find anything to build on from what the client says (Buttny, 1996). Tomm attempts to inspire even a minimal uptake from Dan of what Tomm proposes. In a way, he invites Dan into re-coordinating their talk so that both Dan's and Tomm's perspectives and preferences are incorporated as a part of the ongoing discourse. To invite mutual coordination and construction of meaning, Tomm utilizes a number of strategies outlined below.

I earlier mentioned constructionist practitioners' adopting a decentring stance in their work with clients (Kogan & Gale, 1997). This stance entails challenging dominant explanations and opening conversational space for marginalized understandings, in this case, for Jen's description of her experience. In Dan's discourse, Jen's explanation of her own experience is observably neglected. While in the previous exemplar Tomm encouraged Jen to articulate herself more fully in her relationship with Dan, in this stretch of talk he works with Dan to centre Jen's perspective in talk. Instead of directly challenging Dan's ideas, Tomm employs a so-called "reversal" strategy (Kogan & Gale) by shifting to Jen' position. Specifically, Tomm's previous attempts to negotiate speaker change (lines 11 & 13) finally meet success as he interrupts Dan (lines 23 & 47) to speak on Jen's behalf (lines 24-25, 30-32). In line 23, Tomm once again does not initiate change abruptly but forewarns the change of speakers with a pre-sequence (Schegloff, 1980) ("Can I interrupt for a second?"). After the first interruption in line 23 Tomm issues a *metacommunicative query* (Kasermann, 1991)[30] proposing that he might be misunderstanding Jen (lines 24-27). He contrasts Jen's previous report of her fear with Dan's evaluation of her report. Tomm quotes Dan (Clark & Gerrig, 1990; Redeker, 2006) ("and you're saying 'No no that's not the way it is'") and invites him to correct Tomm's potential misunderstanding of Jen (line 27).

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

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[30] Schiffrin (1980) identifies a number of metacommunicative devices, one of which is *evaluative brackets*. Evaluative brackets allow the speaker to separate and evaluate a specific piece of talk, in this case Dan's prior talk.

situation without *imposing* his systemic discourse. 'Owning' his perceptions is one mode

through which Tomm invites Dan to consider an alternative version. By speaking on

Jen's behalf and using a reversal (Gale, 1991); describing what is happening from a

metaperspective (Kasermann, 1991; Schiffrin, 1980); and presenting his perceptions and

ideas as subjective, Tomm encourages Dan to recognize the influence of Dan's centred

(i.e., presented as 'true' or authoritarian) perspective on Jen.

Dan responds to Tomm's proposition that Jen is fearful by prompting Tomm to

correct himself. In this case, Dan proposes that Tomm's discourse requires correction;

within CA, this is referred to as *other-initiated self repair* (Schegloff et al., 1977).

Schegloff and colleagues note that this type of a conversational repair can be

accomplished by the repeating of a problematic item and by the emphasizing of a

problem syllable, as in this exchange:

Dan:	fear of <u>me</u> ↑…
Tomm:	Well, fear of your response

Tomm self-corrects by replacing "fear of me" with "fear of your response". His

response in line 28 is an example of what Ferrara (1992) refers to as a "predictable

utterance completion". In type of joint production of an utterance, the addressee (Tomm)

anticipates the speaker's (Dan's) intended utterance before its point of completion, as

evidenced by the addressee's completing the turn for or with the speaker. Tomm then

distinguishes between Dan's intent in offering solutions to Jen from the effect[31] of such

offerings on Jen. Interestingly, instead of describing how Jen is affected by what Dan

does, Tomm *impersonalizes* (Potter, 1996a) his description by mentioning the process of

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[31] Tomm has written about the importance of this intent-effect distinction (McNamee, Lannamann, & Tomm, 1983; Tomm, 1988).

reciprocal influence between two *unspecified* others, with one individual imposing

solutions, and the other feeling oppressed (lines 33-38). Impersonal constructions or

obliqueness in talk allow for a minimizing of blame and a softening of threatening

proposals (Potter). Therapists may use oblique expressions to trivialize or enhance

alignments with different perspectives in a dialogue (Aronsson & Cederborg, 1996).

Obliqueness, therefore, is another way of managing delicate topics in discourse

(Silverman, 1997).

In lines 42 through 46, Dan goes on to display his understanding of what Tomm

offers (Sacks, 1995) by expanding on Tomm's description. Dan concludes by offering a

weak agreement (Kitzinger & Frith, 1999). The weakness of Dan's agreement is visible

in his use of the relatively weak agreement token, *yeah* (Pomerantz, 1984), and a contrast

marker, *but* (Zeevat, 2006), signaling an upcoming disagreement. Tomm overlaps Dan's

but and builds on Dan's minimal agreement (the "yeah" portion) to solicit a more solid

uptake from Dan (lines 47-48). Tomm is visibly interested in what Dan does with his

description by offering his ideas in a form of a question. This is done in order to incite

Dan's response. He also incorporates Dan's descriptive terms ("caricature") as a part of

the ongoing discourse. In lines 49-52, Dan continues to disagree with Tomm by

challenging the idea that Jen is fearful of him. On the whole, there is little evidence in

this stretch of talk that Tomm's efforts to facilitate change in Dan's discourse are

successful.

Collaborative counselling practice has been characterized by both parties being

able to negotiate and contest each other's ideas (Gergen & Kaye, 1992). In this and the

previous exemplars of talk, Dan rejects the therapist's ideas and continuously upgrades

his own explanations. While persistently proposing something new and potentially helpful, Tomm observably creates space for Dan to disagree with his offerings, potentially modelling for Dan an alternative mode of relational engagement in which both parties ideas are welcomed as a part of unfolding discourse. Unlike Jen, Tomm does not abandon talk when faced with Dan's disagreeing perspective. He continues offering his perspective, adjusting it in light of Dan's responses, until Dan displays some uptake or acknowledgment of what Tomm says (not shown in this exemplar). T. Strong and Tomm (2007) argue that problems arise when family members fail to coordinate their relations with each other in ways that are mutually acceptable. They add:

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

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

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

1	Tomm	Um (1.0) what I see here (.) Dan is u::h (1.5) what I sometimes refer to
2		as a <u>trea</u>cherous <u>thought</u>. That that you have a certain thought about <u>her</u>
3		and her competencies •hh (0.5) which I thinkk that you believe the <u>true</u>
4		(.) perception (0.8) a:nd because it's true you entertain it and you believe
5		it serves you <u>we:ll</u>. (0.8) Um (0.6) but (.) you're-not (.) kh I don't think
6		aw<u>are</u> of the way in which that thought in fact bet<u>ray</u>s you. And and
7		that's how why it becomes <u>trea</u>cherous. Because uh when you believe

8		(0.9) and <u>hon</u>estly believe that she is (.) you know ve:ry (.) bbright and
9		articulate person and can speak her (.)•h um experience (0.7) just fine
10		(0.6) that that view then tends to:: <u>min</u>imize the degree to which (.) um
11		(0.6) you will sort of (1.1) uh give pr<u>ior</u>ity to what's happening moment
12		to moment in her exp<u>er</u>ience (0.9) because you have the confidence that
13		she will speak up and (1.4) and (.) say what has to be said. (.) •hh And
14		because you you you're not worried about that (.) that <u>tends</u> to <u>bias</u> you
15		to go ahead with whatever good ideas <u>you</u> have (1.1) which I think is
16		what creates the experience of intimidation(0.9) Uh and so I I'm trying
17		to <u>connect</u> the treacherous <u>thought</u> (0.7) >what I am calling a
18		treacherous thought< which is I think an assumption you have about <u>her</u>
19		and <u>her</u> experience •hh uh which I think (.) <u>pro</u>bably doesn't serve you
20		as well as you think it does. (0.8) And it probably contributes to the
21		experience other people sometimes have (0.5) of <u>you</u> engaging in (.)
22		ways of ta::lking that they experience as intimidating so you resort to ( )
23		intimidating <u>prac</u>tices not that you are an intimidating person (.) because
24		your intentions are good but the <u>eff</u>ect is to (what's the word) to
25		reinforce her positing of <u>pri</u>vacy and <u>hes</u>itance to to sort of speak up and
26		as as fully present in a conversation as she could be (.). So I am trying to
27		offer this to you as a view from myself ... So can-you (0.9) appreciate
28		what I'm trying to say or can you <u>see::</u> this through my eyes in addition
29		to your own eyes? (1.0) Does it make sense to you?=
30	Dan:	=Yeah (.) it does (.) I think. I you know if if I was to recap it (0.9) and
31		be <u>blunt</u> on characterizing how (0.9) that might be maybe it's just uh
32		(3.3) I am doing <u>some</u>thing that I'm not <u>intending</u> to do that ends up
33		being almost like (1.2) uh whatever (.) dominant type behavior (0.8) uh
34		a:nd and I'm blind to it
35	Tomm:	Yeah
36	Dan:	a:nd instead of uh (.) being Jen's friend and helping her grow and
37		instead of seeing the world as it is myself and taking her feelings into
38		account (.) the [way I] want to °I am (3.4) I'm missing it.° [( ) (1.2)
39	Tomm:	[Yeah.°] [•hhh So I
40		appreciate I appreciate you describing it and yeah (.) that's quite
41		accurate. •hh And I think one of the <u>dangers</u> here is that as men we're
42		often <u>soc</u>ialized into po<u>sit</u>ions of •hh (0.6) of privilege and entitlement
43		(.) and I went through some of thi:s (.) <u>myself</u> in my own relationship
44		with my partner (.) not realizing ho:w (.) much I bought <into: (.0
45		patriarchal (.) culture>, assumptions about gender and so forth right-
46		(0.9) •h aand it (.) was <u>hard</u> for me to see what I couldn't see because I
47		was blind (0.5) to my (.) >you know< male, <u>domin</u>ant position (.) you
48		know in relationship and I was blind to my <u>blindness</u> I couldn't see that I
49		was blind °right°? (.)
50	Dan:	That's the way it is when you're blind (hhhhh)=

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

In the exemplar presented above, Tomm displays efforts at remaining multipartial toward his own ideas. He downgrades his authority by designing his contributions to seem subjective and contestable. His lexical choices "what I see here" (line 1), "I think"

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

Tomm queries Dan's responses to his tellings both directly ("Can-you (0.9) appreciate what I'm trying to say" or "Does it make sense to you?", lines 27-29) and indirectly, through the tentative or cautious delivery of his ideas (lines 1-24) (Bergmann, 1992; Buttny, 1996; Drew & Heritage, 1992; Kogan & Gale, 1997; Peräkylä & Silverman, 1991). Expressed cautiousness (Silverman, 1997) is observable in his use of: restarts ("that that," "and and," "you you're"); tentative language ("probably", "I think", "I don't think", "sort of"); turn-holding devices or hesitation markers (e.g., "um");

suspensions ("we:ll", "to::", "ta::lking", "see::"); and pauses of various lengths.

Cautiousness allows Tomm to negotiate the delicate nature of the topic of the effects of

Dan's actions on others without claiming ultimate authority on the meaning of those

actions (Silverman).

Dan, in response, observably interprets Tomm's collaborative initiatives as

eliciting input from him. Tomm's turn (lines 1-29), in which he delays a response from

Dan for about 30 lines, entails an upshot formulation (Heritage & Watson, 1979) and

makes sequentially relevant Dan's responsive assessment (confirmation or

disconfirmation) (Hak & de Boer, 1996). Formulations, especially upshots which tend to

imply something rather than merely summarize it, are commonly found in institutional

settings and are most frequently introduced by questioners. Formulations are concerned

with "finding a psychological account in the client's words" (Antaki et al., 2005, p. 175).

Discursive researchers have noted that therapists can advance their therapeutic agendas

by recasting the clients' concerns in professional terms (Davis, 1986; Gale, 1991). For

instance, by formulating clients' talk, therapists may suggest that clients' responses index

an underlying relational or mental pattern (Peräkylä & Vehviläinen, 2003). Therapists

can further use the third part of *formulation-decision* pair to correct or elaborate on the

client's understanding or evaluation of the therapeutic formulation (Buttny, 1996; Hak &

de Boer):

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

Tomm's upshot formulation implies that if Dan were less "blind" to the impact of

his actions on Jen, she might be less withdrawn. Tomm continuously attempts to elicit

(preferably confirming) responses from Dan that would build a case for a systemic

perspective on what transpires between the clients (Buttny 1990). That would make the

couple's situation amenable to systemic intervention, so that change could be facilitated

at the relational rather than individual level. As O'Hanlon and Weiner-Davis (2003)

suggest, "If problems are negotiable, one might as well negotiate a problem that is

possible – even easy – to solve" (p. 55).

The therapist elicits acknowledgment from Dan via a token *yeah* that his

proposed account is acceptable (Pomerantz, 1984). Without a discernable pause between

turns[32] Dan offers a qualified (by "I think") endorsement of his understanding of Tomm's

ideas (line 30). *I think* displays the limited access that Dan has to Tomm's mind (Antaki

et al., 2005; Bergmann, 1992; Miller & Silverman, 1995). Its use allows Dan to present

his summary as 'his' and as contestable rather than as a statement of truth or an accurate

portrayal of Tomm's offerings (Potter, 1996a; Schiffrin, 1990). This may be viewed as

evidence of Dan's adopting Tomm's tentative and hesitant ways of talking.

Dan begins his turn by uttering an acknowledgment token *Yeah* (Jefferson, 1984),

the primary function of which is to provide a retrospective receipt or to claim hearing,

understanding, or agreement (Gardner, 2001; Pomerantz, 1984). *Yeah* also allows Dan to

exhibit that he is ready to assume the next speaking turn (Shelf, 1982). While

acknowledgment tokens *claim* understanding, formulations or summaries of the prior talk

display understanding (Clark, 1996; Sacks, 1995). Dan demonstrates his understanding

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[32] Agreements and affirmations are often introduced without any delays, or even as overlapping

what is said in the prior turn (Pomerantz, 1984).

by "recapping" (line 30) or offering a gist formulation (Heritage & Watson, 1979) of the material in Tomm's preceding turn.

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

By saying "yes and" Tomm *both* acknowledges Dan's meanings *and* offers something which Dan might not have considered before.

While affirming Dan's formulation (lines 39-40) and using his descriptive language ("I am blind", "dominant", lines 46 & 48), Tomm adds something new. He proposes that "intimidating practices" (line 21) are common among men rather than being unique to Dan (Edwards, 1994, 1995). Using the *impersonal construction* "men" allows Tomm to offer a potentially threatening (dispreferred or disaffiliative) idea (Potter, 1996a). Tomm also mentions that he himself used to be "blind" to the effects of his actions. In counselling literature, this practice is referred to as "self-disclosure" (Roberts, 2005). Antaki et al. (2005) challenge the traditional conception of self-disclosure as a solitary act of the therapist. They argue that self-disclosures are 'brought off' in interaction in order to fulfill particular social functions, such as showing one's understanding of, or building on, the prior talk. These researchers note some devices participants that used to self-disclose. One such device is to use extreme case terms in order to present disclosed information as significant or noteworthy. Also, self-disclosures are commonly produced as a bonus or as something not required by the preceding turn's structure. In this exemplar, Tomm uses an extreme case formulation to mark information as significant ("not realizing ho:w (.) much I bought <into", line 44) (Pomerantz, 1986). He also introduces the material as conjunctive (with *and*, line 40) or as something above and beyond what is expected by the prior turn produced by Dan. In self-disclosing ("I was blind") Tomm aligns with Dan by repeating almost verbatim Dan's previously uttered "I am blind to it".

Overall, in this exemplar of discourse we observe evidence of Dan's beginning to talk more tentatively and displaying more solidarity in his responses (agreement, acknowledgment, tentative pattern of delivery of ideas), not unlike Tomm in previous exemplars. Dan is heard to be collaboratively aligned with Tomm's ideas and ways of articulating them. The next exemplar portrays how all three participants continue coordinating their actions, with the result that they develop a mutual understanding of the topic at hand. The participants discuss how Dan acts out of the assumption that others are capable of clearly articulating themselves in their interaction with him. Tomm proposes that this assumption (labelled by him as a "treacherous thought") is counterproductive because it leads to undesired effects in Dan's interaction with others. Jen initially displays difficulty in understanding what Tomm and Dan, who has joined Tomm in this proposed way of talking, mean by "treacherous thought". However, as the interaction progresses, she demonstrates her comprehension by offering an example of this "pattern". Tomm, in turn, expands on Jen's understanding to offer something new.

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

1	Tomm:	But can I just check in with you (.) Jen does <u>this</u> resonate with your
2		experience what I'm saying or am I right out to lunch here
3		(1.9)
4	Jen:	I'm (having) trouble following it all to be (hhhh quite honest)
5	Tomm:	°Uh huh°
6	Jen:	or it sort of sticking (statement that) ( ) bu:t (2.1) it's an interesting
7		thought I guess I'm trying to I'm thinking about what you're saying I
8		hadn't really thought about (0.7) this who:le idea of (3.0) um (4.8) what
9		you were just suggesting to Dan (what just) I can't remember what word
10		you used to describe it (0.9) um
11		(1.6)
12	Dan:	[The treacherous thought=
13	Tomm:	[( )
14	Jen:	The [treacherous thought
15	Dan:	[=the assumption that I have (1.2)

16	Jen:	Yeah (1.1) [uu there is <u>some</u>thing there
17	Tomm:	Okay (there [might be) after all eh?
18	Jen:	Yeah, that's right.
19	Tomm:	(hhhhhhh)
20	Jen:	There's something there that is actually it kinda rings true to me and I'm
21		trying to think of it <u>it</u> as a <u>pattern</u> in (.) <u>other</u> things like (0.6) even last
22		week. (0.9) Uh (5.0) Remind me again that this what? >Can you t-tell
23		me that treacherous thought idea again- because I didn't [( )<
24	Tomm:	[Okay. <A
25		treacherous thought is a thought (0.6) that we ho:ld (1.1) and we think
26		it's (0.7) uh <u>true</u> and therefore it's a good thought, it-it's good to have
27		that idea. (1.1) But we <u>don't</u> realize how (.) living according to that
28		thought that we're thinking actually doesn't serve us well because the
29		consequences are negative, they have affects that we don't really intend
30		and so it ends up betraying us °right°?>=
31	Jen:	=Excuse me can I interject, cut in there before I forget cause I this
32		happens I might lose my train of thought. •h I think that's <u>very</u>
33		perceptive because I think that's a <u>pattern</u> (0.7) in ho:w (.) we parent and
34		how (.) even (1.3) <yo::u relate to (.) Fred> in get into these conflict
35		situations I think the (0.5) the <u>thought</u> is good 'Fred is capable' and
36		maybe I'm not understanding totally. Fred (.) let's take that thought and
37		and take it to Fred. Fred is capable of understanding what you have to
38		say (0.8) and understanding the reason you're acting on it. (0.9) And
39		(0.7) so (0.8) you're working out of that assumption but you're not sure
40		if that's really where >he's coming from.< Am I understanding this
41		correctly?= [so::]
42	Tomm:	=Yeah, [it's] partly getting there. And so then he might treat Fred
43		in wa::ys (.) where <his (.) expect<u>ati</u>ons of Fred's competence are
44		imposed upon Fred (0.5) and Fred (.) perhaps can't realize those
45		possibilities. (0.8) And so the relationship between him and Fred <u>suffers</u>
46		as a result and so the the thought does <u>treachery</u> (.) to the relationship
47		(1.0) you know that he <u>values</u>. >You know< as a father-son relationship
48		and it betrays him as a <u>father</u> (.) because it disrupts (.) ( ) wellness and
49		well-being in the relationship.
50		(1.2)
51	Jen:	Yeah I think that that there's I think there's a <u>pattern</u> there actually. Yes
52		that's that's what I'm thinking is that (.) again it's like uh (2.7) the
53		<u>inten</u>tions and this is I think are the biggest struggle we have is the
54		<u>inten</u>tions are good (0.8) but somehow between int<u>ention</u> (.) and this (.)
55		communication and the other person (1.4) everything goes haywire in
56		the in (.) not the intention but in the (0.5) how it's communicated, how
57		it's done. So (.) if you have the good thought (.) which I guess can be the
58		treacherous (hhhh) thought right if I'm understanding this correctly •hh

Tomm selects Jen as the next speaker by uttering her name (line 1) (Sacks, 1995). He invites Jen to join in a newly coordinated interaction between him and Dan. Instead of abruptly transitioning from one addressee or conversational project or topic to another Tomm uses a *pre* (Schegloff, 2007) to announce his intention to speak to Jen ("can I check in with you"). A *pre* proposes coordinating an entry into a conversation or new topic by 'securing' the addressee's cooperation (Schegloff, 1968). Tomm further seeks confirmation from Jen regarding the accuracy of his understanding by explicitly inquiring if what he is saying is suitable to her. He embeds within his query an option to disagree by using the *candidate answers* strategy (Pomerantz, 1988) ("does this resonate with your experience what I'm saying or am I right out to lunch here"; lines 1-2). As I mentioned earlier, professionals frequently deliver their assessments not straightforwardly but circuitously, namely through the *perspective display series* (Maynard, 1991). Clinicians first issue perspective-display invitations, to which clients then respond. Subsequently, professionals' diagnostic conclusions are fitted within clients' displayed perspectives. Tomm elicits Jen's perspective on what he had offered to Dan, which she eventually issues. Prior to articulating her perspective Jen asserts a problem in understanding and memory.

Following a delay of 1.9 seconds, Jen indicates that she is having "trouble" understanding what Tomm is saying (lines 4-10). Her turn is marked as dispreferred by a delay, pauses, perturbations and hitches, laughter, and the qualifier "quite honest" in a tag position (Heritage, 1984; Pomerantz, 1984). Embedded in her response is a metacommunicative statement evaluating Tomm's idea (Schiffrin, 1980). Jen issues an assessment of Tomm's proposal as "interesting" (line 6) and as something new that she

"hadn't really thought about" (lines 7-8). Lines 4-15 deal with misunderstanding and its resolution. Schegloff et al. (1977) refer to this specific repair organization as *self-initiated, other repair*. Jen initiates the repair by identifying two trouble sources (lines 4 and 9), while Tomm and Dan respond by assisting her in restoring understanding and memory. Tomm acknowledges the trouble source ("Uh huh", line 5) and Dan repairs Jen's problem with memory by reminding her of Tomm's descriptive term (lines 12 & 14).

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

In lines 39-46, Tomm builds on Jen's account by discussing the effects of Dan acting out of the assumption that "Fred is capable" (line 37). This 'building on' is accomplished by Tomm's confirming (with *yeah*, Gardener, 2001) an aspect of Jen's account and inviting a more complete understanding of his ideas by marking Jen's

description as incomplete ("it's partly getting there"). By following a minimal agreement

yeah, Tomm makes use of the third turn in the formulation sequence (formulation –

confirmation/disconfirmation – elaboration) to expand on his therapeutic version (Buttny,

1996). Jen acknowledges Tomm's addition (with *yeah*, line 42) and incorporates both

aspects of Tomm's idea as a part of her subsequent turn. She does so by suggesting that

Dan has a belief that others are capable, and that that belief tends to "betray" Dan or to

lead to undesired effects in his relationships with others (lines 48 to 55).

In the following exemplar, Dan finally shows a firm uptake of Tomm's (and

Jen's) discourse, particularly of his previously introduced distinction between intent and

effect of an action.

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

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

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

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

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[33] Sacks et al. (1974) distinguish between "interruptions" and "overlapping talk". They maintain that interruptions occur in a non-TRP (*transition-relevance place*) while overlapping talk occurs close to or at a TRP.

developed understandings). Having brought forth an alternative landscape of meaning,

Tomm invites Dan into an alternative landscape of action. Dan subsequently takes up that

invitation by expressing uncertainly (e.g., "I'm not sure"; exemplar 10, line 30) about

how to do what Tomm suggests ("Ho::w to do it"; exemplar 10, line 17). Tomm invites

Dan into an alternative landscape of action by using a binary construction *if-then*

(Edwards, 1994) to highlight the connection between Dan's possible future actions and

outcomes he desires. Tomm implies that for Dan to be more "successful" (line 18) he

would need to enact his intentions "as well as" (line 16) attend to the effect of his actions

on others. Tomm uses a tentative delivery pattern to formulate his talk (lines 13-18).

Tentativeness is audible in Tomm's use of pauses, stretched sounds, particles (*uh*), and

lexical choices ("if you could", "I'd encourage you"). The next stretch of talk concerns

Dan's asserting his uncertainty about how he can communicate with others better.

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

1	Nancy:	Can I give an example of that? Because one of the things I've
2		noticed about Dan is he can be quite compassionate to people •hh
3	Tomm:	Uh huh
4	Nancy:	In fact I've mentioned that to you in our conversation and (.) like if if
5		he's thinking that he's a negative person he might (.) not (.) sort of
6		[( )
7	Tomm:	[Realize his potential yeah.
8	Nancy:	Yeah. He might not grab onto that as a resource that he could use
9		with his kids or with Jen (.) right?
10	Tomm:	Exactly exactly
11	Nancy:	Because to me that's a hu:ge resource for him.
12	Tomm:	Yeah, absolutely.
13	Nancy:	d-desire to help other people. (.)
14	Tomm:	Yup.
15	Nancy:	Yeah yeah does that make sense to you (.) [what (I am) saying?]
16	Dan:	[What you are saying]
17		makes sense. Ho::w to do it (hhhh).
18		(0.6)

19	Nancy:	Uh huh
20		(0.9)
21	Dan:	There's <u>a lot</u> of room to grow
22	Nancy:	[Okay]
23	Tomm:	°[Abso]lutely (.) <u>absolutely</u> (.) and I'm glad you can see that (0.6)
24		I'm really pleased that you can see that (1.8) I find it very moving
25		actually.°
26		(4.5)
27	Nancy:	°Uh huh°
28	Dan:	°As an agent (.) (of change) I feel like (1.1)° A
29		BUUL(HHH)DOZER IN A FOREST (hhh) you know (I don't) have
30		the con<u>trols</u>, I'm not sure where they are.
31	Nancy:	°Huh°
32		(6.1)
33	Tomm:	•hhhh You know that I-I presume you're feeling a bit of sadness at
34		the moment. (0.6) And I want to ho:nor <u>that</u> and draw to your
35		attention the value of <u>that</u> (1.0) beca:use um (0.8) what you're
36		touching on now emotionally is probably a reflection of something
37		that is a growing itch.
38		...
39	Tomm:	And (.) if <u>you</u> can embrace those emotions and see them as as uh
40		(1.3) as a positive thing (1.0) then I think that co:uld (1.5) ac<u>cele</u>rate
41		your movement. (1.6) A lot of men feel <u>very</u> uncomfortable (0.5)
42		with those emotions cause they feel it's not very <u>manly</u> to (.) to
43		become tearful, and to weep, and so forth. (0.7) But I think that
44		<u>restrains</u> their possibilities. (.) >You know< and they (1.7) get stuck
45		in that. (3.6) •hhhhh LISTEN, we should probably wind up.
46	Nancy:	°Uh huh°
47	Tomm:	Um butt um (1.0) do >either of you have any questions you want to
48		ask me?< Before we wind up for today?

Over a series of quick uptakes Tomm and Nancy (the couple's primary therapist)

co-construct an account of Dan as a person with a "<u>huge</u> resource" (line 11) of

"compassion" (line 2). Dan is scripted (Edwards, 1994) as someone who desires to help

and who might benefit from recognizing this desire in order to "use with his kids or with

Jen" (lines 8-9). In lines 5 to 7, Nancy and Tomm orient to this side of Dan as being

potentially neglected by him. Discursive therapists conceive of people's identities as

socially constructed and maintained in language (Anderson, 1997; de Shazer, 1991;

Freedman & Combs, 1996; White & Epston, 1990). They attend to marginalized (i.e.,

discursively underdeveloped) stories of self and invite clients to engage in re-storying. This is done so that clients can live their personal and relational lives by stories they prefer (Parry & Doan, 1994). Nancy invites Dan to join in developing this under-storied aspect of 'his' identity ("does that make sense to you what I am saying?", line 15).

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

In lines 33 through 37, Tomm offers a gist formulation of Dan's experience (Heritage & Watson, 1979). In the counselling literature a response of this kind is referred to as *empathy* (Bohart & Greenberg, 1997; Rogers, 1951; Watson, 2002). Sinclair and Monk (2005) challenge the traditional definition of empathy as "the counsellor's ability to reflect the experiencing of clients and to encourage and enable clients to become more reflective about their lives" (p. 335). They argue that this definition is based on liberal-humanism, which separates people from the socio-political contexts in which they live and which locates problems 'within' individuals. A discursive perspective on empathy, Sinclair and Monk maintain, "acknowledges both the client's immediate feelings and concerns, as well as the wider cultural backdrop (i.e. culture of

masculinity and violence) that impacts on those feelings" (p. 343). Tomm displays both of these aspects of empathy: he reflects Dan's feelings (lines 32-37) and challenges the dominant cultural story that "men don't cry" (lines 39-45).

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

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

Chapter VI: Summary of Collaborative Practices and Devices

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

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

This study is predicated on the assumption that collaborative strategies emerge out of the process of interaction itself. For example, collaborative turn completion of the current speaker's turn by another speaker is occasioned by prior discourse. At the same time, such completion, unless challenged, shapes subsequent talk by demonstrating that

the addressee understood what the speaker meant and there is no need for the speaker to elaborate or clarify. Accordingly, the term "collaborative turn sequences" (Lerner, 2004) or "joint productions" (Ferrara, 1992) may be more appropriate for depicting communicative procedures and devices involved in the co-construction of therapeutic discourse, since those terms implicitly recognize that collaborating involves more than one party.

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

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

collaborative talk. In capturing this 'interpretivist' approach to research, Ragin (1994)

remarks,

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

Therefore, I do not claim to have discovered the 'nuts and bolts' of collaborative

communication between Dr. Tomm and his clients. I simply offer *an* interpretive account

of how the therapist and the clients showed to each other that they considered it relevant

to produce their talk jointly, that is, in ways that fitted more than one party. "Practices"

and "devices" are the analytical categories I used to refer to what I observed in talk. Once

again, I do not consider them to be mirror images of the participants' 'true' intentions or

concerns in interaction, but rather ways of presenting what I noticed in talk so that

therapists can make sense of what transpired in the session and apply my results in their

own practice. Table 2 summarizes collaborative devices and practices identified in this

study.

Table 2

Collaborative Devices and Practices

Domain	Description

Co-constructing Shared Descriptive Language	1. Welcoming Clients' Meanings:
	    a. Responsive delivery and displayed interest in clients' meanings;
	    b. Continuers and silences (to give space to clients to formulate ideas in preferred ways).
	2. Extending Clients' Meanings:
	    a. Taking up and extending clients' descriptive language;
	    b. Formulating clients' prior talk;
	    c. Embedding presuppositions within questions;
	    d. Yes/and structure;
	    e. Using obliqueness to manage delicate topics.
	3. Eliciting and Responding to Client Feedback:
	    a. Orienting and responding to weak agreements from clients;
	    b. "Or" in a tag position;
	    c. Directly requesting feedback;
	    d. Candidate answers strategy;
	    e. Tentative turn design.

Co-constructing Shared Language of Intentions	1. Using pres to prefigure actions or activities. 2. Coordinating transitions using okay and well markers. 3. Granting clients' requests.

Most strategies and devices I observed occurred more than once throughout the duration of the session. Some practices, however, were singularly utilized. These included collaborative completion of the client's turn (exemplar 9, lines 6-7); self-disclosure to confirm comprehension of and to build on the clients' prior talk (exemplar 7, lines 42-48); interrupting to introduce an alternative perspective (exemplar 6, line 23); pursuing the client for a response over many turns (exemplar 5 & 6; Tomm begins receiving the response from Dan in segment 7, lines 30-38); and speaking on someone's

behalf (exemplar 5, lines 54-55; exemplar 6, lines 31-32) to centre (Kogan & Gale, 1997) or further develop marginalized explanations. What follows is the description of practices and devices that I saw the participants using in their attempts to create meaning collaboratively.

<p style="text-align:center">*Co-constructing Shared Descriptive Language*</p>

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

Welcoming Clients' Meanings and Descriptions

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

Responsive delivery of ideas and displayed interest in clients' meanings. Existing CA research highlights that professionals frequently rely on a three-step sequence to share their conclusions and assessments (Couture & Sutherland, 2006; Maynard, 1991; Vehviläinen, 2001). They first elicit clients' views (step 1), to which clients respond by

offering their perspectives (step 2). Professionals then fit their diagnostic conclusions within perspectives offered by the clients (step 3). This allows the offering of professionals' knowledge not as disjointed but as grounded in clients' understandings. Eliciting clients' views first may also be a way for professionals to later readjust the delivery of their ideas to enhance the probability that the clients will accept these ideas. In my analysis, Tomm relied on this three-step structure to offer his ideas (see the entire exemplars 6 & 8; pp. 146 & 163). Overall, Tomm seemed more concerned with clients' perspectives than with sharing his knowledge. After receiving the clients' replies he frequently proceeded to ask other questions instead of offering his ideas (e.g., in exemplars 3 & 4; pp. 120 & 130).

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

Exemplar 1 (lines 52-53)

T: **from your point of view**↑ how how is the therapy going?

Exemplar 4 (lines 1-8)

T: to what extent to **do you see** Jen as a <u>re:</u>source for you (0.8) in (0.6) your <u>personal</u> development in (.) in relation to: (0.9) <u>anger</u> in both domains? Like do you see her as (0.6) a as a m-major (1.1) uh cont<u>ri</u>butor to:: developing greater skill and competence, or do you see her as someone who yo::u (.5) you struggle with and and (.) it becomes uh more of a liability than an asset?
 (1.0)
D: Over<u>a:ll</u> mo:re of an asset.

Exemplar 4 (lines 16-19)

T: **Do you experience yourself** being (.) a <u>re</u>source to him that that that he sees you that way?
 (1.2)
Jen: **I <u>definitely</u> see mmyself** as being a resource to Dan.

Exemplar 6 (lines 25-27)

T: So **do you think** I'm misunderstanding her?=
D: =No (.) um but **I think** fear of <u>me</u> ↑

Exemplar 5 (lines 30-34)

J: •hh ITS'S A BIG RISK FOR ME TO DO THAT SO WHEN I DO TAKE THE RISK OF "Okay I'm gonna (.) talk about (something) here that (1.0) really means something to me" •hhh (.) yet I often (1.5) >well<
 (1.4)
T: **How come** it's such a <u>risk</u>?=
J: =**I don't know**. That's just my (.)
T: **Are you afraid of <u>him</u>** and his response °or°?
 (0.9)
J: Um
T: **Are you intimidated by <u>him</u>** sometimes?
 (4.4)
J: Sometimes yeah.
T: Do you ( ) with the what <u>for</u>cefulness of <u>his-s</u> his be<u>lief</u>s and (.) so<u>lut</u>ions and (1.5) **is it that what you find intimidating** or what?
 (3.4)
J: U::h (0.9) partly <u>that</u>. Sometimes just not (.) **<u>not</u> being under<u>stood.</u>**

In the last exchange Tomm, jointly with Jen, establishes the relevance of Jen's

exploration of her experience of interacting with Dan. Such relevance is observable in

Tomm's incorporating into his queries references to mental states – Jen's thought and

feelings ("how come", "are you afraid of him", "are you intimidated by him", "is that

what you find intimidating") and in Jen's reference to her 'not knowing' ("I don't know")

and her experience of "not being understood".

I present the next lengthy exchange to show how Jen's 'not understanding' or

forgetting arises out of the interaction itself and how all three participants find Jen's

trouble with understanding or remembering what Tomm said previously to be observably

relevant.

Exemplar 8 (lines 1-8)

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

Jen asserts having trouble understanding and remembering what was said by Tomm by

permeating her turns with pauses, false restarts, stretched vowels, and particles and by

issuing two *invited utterance completions* ("I can't remember what word you used…",
"Can you t-tell me that treacherous thought idea again- because I didn't") to openly elicit
help from Tomm, which she subsequently receives (Ferrara, 1992).

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

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

Exemplar 2 (lines 6-11)

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

Extending Clients' Meanings

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

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

Exemplar 5 (lines 30-34)

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

Exemplar 5 (lines 45-51)

J: U::h (0.9) partly <u>that</u>. Sometimes just not (.) **<u>not</u> being <u>understood</u>**. (0.7) So
        maybe that's and again I always (.) sit and think "Well is it just me not being
        able to communicate well enough what it is that I'm (.) feeling, or is it (2.4) Dan
        hearing something different from what I'm saying, o:r
        (1.5)
T: And do you you sometimes um (1.3) articulate <u>that</u>, and say to him "**Listen (.)
        Dan I don't think you're understanding me**".

Exemplar 6 (lines 39-45)

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

Exemplar 7 (lines 38-45)

D: I am doing <u>some</u>thing that I'm not <u>intending</u> to do that ends up being almost like
        (1.2) uh whatever (.) **dominant** type behavior (0.8) uh a:nd and I'm **blind** to it

…
T: and I went through some of thi:s (.) <u>myself</u> in my own relationship with my
        partner (.) not realizing ho:w (.) much I bought <into: (.0 patriarchal (.)
        culture>, assumptions about gender and so forth right- (0.9) •h aand it (.) was
        <u>hard</u> for me to see what I couldn't see because I was blind (0.5) to my (.) >you
        know< male, **dominant** position (.) you know in relationship and I was **blind** to
        my <u>blindness</u> I couldn't see that I was **blind** °right°? (.)
D: That's the way it is when you're **blind** (hhhhh)=

The next example closely resembles the strategy of mirroring. However, it is probably

best identified as a *predictable utterance completion* (Ferrara, 1992), because its function

is to recognizably display Tomm's understanding of Dan's talk, rather than to indirectly

elicit elaboration from Dan. Dan projects his intended utterance before its completion and

Tomm co-completes it.

Exemplar 9 (lines 4-7)

D: good thing or it's (0.9) the right thing to be doing but it's <u>how</u> I do it, the wa::y I
        ma:nage to:: (0.7) [(   ) (work with people) and **implement the**
        intentions
T: [**implement your good intentions**.

Formulating clients' talk. Another way to stretch or extend clients understandings

is to formulate them. I frequently observed Tomm offering his ideas in the form of a

formulation – "the practice of proposing a version of events which (apparently) follows

directly from the other person's own account, but introduces a transformation" (Antaki,

2008, p. 26). Formulation is heard as giving a gist or upshot of the clients' prior telling

(Heritage & Watson, 1979). Antaki suggests that formulations display the participants'

intent to cooperate or collaborate. Specifically, formulations are "designed to show that

the therapist is cooperatively following the line of the client's account" (p. 30). At the

same time, formulations enable transformations of clients' discourse. In formulating the

client's account the therapist may selectively attend to certain aspects of the account

while disregarding other aspects, transforming the client's narrative to some degree.

Alternatively, the therapist may draw specific (therapy-laden) implications from what the

client said. The client is often expected to evaluate (confirm or disconfirm) the therapist's

formulation in the next turn (Hak & de Boer, 1996). In other words, formulations are a

way for therapists to elicit client feedback to their professional recasting of clients'

meanings. Also, formulations may be used to downgrade the therapist's authority by

finding professional versions of events in the client's own talk (Antaki). They permit

presenting therapists' ideas as emergent from within a conversation and being grounded

in clients' words rather than as being imported from the 'outside' (Anderson, 2001).

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

Exemplar 5 (lines 24-29)

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

Exemplar 3 (lines 37-38)

T: [°I see°] and **they get a bit overwhelmed then I gue[ss   ]**
D: [<u>Y</u>eah]

Exemplar 2 (lines 24-28)

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

Exemplar 8 (lines 40-48)

T: **And so then he might treat Fred in wa::ys (.) where <his (.) expect<u>ati</u>ons of**
        Fred's competence are imposed upon Fred (0.5) and Fred (.) perhaps can't
        realize those possibilities. (0.8) And so the relationship between him and
        Fred <u>suff</u>ers as a result and so the the thought does <u>trea</u>chery (.) to the
        relationship (1.0) you know that he <u>val</u>ues. >You know< as a father-son
        relationship and it betrays him as a <u>fa</u>ther (.) because it disrupts (.) ( )
        wellness and well-being in the relationship.
        (1.2)
J: Yeah I think that that there's I think there's a <u>pat</u>tern there actually.

These exchanges demonstrate that the clients, whose talk Tomm formulates, treat as

relevant their responsive evaluations (confirmations) of Tomm's formulations.

Additionally, his tentative packaging of his formulation presumably makes it easier for

the clients to contest that formulation.

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

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

These constructionist ideas are based in part on the assumptions of the empowerment theory (Breton, 1994; Rose, 1990), which posits that individuals need to be active and creative participants in their environment. Empowerment is defined as "a process of dialogue through which the client is continuously supported to produce the range of possibilities that he or she sees as appropriate for his or her needs" (Rose, p. 49). From a discursive perspective, it would seem reasonable to view ''empowerment'' not as something unilaterally done to the client by the therapist but as an interactive process,

whereby the client's sense of mastery and agency are developed and expanded in the course of dialogue (Sutherland, 2007; Winslade, 2005). Therapists cannot empower clients (as in handing down power); they can, however, position themselves with clients in ways that invite clients to share their power/expertise (Anderson, 2001). Ultimately, it is up to clients if they choose to accept this invitation. On the whole, constructionist counselling is concerned with creating a dialogical context in which clients' resources are mobilized so that they feel empowered to take action to improve their lives (Anderson, 1997; White & Epston, 1990).

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

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

Therapists who adopt a posture of empowerment and ask reflexive questions do not coerce clients into accepting therapists' understandings. Instead, clients are invited to entertain alternative descriptions and decide for themselves if such descriptions fit. According to Tomm (1988), the same idea can be presented differently. Consequently, it

is the delivery of knowledge rather than its content that distinguishes collaborative and less collaborative interactions (Anderson, 2001).

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

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

Exemplar 3 (lines 51-53)

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

This is an example of a reflexive question. "Where do you see yourself" invites Dan to consider (talk about) himself in a new light – as having influence over anger. What is also reflexive about this question is that new ways of talking about himself may be used by

Dan as feedback, for example, subsequently translated into new ways of acting and responding. The entire session is permeated with reflexive questions focusing on the clients' strengths and resources or possibilities for action and meaning.

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

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

Exemplar 3 (lines 13-38)

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

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

…

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

D:	 [<u>Y</u>eah]

T:	Okay

Tomm seems attuned with Dan's emergent discursive preferences. (For example, he

adjusts his descriptive language until Dan offers a stronger uptake.) In recognizing Dan's

preferences, Tomm uses them to shape his further contributions to discourse. Instead of

reasserting his authority after Dan offers an answer that only *appears* to align with

Tomm's presupposition (">Sure<"followed by disagreement), Tomm builds on Dan's

response to further co-construct an account that is genuinely co-shared.

     Yes/and structure. Tomm used a *yes/and* strategy to both acknowledge the clients'

meanings and to offer something new. Most often he merged the clients' talk with his

account using an acknowledgement token *yeah* (Jefferson, 1984; Pomerantz, 1984) or an

agreement token *for sure*; gist formulation; additive markers *and* and *as well*; or a

contrast marker *but* (Schiffrin, 1987), as in these examples:

Exemplar 8 (lines 36-40)

J: And (0.7) so (0.8) you're working out of that assumption but you're not sure if
             that's really where >he's coming from.< Am I understanding this
             correctly?=[so::]
T: **=Yeah,   [it's] partly getting there. And** so then he might treat Fred in
             wa::ys (.)

Here Tomm marks Jen's talk as incomplete by uttering "it's partly getting there"

implying that an elaboration of her understanding is relevant. He then provides that

elaboration.

Exemplar 8 (lines 11-18)

T: **(Yeah)** (0.8) **so so but you you're <u>acknowledging</u>** that perhaps you're not
             <u>giv</u>ing him as much oppor<u>tun</u>ity to (.) help you because you're such a private
             person •hhh so (.) so one challenge for you would be to (.) open up more to give
             him more <u>ac</u>cess to your experience so he <u>can</u> (.) perhaps receive more from
             you. **But** I-I imagine there's some reason why you're (0.5) you're more private. I
             mean uh do you feel <u>vul</u>nerable to open up more? Do you (0.5) do you feel that
             he can <u>hon</u>or and and respect your your vulnerabilities if you were to expose
             yourself mo:re psychologically?

In the exchange above, Tomm acknowledges what Jen said with a token *yeah* and a

formulation of her discourse followed by a shift (with the marker *but*) to a new task,

namely, co-exploration of the systemic dynamic accounting for Jen's privacy.

Exemplar 7 (lines 36-38)

T: [**Yeah**.°]   [•hhh So I appreciate I appreciate
        you describing it and **yeah** (.) that's quite accurate. •hh **And** I think one of the
        <u>dan</u>gers here is

Exemplar 9 (lines 15-18)

T: =**For sure** •hh so what I'd encourage you to do::: uh is if if you could (.)
        develop a <u>habit</u> (1.0) •hh of listening to the other person's <u>listening</u>, (0.6) to try
        to <u>hear</u> what they're <u>hearing</u>. Because •hh if you (.) were more grounded in <u>that</u>
        experience, **as well as** your good int<u>en</u>tions- then the ch<u>an</u>ces of <u>yo:u</u> making
        cho:ices (1.2) with respect to how to implement your good intentions would be
        (.) mo:re likely to be successful

Tomm bridges the previously co-developed account of Dan having intentions to be

helpful to others with a systemic focus on the effects of Dan's behaviours on Jen. In other

words, Tomm emphasizes the value of attending to Dan's good intentions "as well as" to

how Dan's responses, stemming from his good intentions, may impact others.

        Using obliqueness to manage delicate topics. When delicate topics arose such as

the topic of others' finding Dan intimidating in the course of the session, Tomm used

oblique or impersonal constructions, such as "people", "men", "others" (Aronsson &

Cederborg, 1996; Potter, 1996a; Silverman, 1997). Here some examples of how these

constructions featured in discourse and what they allowed the participants to accomplish.

Exemplar 6 (lines 28-49)

D: =No (.) um but I think **fear of <u>me</u>** ↑I if that's what [(your question
T: [Well, **fear of**
        your response (.) not necessarily you as a person but (1.0) cause she
        mentioned sometimes you were quick to come with solutions and that's not

what she wants.

D: Right.

T: And (.) I guess she feels kind of (0.9) ummm you know when you do have a solution (.) >And I see with other people too a lot< that (.) that >**And I see with other people too a lot**< that (.) that **one person** has a solution and they think it's a good idea so they tend to impose it right? **The other person** for whatever reason isn't comfortable with that (.) but they can't (.) sort of easily (.) you know uh articulate their discomfort and and effectively protest so they feel op<u>pre</u>ssed (.5) and so that creates some fear (1.1) in the::e (0.7) dynamics of the relationship.

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

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

D: No I I don't Jen isn't she's she is a <u>very</u> smart person,

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

In the next exemplar, we notice how Tomm manages to save face for Dan by highlighting that Dan's engaging in "intimidating practices" does not mean he is a bad person. Dan previously took issue with being described as "intimidating". Tomm designs his talk in light of the feedback he received earlier from Dan. Overall, Tomm implies that intimidating practices are extremely *common* ("and I see with other people too a lot"), especially among men, and that such practices do not necessarily mean that a person who enacts them is bad.

Exemplar 7 (lines 20-26 & 41-50)

T: And it probably contributes to the experience other people sometimes have (0.5) of <u>you</u> engaging in (.) ways of ta::lking that they experience as intimidating so you resort to ( ) **intimidating <u>prac</u>tices not that you are an intimidating person (.) because your intentions are good** but the <u>eff</u>ect is to (what's the word) to reinforce her positing of <u>privacy</u> and <u>hesi</u>tance to to sort of speak up and as as fully present in a conversation as she could be (.).

…

T: And I think one of the <u>dangers</u> here is that **as men we're** often <u>soci</u>alized into po<u>sit</u>ions of •hh (0.6) of privilege and entitlement (.) and I went through some of thi:s (.) <u>myself</u> in my own relationship with my partner (.) not realizing ho:w (.) much I bought <into: (.0 patriarchal (.) culture>, assumptions about gender and so forth right- (0.9) •h aand it (.) was <u>hard</u> for me to see what I couldn't see because I was blind (0.5) to my (.) >you know< male, <u>domin</u>ant position (.) you know in relationship and I was blind to my <u>blindness</u> I couldn't see that I was blind °right°? (.)

D: That's the way it is when you're blind (hhhhh)=

By adding "as men we're" and engaging in self-disclosure Tomm aligns with Dan,

implying that he and Dan are 'in it together', having been socialized to inadvertently

engage in intimidating practices.

Constructionist practitioners and researchers argue that one aspect of

collaborative discourse is that therapists' meanings are introduced in ways that invite

contestability of such meanings from clients (Anderson, 2001; Gergen & Kaye, 1992;

Kogan & Gale, 1997; Miller & Silverman, 1995; Weingarten, 1991). This applies not

only to what is said by therapists but also how it is said. I have identified a number of

strategies Tomm used to introduce his knowledge in ways that displayed his orientation

to what clients did with it and how he could further influence them in ways they are

likely to experience as helpful.

Eliciting and Responding to Client Feedback

I will discuss the range of strategies and devices that Dr. Tomm relied on, jointly

with the clients, to involve the clients more in evaluating his interventions. One of these

strategies was Tomm's attending to minimal agreements from the clients by modifying, slightly or entirely, his versions of events to reflect better the clients' preferences.

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

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

Exemplar 3 (lines 13-38)

```
T:      do you think that other people sometimes experience yo:u as (0.9) as coming
        across as being intimidating when (.) that's not how yo::u (.) experience
        yourself? (0.6) an:::d-um (0.7) >so that< (0.4) is that one of the:: dynamics
        (you) think that operates here?
D:      >Sure< (0.7) Uh I don't know (0.5) I I haven't heard that as a complaint that
        I'm (0.6) intimidating I don't know=
…
T:      [°I see° ] and they get a bit overwhelmed then I gue[ss    ]
D:                                                          [Yeah ]
T:      Okay
```

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

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

Exemplar 4 (lines 36-45)

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

In the last line, Jen marks Tomm's descriptions as "partly" accurate or acceptable. Her turns contain weak agreements displayed through substantial delays (from 0.9 to 4.4 seconds) and various particles and hesitations ("um", "sometimes yeah", "u::h (0.9)

partly that"). Tomm attends to Jen's responses as her refusal to join more solidly in co-developing a relational account of the problem. Tomm uses yes/no questions (Raymond, 2003) and candidate answers (Pomerantz, 1988) to invite Jen to join in the relational perspective on the couple's difficulties, proposing a shift from a more dominant intrapersonal account, which locates the problem within Jen.

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

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

Exemplar 4 (lines 29-31)

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

Exemplar 5 (lines 36-41)

T: Are you afraid of <u>him</u> and his response °**or**°?
        (0.9)
J: Um
T: Are you intimidated by <u>him</u> sometimes?
        (4.4)
J: Sometimes yeah

Exemplar 5 (lines 50-54)

T: And do you you sometimes um (1.3) articulate <u>that</u>, and say to him "Listen (.)
        Dan I don't think you're understanding me." (1.2) Um and to make a claim for
        mo:re spa:ce to to express your experience more fully. (2.6) Have you been able
        to do that **o:r**
J: Mm

Exemplar 5 (lines 43-45)

T: is it that what you find intimidating **or what?**
         (3.4)
J: U::h (0.9) partly <u>that</u>.

In the two latter exchanges the clients display hesitance to take up Tomm's offerings.

Tomm's use of *or* in a tag position, accompanied by the clients' responsive assessments

of his prior talk, displays the participants' mutual orientation to producing descriptions

collaboratively.

Directly requesting feedback. Sometimes Tomm openly requested the clients'

feedback on the value of his professional conclusions and interventions (Buttny, 1996), as

in the segments below. In these segments, he observably found it relevant to elicit

confirmation or agreement from the clients regarding his understandings and proposals.

Exemplar 1 (lines 46-47)

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

Exemplar 2 (lines 24-27)

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

Exemplar 7 (lines 25-28)

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

Exemplar 1 (lines 48-51)

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

The example above is a good demonstration of how *okays* are multifunctional,

necessitating a context-sensitive approach to their interpretation (Beach, 1993). Jen issues

an *okay* to grant Tomm's previous-turn request (Okay?) for a confirmation or agreement

(Fillipi & Wales, 2003). As Wittgenstein (1969) points out, "knowledge in the end is

based on acknowledgement" (No. 378). Tomm needs clients' confirmations (*okays*) for

him to know that they are understanding each other in common and can proceed.

        Candidate answers strategy. I found candidate answers strategy being used to

indirectly elicit the clients' preferences for moving forward in interaction (Arminen,

2005). The participants relied on the candidate answers strategy to coordinate and

negotiate mutual ways of talking and relating. Through the use of this strategy, Tomm

invited the clients to endorse (or refuse) his ideas and proposals. By selecting and

responding to one of the options from Tomm's list, the clients extended meaning

implementing their wishes for how to 'go on' in interaction.

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

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

In the fragment above, the insert "or anything" with a rising intonation marks the open-

endedness of what may count as appropriate questions from the clients, not just the

candidate options for asking that are offered by Tomm. Inserting this expression is a way

to involve the clients – by asking a question and thus placing them in the position of

having to respond – in negotiating the proposed direction of a conversation.

Exemplar 1 (53-56)

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

By proposing as candidates *both* options for the clients to pick from and emphasizing <u>not</u>

(getting from therapy what they would like), it is possible that Tomm legitimizes the

version that the clients are not benefiting from therapy at the centre. If Tomm had

presented only one option ("do you feel like (0.5) um (1.0) you're getting (0.7) you know

(.) what you would like in terms of (1.0) our work with you he::re"), the clients would

likely have oriented to the implicated preference for agreement. However, if their

experience was that they were not finding therapy helpful, it would have been

challenging for them to voice their concerns when faced with Tomm's yes/no question

(Raymond, 2003). Tomm (1993) refers to reflexive questions containing branching of

alternative meanings as "bifurcation questions" (p. 67). While obviously 'loaded' (rather

than being directionless), these questions can be helpful in co-constructing greater

awareness of alternatives.

Exemplar 4 (lines 3-23)

T: Like **do you see her as (0.6) a as a m-major (1.1) uh contri̱butor** to::
       developing greater skill and competence, **or do you see her as someone who
       yo::u (.5) you struggle with** and and (.) it becomes uh **more of a liability than
       an asset**?
       (1.0)
D: Overa̱:ll mo:re of an asset. (0.8) Um but (1.0) looking at the tra̱ck record (0.7)
       again both things are there. •hh She's my best friend. Jen is is um (1.5) °you
       know° my co̱nfidante, there isn't anything I don't talk about with her and (0.8)
       um (1.8) we:: (.) have a lot of (1.5) (kind of) value-based di̱rections in our life
       and we share values. (0.6) So (.) there's lots of alignment to touch base with
       there (0.8) um just in terms of inte̱ntion, what we would like to do, and why we
       would like to do it, and how important it is to̱ us [(.)   ] in the things that we do.
T: [°Okay°]   (>Just a
       second) let me check something out with her<. **Do you experience yourself
       being (.) a re̱source to him that that that he sees you that way?**
       (1.2)
J: I de̱finitely see mmyself as being a resource to Dan. Whether he always sees me
       that way (.) >I don't know< (.) (Hh)uh (.) sometim[es, sometimes.

       In the exchange above, Tomm asks Dan if he sees Jen as a resource *or* a liability

in his relationship with his anger. Dan proceeds to unpack his description of Jen as an

asset and is presumably about to begin describing Jen as a liability. Preempting a

potential shift to the problem-talk, Tomm interrupts Dan and proposes to give the

conversational floor to Jen. He then issues another candidate answer ("Do you experience

yourself being (.) a re̱source to him") while addressing Jen. Overall, Tomm issues a series

of "optimistic questions" (MacMartin, 2008) with presuppositions focusing on Jen's

strengths and resources. When Dan 'drifts away' from Tomm's optimistic or solution-

focused agenda, Tomm responds by attempting to negotiate a speaker change (Gale, 1991). It appears that Tomm's talk is not directionless. His questions imply the domain of legitimate response and his candidate answers embed a specific set of (systemic) presuppositions. He opens up space in the conversation for a specific construction or explanation (Tomm, 1992), into which the clients can step, should they wish. When Tomm witnesses a refusal from the clients, we observe him transforming *his* talk to better reflect clients' preferences and understandings, rather than expecting that clients accommodate to his perspectives.

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

Tentative turn design. Throughout the session, Tomm marks his talk as tentative and uncertain. Kogan and Gale (1997) in their micro-analysis of therapy identify the therapist's use of a strategy of "reciprocal editing". Reciprocal editing refers to the tentative and uncertain packaging of ideas by the therapist in order to invite the client's reciprocal editing of the therapist's talk. Goodwin (1987) similarly shows how displays of uncertainty operated as requests to 'knowing' participants to collaborate in the

production of an account or description. Tomm presented his ideas as food for thought (Anderson, 2001), without having a final say on the clients' meanings. By showing tentativeness and uncertainty, he was able to be interventive while remaining less authoritarian (Guilfoyle, 2003; Kogan & Gale; Roy-Chowdhury, 2006). To mark his talk as hesitant and uncertain, Tomm used a variety of devices, including uncertainty markers ("maybe", "I guess"; Lobley, 2001), pauses, false starts, and hesitations such as *uh* or *um* (Kogan & Gale; Pons Borderia, 2006).

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

Exemplar 3 (lines 37-38)

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

Exemplar 4 (lines 32-33)

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

These examples, as well as Tomm's lexical choices in the exemplar 7 "what I see here" (line 1), "I think" (lines 3, 5, 15, 18), and "a view from myself" (line 27), display his efforts at downgrading his expert status. He owns his ideas and offers them as

observations (what he hears or sees) rather than presenting them as objective truths. Tomm states what he "thinks" is happening but designs his offerings as provisional (Miller & Silverman, 1995) and as yet to be determined. By producing his ideas as tentative and contestable, Tomm welcomes the client's input, thereby facilitating the co-construction of a shared perspective.

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

Exemplar 3 (lines 13-18)

Tomm: Mm hmm •hh **Do you do you** relate **to::** Jen's experience **of (1.0) of uh** st<u>ru</u>ggling with **(1.3)** how safe it is to:: (0.5) to be open in raising things? (3.4)
Dan: **S-safety isn't an issue** I I don't think.

Exemplar 3 (lines 1-6)

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

dynamics (you) think that operates here?

D: >Sure< (0.7) Uh I don't know (0.5) **I I haven't heard <u>that</u> as a complaint** that
        I'm (0.6) int<u>i</u>midating I don't know=

Exemplar 5 (lines 11-20)

T: (Yeah) **(0.8) so so** but you you're <u>ackno</u>wledging that perhaps you're not <u>gi</u>ving
        him as much opport<u>u</u>nity to **(.)** help you because you're such a private person
        •hhh **so (.) so** one challenge for you would be to **(.)** open up more to give him
        more <u>acc</u>ess to your experience so he <u>can</u> (.) perhaps receive more from you.
        But **I-I imagine** there's some reason why **you're (0.5) you're** more private. I
        mean **uh** do you feel <u>vul</u>nerable to open up more? **Do you (0.5) do you** feel that
        he can <u>hon</u>or **and and** respect **your your** vulnerabilities if you were to expose
        yourself mo:re psychologically?
        (1.6)

J: **Um (4.3)** depends what we're talking about.

Exemplar 5 (lines 42-45)

T: Do you ( ) with **the what** <u>for</u>cefulness of **<u>his-s</u> his** bel<u>ief</u>s and **(.)** sol<u>ut</u>ions **and**
        (1.5) is it that what you find intimidating or what?
        (3.4)

J: **U::h (0.9) partly <u>that.</u>** Sometimes just not (.) <u>not</u> being under<u>stood</u>.

In these examples, it is possible that Tomm's downgrading practices aided the clients in

offering the responses that they preferred (disagreements), even though they were

expected to produce agreements on a structural level. Tomm invited the clients join him

in the "empowerment pattern" (Murphy et al., 2006) – the therapist's downgraded

statement followed by the client's upgraded statement. The clients, in response, joined

Tomm in this pattern by upgrading their offerings. In analyzing this session, I noticed that

the issues of packaging or turn design was the participants' own ongoing concern and

was a significant aspect of collaborative, constructionist counselling.

        The idea of tentative turn design is consistent with a stance of "not-knowing"

promoted within collaborative language systems (CLS) approach to counselling

(Anderson & Goolishian, 1988, 1992). The concept of not-knowing has often been

misunderstood as a technique, method, ignorance, withholding of knowledge, avoiding of suggestions, or forgetting of knowledge (Anderson, 2001). For Harlene Anderson, one of the developers of CLS approach, not-knowing implies that therapists move away from collecting clients' stories in order to fit them within therapists' favoured theories and agendas to understanding such stories from the clients' frames of reference (Anderson, 2005). CLS practitioners recognize the inevitability that therapists will be prejudiced, yet prefer to give primacy to clients' meanings and biases, including how clients utilize and make sense of therapists' professional knowledge (Anderson).

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

<div align="center">

Co-constructing Shared Language of Intentions

</div>

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

Using Pres *to Prefigure Actions or Activities*

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

announcements, pre-invitations). Below, you will find some examples of Tomm's use of

pres.

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

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

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

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

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

D: …it's easier [to talk, but to draw out of Jen
T: [**Can I (interrupt for a second**? Do you) think … (lines 22-24)

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

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

Instead of launching initiatives that are disjointed from what was said previously,

Tomm introduces them with *pres.* Inserting *pres* displays the speaker's recognition that

his or her subsequent contribution constitutes a departure from the previous discourse. As

such, they demonstrate the speaker's interest in honouring what has been co-developed so

far through the joint efforts of the participants (Peyrot, 1995). Moreover, the therapist's

extensive use of *pres* might be a way to provide the conversational space for the clients to

challenge the proposed direction of a conversation. For example, the 'recipient' of a *pre*

may interrupt the speaker during or following a *pre* to assert a preference to go back to

the previous activity or topic. This may be more difficult for the recipient to do in the

absence of some preliminary talk. The use of *pres* is reminiscent of what family

therapists called "transparency", which is the therapist's openness about his or her

methods of work, beliefs and values, and experiences that may inform therapy (Roberts,

2005; Roffman, 2005). It is obviously neither possible nor helpful for therapists to be open about *everything* they do in relation to clients (Weakland, 1993). However, making therapeutic goals and tasks known to some degree might be one way for therapists to encourage client involvement in creating an interaction that these clients are likely to find helpful.

Coordinating Transitions Using Okay *and* Well *Markers*

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

Exemplar 1 (lines 59-58)

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

Exemplar 3 (lines 10-14)

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

Exemplar 3 (lines 59-63)

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

T: [•hhhhhh Okay (can I) shift a bit here in

Exemplar 4 (lines 17-19)

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

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

Therapists can use *okays* and *wells* to invite clients into coordinating shifts within discourse and to orient and respond to clients' use of these markers in order to progress in interaction in mutually preferred ways. In the next fragment of talk, Tomm uses *okay?* to prompt Jen for feedback (her responsive *okay*) regarding his proposal. In a way, Tomm needs Jen's *okay* to ensure that she is 'on board' with his proposed plan. Seemingly insignificant markers like these allow the speakers to coordinate talk to reach and sustain mutual understanding or common ground (Clark, 1996; Clark & Brennan, 1991). Marking descriptive terms of accounts as shared is a continuous process. Descriptions indexed as shared can subsequently be taken for granted. Deictic markers (e.g., this, that) (Schiffrin, 1990) are a good example evidence of this sharedness of understanding.

Exemplar 1 (lines 44-47)

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

     I found one example of *okay* being used differently. In the exchange below,

Tomm issues two *okays* to acknowledge his receipt of the client's disagreement.

Exemplar 4 (lines 21-30)

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

Granting Clients' Requests

     The last strategy I will mention that was used to move forward in mutually

preferred ways was the clients' making of requests (e.g., for clarifying or confirming their

understandings) and Tomm's granting of such requests, as in these examples:

Exemplar 8 (lines 22-24)

J: >Can you t-tell me that treacherous thought idea again- because I didn't [( )<
T: **[Okay.**
         >A treacherous thought is…

Exemplar 8 (lines 38-40)

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

     By using the range of strategies and devices I discussed in this chapter, Tomm

performs his constructionist approach to counselling. He displays "an ongoing invitation

to the clients to define and evaluate the meanings attributed to accounts, experiences, and the unfolding story in the session" (Gale & Kogan, 1997, p. 9). I dedicate the next part of this chapter to highlighting conversational outcomes of Tomm's work with this couple – changes in the clients' accounts and ways of articulating them. As I mentioned earlier, my interest did not end with describing the process of collaborating around goals and tasks of therapy; it extended to the immediate or more global conversational outcomes emergent through this process.

Conversational Outcomes

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

Recognizing Multiple Perspectives

As the conversation progressed, I noticed both clients offering more

interpersonally oriented constructions as compared to their earlier intrapsychic

explanations. Dan began the session by proposing that Jen is too private and withdrawn

and, therefore, would presumably elicit frustration and anger from anybody interacting

with her. As the session progressed, however, Dan started describing himself as

unintentionally intimidating with his "to the point" and "abrupt" approach to

communicating with others. I thus observed the change from Dan's continuous refusal to

entertain alternative perspectives to his taking up of his co-participants' points of view.

Overall, what was proposed to Dan is to engage with Jen and with others in his life in

ways more mindful of their experience. Dan's initial refusal to join in developing this

perspective is evident when examining the exchanges below.

Exemplar 3 (lines 13-23)

T: •hhh (   ) do you think that other people sometimes experience yo:u as
         (0.9) as coming across as being in<u>ti</u>midating when (.) that's not how yo::u (.)
         experience yourself? (0.6) an:::d-um (0.7) >so that< (0.4) is that one of the::
         dynamics (you) think that operates here?
D: >Sure< (0.7) Uh I don't know (0.5) **I I haven't heard <u>that</u> as a complaint that
         I'm (0.6) in<u>ti</u>midating** I don't know=
J: =what about this 'walls of fe(hh)ars and complexity' [hhh
D: **[That's not fear,
         that's(hhh)my(hhh)boss=**
J: =I know but that's how other people hear you (hhh) right?
D: (hhhhhHHhhhhhHHHhhhhhhh)
J: That's pretty intimidating (hHHH) (sorry) <u>This</u> was a comment (   )

Exemplar 6 (lines 1-7)

T: Mm hmm •hh Do you do you relate to:: Jen's experience of (1.0) of uh
         st<u>rugg</u>ling with (1.3) how safe it is to:: (0.5) to be open in raising things?
         (3.4)
D: **S-safety isn't an issue I I don't think. Uh-um-and this reluctance to share I
         don't think it stems from (0.7) °you know° (.) fear of <u>me</u> and and and**

sharing. I Jen has been a person who uh (0.9) is <u>hi</u>dden, and doesn't know her own thoughts

Exemplar 6 (lines 42-50)

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

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

D: **No I I don't Jen isn't she's she is a <u>very</u> smart person, she can think very well**

Jen similarly offers an account of the problem as her being private. She initially hesitates

to join Tomm's relationally oriented descriptions and queries, as in these examples:

Exemplar 5 (lines 1-8)

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

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

J: [The areas ( )

T: (Yeah) (0.8) so so but you you're <u>ackno</u>wledging that perhaps you're not <u>giv</u>ing him as much oppor<u>tun</u>ity to (.) help you because you're such a private person •hhh so (.) so one challenge for you would be to (.) open up more to give him more <u>ac</u>cess to your experience so he <u>can</u> (.) perhaps receive more from you. But I-I imagine there's some reason why you're (0.5) you're more private. I mean uh do you feel <u>vul</u>nerable to open up more? Do you (0.5) do you feel that he can <u>hon</u>or and and respect your your vulnerabilities if you were to expose yourself mo:re psychologically?
        (1.6)

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

Exemplar 5 (lines 25-52)

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

J: =No.

T: You just want him to be able to reflect on ( ) (1.1), give you the space to:: (0.7) make your own choice
       (1.2)
J: Yah. uhh (2.1) but <u>also</u> (1.0) some of the times I just don't feel like (0.9) I do •hh ITS'S A BIG RISK FOR ME TO DO THAT SO WHEN I DO TAKE THE RISK OF "Okay I'm gonna (.) talk about (something) here that (1.0) really means something to me" •hhh (.) yet I often (1.5) >well<
       (1.4)
T: How come it's such a <u>risk</u>?=
J: =I don't know. **That's just my (.)**
T: Are you afraid of <u>him</u> and his response °or°?
       (0.9)
J: Um
T: Are you intimidated by <u>him</u> sometimes?
       (4.4)
J: Sometimes yeah.
T: Do you ( ) with the what <u>force</u>fulness of <u>his</u>-s his be<u>liefs</u> and (.) so<u>luti</u>ons and (1.5) is is that what you find intimidating or what?
       (3.4)
J: U::h (0.9) partly <u>that</u>. Sometimes just not (.) <u>not</u> being under<u>stood</u>. (0.7) So maybe that's and again I always (.) sit and think "**Well is it just me not being able to communicate well enough what it is that I'm (.) feeling, or** is it (2.4) Dan hearing something different from what I'm saying, o:r
       (1.5)
T: And do you you sometimes um (1.3) articulate <u>that</u>, and say to him "Listen (.) Dan I don't think you're understanding me." (1.2) Um and to make a claim for mo:re spa:ce to to express your experience more fully. (2.6) Have you been able to do that o:r
J: Mm
       (1.3)
T: And if you did, would he (.) hear <u>that</u>, or would he (1.2) you know b-be (.) able to uh (.) back off and give you the m-more space?
       (0.7)
J: Well you know I guess it depends on what it is we're talking about.

       Constructionist writers propose that change in therapy is about assisting families

in transforming intrapersonal constructions of the problem to interpersonal or relational

constructions (e.g., Buttny, 1996; White & Epston, 1990). The following exchanges,

representing latter parts of the session, show Dan and Jen taking up this relational point

of view.

Exemplar 8 (lines 31-57)

J: =Excuse me can I interject, cut in there before I forget cause I this happens I might lose my train of thought. •h I think that's <u>very</u> perceptive because I think **that's a <u>pattern</u> (0.7)** in ho:w (.) we parent and how (.) even (1.3) <yo::u relate to (.) Fred> in get into these conflict situations I think the (0.5) the <u>thought</u> is good 'Fred is capable' and maybe I'm not understanding totally. Fred (.) let's take that thought and and take it to Fred. **Fred is capable of understanding what you have to say (0.8) and understanding the reason you're acting on it. (0.9) And (0.7) so (0.8) you're working out of that assumption but you're not sure if that's really where >he's coming from.<** Am I understanding this correctly?=   [so::]

T: =Yeah, [it's] partly getting there. And so then he might treat Fred in wa::ys (.) where <his (.) expect<u>ati</u>ons of Fred's competence are imposed upon Fred (0.5) and Fred (.) perhaps can't realize those possibilities. (0.8) And so the relationship between him and Fred <u>suff</u>ers as a result and so the the thought does <u>trea</u>chery (.) to the relationship (1.0) you know that he <u>values</u>. >You know< as a father-son relationship and it betrays him as a <u>fa</u>ther (.) because it disrupts (.) ( ) wellness and well-being in the relationship.
       (1.2)

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

Exemplar 7 (lines 16-39)

T: Uh and so I I'm trying to <u>connect</u> the treacherous <u>thought</u> (0.7) >what I am calling a treacherous thought< which is I think an assumption you have about <u>her</u> and <u>her</u> experience •hh uh which I think (.) <u>prob</u>ably doesn't serve you as well as you think it does. (0.8) And it probably contributes to the experience other people sometimes have (0.5) of <u>you</u> engaging in (.) ways of ta::lking that they experience as intimidating so you resort to ( ) intimidating <u>prac</u>tices not that you are an intimidating person (.) because your intentions are good but the <u>effect</u> is to (what's the word) to reinforce her positing of <u>privacy</u> and <u>hesi</u>tance to to sort of speak up and as as fully present in a conversation as she could be (.). So I am trying to offer this to you as a view from myself ... So can-you (0.9) appreciate what I'm trying to say or can you <u>see::</u> this through my eyes in addition to your own eyes? (1.0) Does it make sense to you?=

D: =Yeah (.) it does (.) I think. I you know if if I was to recap it (0.9) and be <u>blunt</u> on characterizing how (0.9) that might be maybe it's just uh (3.3) **I am doing som<u>e</u>thing that I'm not <u>intending</u> to do that ends up being almost like (1.2) uh whatever (.) dominant type behavior (0.8) uh a:nd and I'm blind to it**

T: Yeah

D: **a:nd instead of uh (.) being Jen's friend and helping her grow and instead**

of seeing the world as it is myself and taking her feelings into account (.) the [way I] want to °I am (3.4) I'm missing it.° [(   )(1.2)

Exemplar 9 (lines 1-7)

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

Exemplar 10 (lines 21-37)

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

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

From a discursive perspective (Edwards, 1997; Edwards & Potter, 1992), Dan's "realizing" and "acknowledging fault" are *interactive achievements*, contingent upon all

participants' intertwined contributions to discourse. When approached discursively, insight and enhanced awareness 'in' Dan are viewed as communal and practical accomplishments rather than as solitary and private events, as they are commonly presumed within mainstream psychology. Overall, the participants in this interaction treat Dan's account of the effects of his actions on others as the project of mutual concern. Once again, Dan initially 'resists' joining his co-participants' version that others might find him intimidating. However, Dan's account eventually transforms in response to the modified descriptions offered by Tomm.

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

Change in Affect

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

Exemplar 2 (lines 24-28)

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

Exemplar 10 (28-37)

D: °As an agent (.) (of change) I feel like (1.1)° A BUUL(HHH)DOZER IN A
        FOREST (hhh) you know (I don't) have the con<u>trol</u>s, I'm not sure where
        they are.
N: °Huh°
        (6.1)
T: •hhhh **You know that I-I presume you're feeling a bit of sadness at the
        moment.** (0.6) And I want to ho:nor <u>that</u> and draw to your attention the
        value of <u>that</u> (1.0) beca:use um (0.8) what you're touching on now
        emotionally is probably a reflection of something that is a growing itch…

Tomm orients to Dan's within-turn pause as signifying sadness. The session began with

Nancy and Jen highlighting that Dan felt frustrated. Dan, in response, produced a

description that justified and legitimized his anger. At the end of the session, we notice

the softening of emotion in Dan, which is a realization of his initially articulated

objective to diversify his emotions.

Making Positive Attributions

        Dan is observed to shift blame away from Jen to taking responsibility for his

responses in their interaction, as reflected in the next two exchanges.

Exemplar 6 (lines 1-22)

D: S-safety isn't an issue I I don't think. Uh-um-and this reluctance to share I don't
        think it stems from (0.7) °you know° (.) fear of <u>me</u> and and and sharing. I **Jen
        has been a person who uh (0.9) is <u>hidden</u>, and doesn't know her own
        thoughts, and can be troubled**, and to talk I'm no professional and to talk with
        somebody who seems troubled, or (.) or withdrawn, and to trying to understand
        what's going on, and what's wrong. I I've had to spend uh (1.4) lots of time (.)
        stopping everything
T: [Okay]
D: [and   ] trying to <u>focus</u> and trying to (.) <u>fish</u> that out because it's not [
T: [•hh
        °Yeah°
D: talking with her. And and <u>even</u> to get there **it's not like 'she's <u>hiding</u> it she
        knows what's bothering her, but but she's just not gonna share it with me
        because she's afraid'. It's more like 'she's not sure' and if we don't talk and
        is it this? is it that? did it start here? or when did you feel that way first? If
        we don't go through stuff like that, uh (0.6) Jen's kind of gone
        underground with her feelings.** (1.3) And and so (0.8) yeah there's a a
        frustration uh in terms of (.) for me >°I don't know why°< it's easier [to talk,

> but to draw out of Jen

Exemplar 7 (lines 36-39)

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

In this chapter, I have summarized the result of my conversation analysis outlining specific devices and practices used by the participants in one session of couple therapy to co-construct therapeutic discourse collaboratively. I have also highlighted the conversational shifts I observed taking place in the clients' ways of talking and relating. In the next chapter, I examine the results of my analysis in light of the literature. I identify implications of my results to research, practice, and theory of counselling. I conclude the chapter by outlining the limitations of my inquiry and offering recommendations for future research.

Chapter VII: Discussion

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

Contributions of the Study to Constructionist Counselling

Although constructionist therapy literature speaks clearly to the significance of working with clients collaboratively (Anderson, 1997; McNamee & Gergen, 1992), it does not tell therapists how such collaboration can be accomplished in interaction – how the prefix "co-" in co-constructing or co-sharing meaning can be achieved in actual practice. As a practitioner, I was left on my own to figure out what "being reflexive" or "being collaborative" entailed. What was partly responsible for my ambiguity, and presumably that of others, was the lack of research examining actual interactions between constructionist practitioners and their clients. To date, no systematic examination of collaborative therapeutic relationships in postmodern therapies has been conducted.

My research shows how a constructionist therapist co-constructed therapeutic meaning with clients or how he offered his knowledge while attending to and incorporating the clients' understandings and preferences. My microanalysis of therapy interaction challenges the common perspective on clients as docile and passive recipients of therapist knowledge. It further points to the significance of examining therapists' and clients' actions in interaction as adjacent rather than disjointed. Most research examining therapist interventions focuses on therapists' influencing efforts without attending to the context in which interventions are implemented, including the clients' preceding and subsequent responses. My analysis highlights that such a unilateral and decontextual approach to understanding therapy is limited, because it overlooks how clients are active shapers of therapists' interventions and responses and vice versa. In my study, the participants observably adjusted their talk in light of the preferences of their co-participants. For example, Dr. Tomm kept "repairing" his talk until he witnessed a more solid uptake of his proposed discourse from the clients. I also showed how the clients actively and resourcefully negotiated the descriptive realities they preferred. They objected, in more or less subtle ways, the therapist's proposals and invitations when such therapist offerings did not fit. Overall, based on the results of my study, I have argued that a more dialogical and dynamic approach to conceptualizing and studying therapy is needed that will take into account the reflexive and negotiated (on the spot) dimension of the participants' actions, in which all parties' contributions are treated as significant and interrelated.

My analysis "revealed" a constant dialectic or tension between the speakers advancing their preferred meanings while attending to the discursive preferences of their

co-participants (Bakhtin, 1981). This dialectic was visible through the very details of how talk was designed. Bakhtin's (1986) distinction between dialectics and dialogics is of relevance. Dialectics presumes that differences in meanings will ideally get worked out or that two opposing perspectives will merge to create one unified account. Dialogics, on the other hand, presupposes multiplicity and unfinalizability of meaning. When applied to counselling practice, a conversation of therapy is not about creating a singular explanation but about recognizing that polyphony is a feature of a truly dialogical interaction. Instead of speakers contributing distinct perspectives (as in monologues), each participant's discourse is likely to feature traces of multiple voices and perspectives. In my study, Dr. Tomm invited the clients to join him in this polyphonic interaction, bringing forth particularly marginalized voices, both in the conversation as a whole and in each participant's discourse. For example, he continuously invited the husband to incorporate as a part of his discourse his wife's experiential reports. Similarly, Dr. Tomm worked with the wife encouraging her to entertain alternative, under-examined explanations of 'her' privacy. My study did not only point to the existence of these tensions in understandings and preferences, it also showed how such tensions were continuously attended to and dealt with by the participants. The study also demonstrated how working out mutual ways of moving forward (i.e., collaborating) was each participant's observable concern and project.

Karl Tomm did not only bring forth or invite interpersonal constructions from clients (in place of more familiar intrapersonal descriptions), but also adjusted his subsequent theory-laden contributions in light of the clients' asserted preferences and understandings. This agrees with those constructionists who assert the importance of

therapists being open to changing their understandings and ways of talking, rather than being focused exclusively on facilitating change in clients. In his writing, Tomm (1988) mentions this distinction between the therapist's *orienting* and *influencing* intents. Orienting means therapists orienting themselves in clients' constructions of their predicaments and situations, while influencing is about therapists proposing alternative meanings for clients to consider.

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

I noticed that Dr. Tomm's reflexive uses of language over time translated into the clients' taking up his invitations to participate in their relationship with him in more 'agentic' ways – asserting their ideas and preferred directions for and in talking, even when these ideas disagreed with his proposals. Overall, my analysis points to the clients being actively engaged in creating a therapeutic conversation that they see as helpful and

meaningful. My study thus offers a unique conception of the therapeutic relationship as dynamic-interactive endeavour and of the client as an active negotiator of preferred meaning.

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

Implications for Theory Development

In this dissertation, I offered not only a relatively novel way of examining the therapeutic relationship, but also an unconventional conceptualization of this relationship. Instead of outlining what therapist variables account for therapeutic collaboration, I examined "how a sense of equality is constructed in social interactions" (Miller & T. Strong, 2008, p. 621). Thus, rather than treating collaboration as an inherent feature of

constructionist therapists' or therapies, my research pointed to collaboration as the concern and interactive achievement of therapy participants.

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

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

adjusting subsequent interventions in light of those cues. Below, I discuss these and other implications in greater detail.

Implications for Therapy Research

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

Investigating Principles of Change

By micro-analyzing the interaction between a couple and a constructionist therapist, I identified and described a principle of effective couple therapy – the transformation of mutually objectionable ways of responding into more mutually acceptable lines of communication. In my study, Karl Tomm helped the couple to replace formerly inadequate understandings and communications with methods that promote more acceptable relational coordination, so that the partners can potentially use these new

methods in conversations beyond the session. If therapy is viewed as a conversational art or talking cure, it makes sense to investigate interactions between therapists and clients in order to understand how talking leads to change. CA provides the means for showing how each speaker's turn in talking can be consequential for the overall trajectory of a conversation. Researchers and theorists need to attend to this level of detail, primarily because clients and therapists themselves, as my analysis has shown, find this level of detail significant as they design their contributions to discourse and interpret the contributions of others. CA offers a unique and valuable lens through which to view therapeutic change as the participants' concern and accomplishment. The participants in my study designed their contributions as "alternatives" – the ways in which ideas were formulated displayed the speakers' recognition that what they were about to offer was different from or even disagreeing with others' preferred or familiar understandings. Therefore, my study is a novel way of understanding and researching "doing therapy" endogenously, that is, from the participants' frame of reference. Instead of applying researchers' theoretical concerns and priorities, CA allows for a focus on the concerns and projects of the 'insiders' to the therapeutic interaction.

Effective therapy practice involves balancing client preferences and the therapist's judgment – based on available scientific and clinical evidence. Since the application of research evidence to a given client is not guaranteed to produce desired outcomes, monitoring of client progress and adjusting treatment as needed are required. Little research has been done examining *how* the therapeutic relationship/interaction and actions of the therapist contribute to positive outcomes (APA, 2006). Also, I have argued

that analyzing client-therapist relationships using an interactive framework is a sound and fruitful alternative to the traditional intrapersonal approach.

Examining Sequences of Actions in Therapy

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

problems, solutions, relationships, and identities are created *in* therapy by the participants themselves away from generalities and decontextualized conclusions *about* therapy produced by observers.

Rhetorical Construction of Therapy

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

Implications for Counselling Practice, Training, and Supervision

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

junction in interaction. It can aid therapists in expanding their ability to read interaction in such a way that there are always openings for collaborative therapeutic conversations.

My study can help constructionist therapists take into account the previously taken-for-granted aspects of therapeutic talk and to begin attending to similar micro-details of talk in their own communication with clients.[34] I offered a range of strategies and devices that practitioners can use in their own work with clients to join similar conversational developments in new, more collaborative ways. Constructionist practitioners emphasize the importance of discourse; however, they may not have the necessary training or time to conduct rigourous, fine-grained analysis of therapeutic interaction meant to generate ideas for improving their practice. The research described in this dissertation was initiated precisely for this reason, to provide much needed empirical examination of what happens at the micro-level of interaction that might account for collaborative movement toward change.

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

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[34] Practitioners of more 'traditional' approaches to counselling can also benefit from language-focused readings of therapy. However, it may be argued that, unless the constructionist assumption of the constituitive nature of language is endorsed, the usefulness of a constructionist reading of counselling may be questioned (Avdi & Georgaca, 2007).

addressing delicate matters. The results of this analysis can also assist practitioners in developing sensitivity to clients' articulated preferences. Therapists may be able to reorient to their talking with clients. For example, they may be able to attend more to certain aspects of clients' talk and, hence, make more deliberate choices in their responses. To state it differently, my study can assist therapists in becoming more attuned to their clients' in-session feedback or their conversationally displayed preferences.

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

Thus, both novice and experienced practitioners can transcribe and micro-analyze segments of their own work or that of their colleagues. They may sensitize themselves to places in talk that offer opportunities for change and learn how to make use of these places in ways that are likely to bring about healing and wellness for clients. Therapists

may also form hypotheses about their favored interventions in talk and examine displayed

evidence of their effects on clients (Gale, 1996). Detailed examination of discursive skills

utilized with one client may be beneficial for work with other clients (Gale, 2000).

Discursive research can inform and be informed by counselling theory and

practice. For example, my study is grounded in the assumptions and concerns of

constructionist practitioners. I hoped to assist constructionists in expanding their practice,

or ways of conceptualizing practice, by empirically investigating collaboration and

providing specific ideas about how therapists can contribute to their dialogues with

clients in ways more mindful of these clients' preferences. Through applying the results

of this study, therapists and theorists can generate new insights and practices that can

subsequently inform researchers' interests and frameworks. Compatibility in concerns

and assumptions of constructionist research, theory, and practice can assist in narrowing

the gap between practice/theory and research (Avdi & Georgaca, 2007; Couture &

Sutherland, 2004: Miller & T. Strong, 2008).

Critically Inspired Reading of the Data

In the field of counselling, human behaviour and experience are commonly

understood with reference to inner mental processes or stable structural properties

inherent in relationships. Social constructionists re-conceptualize conflict among people

and the resolution of that conflict as socially constructed phenomena (Sinclair & Monk,

2004). They argue that people's understandings are historically and culturally specific

(Gergen, 1999). Since people interpret and act from a particular socio-historical location,

when examining human subjectivity and relationships, attention should be paid to the role

of community-specific discourses and patterns of behaviour (Guilfoyle, 2005; Hare-

Mustin, 1994).

Positioning theory (Davies & Harré, 1990) has much to offer when it comes to

examining the role of culture in the production of human subjectivity and relationships.

"Positioning" refers to how people are located in conversations as active participants in

constructing reality. People position themselves, or are positioned by others, in relation to

various cultural discourses. Dominant discourses tend to exert a constraining effect on

what people can say or do in relation to each other (Foucault, 1980; White, 1991);

however, people are still capable of exercising choice in relation to discourses and may

resist being normalized and totalized (Guilfoyle, 2001). Since there are multiple cultural

resources available for describing reality, conflict may transpire and people may speak

from competing discursive positions, with each advancing distinct understandings and

values.

Critically inspired discourse analysts focus on how cultural discourses function in

certain conversational contexts. They attend to how power manifests at the level of

everyday discourse and how it shapes and constrains human action and understanding.

Although CDA and CA practitioners' stances on how to examine power and social-

cultural context are incommensurable, a critical reading of the interaction *after* it has

been micro-analyzed using CA can still be offered. My study reveals that Dan tended to

speak from a discursive position that presupposed gender equality in self-expression. He

described Jen as fully capable of speaking her mind, but as choosing to not do so in their

relationship. Dr. Tomm, jointly with Jen, invited Dan to consider that he might be "blind"

to his masculine privilege and to the effects that his dominant behaviours have on Jen's

self-expression. In observing Jen's engagement in this session, one will note how she continuously joined Dan's totalizing description of her as inherently "withdrawn" and "private". Jen displayed hesitancy to speak 'her mind'. She seemed focused on how her withdrawal has been the problem in the relationship. Dr. Tomm invited Jen to shift from a relationally-conscious to an individually-focused position (e.g., what is it that you want from him?). Overall, therapeutic change in this session was afforded by the therapist's bringing forth of a more traditionally masculine discourse in Jen's talk, inviting her to further develop her own (autonomous) voice in the relationship. He also worked with Dan, generating a more traditionally feminine (relationship-oriented) perspective in Dan's discourse. My analysis further shows how Karl Tomm adapted a critical or reflexive position in his interaction with clients (Hoffman, 1992) – how he deconstructed socio-cultural discourses such as "men don't cry"; explicitly challenged assumptions and behaviours that sustain gender inequality; and acknowledged his own male privilege. Overall, Dr. Tomm used a range of strategies to challenge dominant explanations and develop marginalized descriptions.

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

I prefer a perspective on power as dynamic, discursive, and socially distributed. I also believe it to be important that as therapists we recognize that our efforts to position

ourselves as collaborators and to invite clients into an egalitarian relationship may not always be successful. Karl Tomm's distinction between the intent behind an action and the action's effect on the other illustrates this point (McNamee, Lannamann, & Tomm, 1983; Tomm, 1988). As a therapist, I may think that I am collaborating with clients, yet the clients may experience our interaction quite differently.

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

Limitations of the Study

Critics of my discursive approach to the analysis of therapeutic collaboration may question why the therapist's and the clients' own understandings and impressions of the alliance were not obtained after the session. Would not they, as the 'insiders' to interaction, have something valuable to say about their own experiences of their relationship? Although this question is legitimate and has already been addressed by prior research (e.g., Bachelor, 1995; Beck, Friedlander, Escudero, 2006; Bedi, Davis, & Williams, 2005; Halstead, Wagner, Vivero, & Ferkol, 2002), the focus of my study is

different. Arguably, eliciting the *a posteriori* constructions of the alliance is not the same as accounting for behaviours that produce in-the-moment relationships or alliances. The alliance is characterized by adjustments in actual conduct that ongoingly and reflexively take into account co-participants' behaviours. Retrospective reports, although valuable as potential objects of empirical scrutiny (Zimmerman & Pollner, 1970), are not the best means for understanding how the alliance is built in a conversation, turn-by-turn.

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

My intent for this study, however, was not to generate a comprehensive list of devices and practices used by constructionist therapists. My focus was on *in situ* utilization by the participants in this particular session of *whichever* interpretive and interactive practices they chose to collaborate with one another (ten Have, 2004). Rather than identifying generalizable practices to be replicated by therapists, I offered possible ways to achieve and sustain collaboration in the context of therapy (Peräkylä, 2004).

Practitioners may orient to these collaborative practices as they respond to clients in their

own practice and, through their application, may find these practices useful. I have

provided a heuristic starting point from which practitioners may draw, so that they can

increase their sensitivity towards collaboratively joining conversational developments in

their sessions. Therapists can use the results of this study as an empirically-informed

guide for collaborative practice. Obviously, there is no guarantee that the use of a

particular device will produce the intended effects; however, it can be argued that certain

kinds of initiatives lead to certain effects (Tomm, 1988). For example, when someone's

perspective is bluntly dismissed, as opposed to acknowledged and validated, his or her

response in both cases *is likely* to be quite different. (Of course, it is impossible to predict

ahead of time how a person will actually respond.)

Another potential limitation of my project relates to the transcription. To preserve

time and to dedicate more time and effort to the selected, "collaborative" parts of the

session, I decided to transcribe 50 out of 80 minutes of the session. I identified

collaborative moments of talk based on my theoretical conception of what such

collaboration may entail. By not transcribing the entire session I might have missed

important (to the participants) details of working collaboratively. Additionally, the

technical quality of the recording was limited. There were occasional moments when I

struggled to determine what was said and how it was said. I marked (bracketed) those

moments in the transcript indicating my uncertainty regarding the participants' conduct.

One more potential limitation of my analysis relates to deviant cases or situations

when routinely used devices or strategies break down (ten Have, 1999). I was unable to

identify many deviant cases in order to use them to further substantiate my analytic

claims about collaborative practices. Also, to examine deviant cases would have been to focus on how power was enacted or how the therapist showed limited efforts to involve the clients. Future research may continue examining power-related aspects of interaction in constructionist therapies. Contrasting and comparing collaborative and non-collaborative interactions may help to further expand practitioners' understanding of what it takes to develop and sustain collaborative therapeutic relationships.

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

Recommendations for Future Research

This study yields a number of possible directions for future research. Future research may focus on examining how collaboration and power are accomplished in the context of each collaborative approach (e.g., solution-focused, narrative, collaborative language systems). Practitioners may wish to draw on research findings investigating concepts and practices of their preferred approach to counselling. The stance of narrative therapists on the issue of power corresponds closely to that of macro-oriented researchers, while collaborative language systems practitioners would probably endorse the assumptions advocated within the micro research camp. Solution-oriented therapists seem to endorse the view of power as dynamic and shared (O'Hanlon, 1993), similar to collaborative language systems practitioners. Macro-oriented practitioners could explore

the following questions: How do counsellors position themselves in relation to clients (as objective experts, conversational partners, liberators) and how do clients respond to such positioning and position themselves in return? What rhetorical strategies and cultural resources are employed in such accomplishments?

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

Further discursive research may be conducted to explore various aspects of supervisory relationships and conversations. Relatedly, research can focus on how discursive inquiry can be used as a tool for counsellor training and supervision (see T. Strong, 2003a for specific ideas). Questions can be asked such as, How do counselling trainees' perceptions of their practice shift following exposure to the results of discursive analyses of their own or others' practice? How does trainees' participation in counselling transform after exposure to discursive research? Finally, the effectiveness of therapy can

be tracked by examining how clients respond to (e.g., join or resists) therapists' ideas and proposals and how therapists use these responses to inform their subsequent interventions.

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

Conclusions

As a psychologist, I work with couples and families who often get stuck in unhelpful interactions characterized by totalizing descriptions of others as blameworthy (Sinclair & Monk, 2004). In this dissertation, I have offered some orienting ideas and practices which therapists can use to collaboratively engage clients in reflecting upon their relationships and in developing more mutually acceptable ways of relating and conversing. When therapy is regarded as a constructive activity, the focus of therapists shifts from uncovering the root causes of problems, to assisting families in re-negotiating their communications into more collaborative and less polarizing lines of talk.

I spoke earlier of constructionist practitioners promoting a rigour of a distinct, conversational kind (T. Strong, 2003b). Conversationally rigourous therapists orient to meanings or descriptions that are significant and relevant for clients and make use of such potentially therapeutic conversational openings. This rigour further entails paying attention to what clients do with therapists' interventions, thus promoting client-directed, outcome-informed therapeutic practice (Duncan et al., 2004). This study shows how therapists can foster collaborative relationships with clients at the level of each conversational turn. It is in the immediacies of dialogue, as I have shown, where the key to building therapeutic collaboration lies.

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Appendix A: Invitation and Consent Letter Sent to Dr. Karl Tomm

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

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

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

Sponsor:
The Social Sciences and Humanities Research Council of Canada

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

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

Purpose of the Study

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

What Will you Be Asked To Do?

You will be asked to select and provide me with a copy of a previously video-recorded
family therapy session that you consider to be representative of your therapeutic work.
Clients present on the tape must have (a) signed the Calgary Family Therapy Centre
consent form indicating their permission to be videotaped and for tapes to be used for

research purposes and (b) signed the cover/consent form created specifically for this study (included in this package). Upon receipt of the videotape and a signed copy of this letter, I will transform the tape into an audio format to simplify the transcription process and to ensure clients' anonymity. A professional transcriber from the Edmonton area will have temporary access to the audio-recorded version of the session and will be asked to transcribe the session. I will subsequently add more symbols to capture micro-details of talk, such as pauses, rising or falling of intonation, changes in speed or volume of speech. Two research assistants (graduate counselling psychology students) will be asked to verify the accuracy of the transcription by comparing the transcript with the verbal conduct of the participants appearing on the videotape. Finally, I will use the qualitative research method of conversation analysis to analyze the transcribed data.

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

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

What Type of Personal Information Will Be Collected?

No personally identifying information will be used in this study, and client participants shall remain anonymous. The family members' (and your anonymity, if you wish) will be ensured via the use of pseudonyms in the transcriptions. You have the option of disclosing your identity to the readers of the results of this study or to remain anonymous (as "the therapist"). Actual names and other identifying information will be removed from the audiotape prior to giving it to the transcriber. Research assistant(s) responsible

for ensuring the accuracy of the transcription will have temporary access to the videotape of the session. Research assistants, being counsellors in training, adhere to a professional code of ethics for counsellors and are ethically liable for violating the confidentiality of research participants. Pseudonyms (for family members and you should you so wish) will also be used in publications and conference presentations that may evolve from this study.

Are there Risks or Benefits if I Participate?

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

What Happens to the Information I Provide?

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

Signatures

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

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

Participant's Name: (please print) _____

Participant's Signature: _____Date:_____

Researcher's Name: (please print) _____

Researcher's Signature:_____Date:_____

I wish to remain anonymous (as "the therapist"):   Yes: _____ No: _____

You may quote me and use my name: Yes: _____ No: _____

Questions/Concerns

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

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

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

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Appendix B: Invitation and Consent Letter Sent to the Family

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

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

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

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

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

Purpose of the Study

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

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

What Will You Be Asked To Do?

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

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

What Type of Personal Information Will Be Collected?

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

Are there Risks or Benefits to Participation?

There are no known risks associated with this study. The most immediate benefit for you is the opportunity to indirectly contribute to the identification of collaborative practices in therapy. Professionals who wish to better recognize and respect the wisdom and expertise

offered by families may benefit from exposure to the results of this study. They might develop sensitivity to, and an ability to modify, their own ways of responding to clients' offerings in therapy in order to improve the collaborative nature of therapeutic relationships with clients.

What Happens to the Information Provided?

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

Signatures

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

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

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

Participant's Name (Parent 1): (please print) _____

Participant's Signature _____Date: _____

Participant's Name (Parent 2): _____

Participant's Signature _____Date: _____

Participant's Name (Child 1): _____

Participant's Signature _____Date: _____

Participant's Name (Child 2): _____

Participant's Signature _____Date: _____

Participant's Name (Child 3): _____

Participant's Signature _____Date: _____

Participant's Name (Child 4): _____

Participant's Signature _____Date: _____

Participant's Name (Child 5): _____

Participant's Signature _____Date: _____

Researcher's Name and Signature _____Date: _____

Witness's Name and Signature _____Date: _____

Questions/Concerns

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

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

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

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Appendix C: Confidentiality Agreement Form Sent to Transcribers

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

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

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

Sponsor:
The Social Sciences and Humanities Research Council of Canada

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

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

Signature

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

Transcriber's Name: (please print) _____

Transcriber's Signature: _____ Date: _____

Questions/Concerns

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

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

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

A copy of this agreement form has been given to you to keep for your records and reference. The investigator has kept a copy of the agreement form.

Appendix D: Standard Transcript of the Session

1	Tomm:	And I just wanted to mention that Nancy did fill me in about
2		her work with you, so that... um, I have some background. I
3		don' t have all the details
4	Jen:	A bit of a review. (laughs)
5	Tomm:	Yeah, because there's... I understand that you've been
6		coming for some time, you saw (Lisa) for a while. And then
7		saw Nancy and so forth. So what I'd like to start with right
8		away, before I do start, do you have any questions you want
9		to ask me? About me, my work, what I do, why I'm here
10		anything?
11	Dan:	Why are you here? (laughs)
12	Jen:	(laughs)
13	Tomm:	(laughs) Uh, at this particular moment, in this room, or do
14		you mean in Calgary, or...
15	Dan:	Well, as you like. (laughing)
16	Tomm:	I, um, actually grew up in Calgary. And when I finished my
17		psychiatric training at (name of the) University I came back
18		to visit my father here, and was here for a new job. So I
19		started this program about thirty-five years ago, and running
20		it ever since.
21	Dan:	It's a good thing.
22	Tomm:	Good. Do you have any questions you want to ask?
23	Jen:	Well, I'm curious. I guess I'm curious about, literally, why
24		you're here today. Like, I think Nancy is finding us to be a
25		challenge I guess, I'm assuming that's why another person is
26		here.
27	Tomm:	Well, Nancy can comment on that too. But my
28		understanding is that Nancy wanted me to sort of review the
29		therapy together with you and her, and to think of some
30		possible directions in the therapeutic process. Do you want
31		to add to that?
32	Nancy:	Yeah. I think partly because... I would basically summarize
33		it that way, because also our last interview was so difficult,
34		and it seemed like we were getting stuck in the mud so to
35		speak, that I thought it would be good to get some additional
36		input. Because we've been working together quite some
37		time. So I thought it would be advantageous to get some
38		input.
39	Tomm:	Yeah. Yeah, we do this quite often with families who have
40		been in therapy for some time. Because we like to get, you
41		know, other points of view and so forth. It's a way to review
42		the whole process and to set new directions if necessary.
43		And uh... Does that answer your question?
44	Jen:	Yeah. (laughs)

45	Tomm:	If other questions come up, about me and my role in this, by
46		all means bring them up. Okay. Well, why don't we begin
47		then, and ask you like... from your point of view, how is the
48		therapy going? Do you feel like um... you're getting.... you
49		know, what you would like in terms of our work with you
50		here, or you're not, or some things happening that you wish
51		weren't happening, or some things that are not happening
52		that you wish were happening? So I'd like to get each of
53		your perspectives on the therapy to date.
54	Jen:	Well, I think from the start, you know when we first came,
55		we've made quite a bit of progress from way back with
56		(Lisa). We've, I think... she was helpful to us. We got some
57		good insights about our family dynamics, 'cause we had the
58		kids... In the last little while it's been Dan and I coming for...
59		whatever, a couple of months now. And we were really
60		struggling, especially with our teenage son. And I think
61		we've made some huge progress with him in terms of, uh,
62		he's... we now understand that he's ADD, which we didn't
63		realize, so he's been able to get medication for that, and he's
64		in a new school, and he's doing really well. Which is—
65	Tomm:	That's xx.
66	Jen:	Which is a total turn-around for him.
67	Tomm:	Uh, what medication is he on?
68	Jen:	He's on Concerta.
69	Tomm:	Concerta.
70	Jen:	Yeah.
71	Tomm:	And who's prescribing that?
72	Jen:	Dr. Smith, our family doctor.
73	Tomm:	Alright. So he's doing better.
74	Jen:	So – He's doing much better. That was a really, a big cause
75		of stress, just the fact that we knew he was capable but he
76		wasn't able to perform in school, and that was causing a lot
77		of friction at home with us, both Dan and I. Probably more
78		so with Dan, I think, than in... in terms of conflict. Dan and
79		Fred –
80	Dan:	He was defiant and I probably had more trouble handling
81		him than Jen did, but yeah. That was a big part of the
82		equation.
83	Jen:	So that since the beginning, how things have been going
84		from that perspective, things have improved considerably.
85		School-wise and performance wise, which has made our
86		relationship a little bit smoother. But we still have a lot of
87		issues with conflict with Fred, but parts of it have improved.
88		Um, I think between Dan and I, I don't know. I think things
89		are coming up more, that we might need to be working on
90		that I didn't realize at the beginning but now it's becoming

91		clearer that we actually have some things in our relationship
92		that I think are part – are related to our parenting, and how
93		we parent, and different views on that. And um... so we've
94		come, I guess we've come to that realization, so that's been a
95		positive thing. In terms of working out these issues. I don't
96		think we're there yet. I think we're just sort of still
97		identifying what it is that's causing conflict between us.
98	Tomm:	Okay. What would... How has therapy gone for your point
99		of view, Dan? I'd like your perspective on that.
100	Dan:	Well, uh... It was clear that we needed some help, and we
101		wanted some...family dynamic. It needed improvement.
102		And it's so important to us that we reached out for help for
103		that. Because personally we reached out for some help
104		before, too. Jan had been in counselling and I put myself in
105		counseling, individual, one on one with a psychiatrist.
106		And...
107	Tomm:	That was before you came to family therapy?
108	Dan:	Yes.
109	Tomm:	I see.
110	Dan:	But I could tell from what was going on in the individual
111		that it wasn't enough, in terms of getting a focus and an
112		understanding on key relationship, which was the family,
113		and with Jen. So coming to family therapy, it's been very
114		good. It's been a huge step. Because the kids, and what we
115		felt for along time, stigma with going for therapy, and didn't
116		go. And just went forward to manage on our own. But we –
117		we came to, you know, think otherwise. Uh and... And the
118		family. We, we really thought that it would be a good thing,
119		and we had to focus and bring the kids in. Their attitude to
120		coming was quite... They were reluctant. And then they
121		became more engaged, and it became productive. Um...
122		And then coming to therapy, uh, has been a chance to get
123		agreement, just by coming. But there is issues to work out
124		that it would be, that it's useful to talk. And that it's good to
125		talk with neutral, uh, observers, who guide with questions
126		and comments, and... It got more participation issues out on
127		the table. Uh, and... The kids' feeling supported. The kids'
128		feeling... like they're getting a peek into the mystery of
129		what's going on and why, you know, how we're all placed
130		together. And I think the realization on Fred's part, too.
131		There's some issues that needed to be dealt with that were
132		his issues. It wasn't just a blame situation, that other people
133		were responsible. And for Julie that has been a... probably a
134		comfort, to understand that other people can have issues.
135		They do impact her, and it's her chance to talk about what

136		that impact is and to make it sort of more apparent to us.
137		What the impact is.
138	Tomm:	So the kids' have become more accepting, then, of therapy
139		involved? It sounds like they were quite reluctant initially.
140		That they've become more accepting as time has gone on.
141	Jen:	Yeah. Well, I think Fred might be coming around more.
142		xx. I did suggest maybe, that he might want to come with us
143		again sometime. I think he was a bit reluctant but uh, things
144		are going well.
145	Tomm:	So, going back though, to how therapy has gone for you.
146		Where do you see things at now, Dan, from your point of
147		view?
148	Dan:	Well, from my point of view, I guess, to start... inside, and
149		then work out. On my side I've got personal work that I'm
150		doing with a psychiatrist and whatever. We're still... I've
151		worked with somebody before, and then I stopped working
152		with them, because of their point of view on issues that were
153		family issues. And it was incongruent with what other
154		people were thinking or experiencing in that direction there.
155		So that relationship ended. And I have a new psychiatrist
156		I'm working with, and we're just kind of getting to know
157		each other, but the focus for me was to the... the drivers
158		were sort of anxiety and depression. And...
159	Tomm:	Are you getting any medication for anxiety and depression?
160		Or...
161	Dan:	Sleeping pills. I've probably had a decade where I didn't
162		really sleep well. And then I got the pills, and I've been
163		having a good night's sleep for probably three, four years
164		now.
165	Tomm:	What do you take?
166	Dan:	xx.
167	Tomm:	Okay.
168	Dan:	And... one tiny pill, whatever how many milligrams those
169		are. So I'm a dia-insulin dependent diabetic, and that's a big
170		stress for me. Monitoring and managing my life, what I eat,
171		when I eat. That job that I have... I took a new job two years
172		ago. I've been seventeen years with a previous employer.
173		And I was unhappy, and felt... whatever. And—
174	Tomm:	What kind of work is it that your in?
175	Dan:	I'm a xx, and I was doing... work inside a company. So
176		corporate legal work, and my areas were, whatever.
177		Finance, securities, disclosure, board of director support,
178		governance, that kind of thing. But the new job that I've had
179		for the last two years, it's broader. I have more
180		commercial… buying things. Doing deals, planning thing,
181		as well as the other areas.

182	Tomm:	Is this an oil industry?
183	Dan:	Yeah. Oil field service, in the new job. In the previous job
184		it was pipeline. xx pipeline company, you know xx.
185	Tomm:	I see.
186	Dan:	But oil field service we're xx
187	Tomm:	So do you feel a lot of pressure at work then, in terms of
188		your job?
189	Dan:	Yup. It's huge. It's huge, just the change and the stress, and
190		what goes on. And I work... I worked with a pipe line
191		utility-like culture. Very top-driven, controlled
192		organization. Very hierarchical. And that's where I've been
193		for seventeen years and after awhile when it was a smaller
194		company that I joined, it was more fun. I had a broader
195		scope of job. And whatever more hope, I thought, for a
196		more interesting job in the future's time, I'd buy it. My job
197		scope got very deep, but narrower, and that was less
198		satisfying to me. And also my relations with the people, I
199		just didn't believe that I was... whatever, up for a promotion
200		for a more interesting job. And... that's the way the work
201		world goes, sometimes you go forwards, sometimes you
202		don't. Where I am now, I went back to a younger
203		organization. Smaller, less centralized, and more in need of
204		what I thought were some of the systems and the processes
205		that I was so familiar with, with growth. But it's a xx
206		organization, it's a very decentralized, very bottom-driven.
207		Where...
208	Tomm:	You enjoy your work better, there?
209	Dan:	Well, the culture, yes. But work includes a huge swack of
210		sort of... disorder, from a... You know, if a business person
211		thinks that they can centralize and get efficient and be more
212		effective by doing that, then there's a tug; 'cause this
213		organization doesn't centralize, it decentralizes. And if
214		something's done in a variety of different ways, if it works
215		for the field people at the low level, on the front lines, great.
216		There's no need to centralize.
217	Tomm:	Mm hmm.
218	Dan:	And a lot of legal things, like risk management or contracts,
219		they lend themselves to standard processes, to centralizing.
220		So I have a natural tension with the job. And then I've had
221		some surprises since I've been there. I expected to go and
222		build a xx department, And I thought I would be able to
223		bring, from the outside service acquire some staffing, build a
224		department and go forward. Well the bosses have a very
225		different view which never came out in the interviews. And
226		also with–
227	Tomm:	You're still the only xx?

228	Dan:	Yeah.
229	Tomm:	Oh, wow.
230	Dan:	He's, uh...
231	Tomm:	Listen, we don't... I don't want to drag this too much into
232		your work situation. I know there's probably a lot you can
233		tell me there, but... Jen, do you work outside the home, or...
234	Jen:	I... No, I... Not for pay. I work for a church. I work like,
235		somewhat, probably like a day, a day and a half a week.
236	Tomm:	Okay, so...
237	Jen:	So I'm...
238	Tomm:	So you do volunteer work about twenty percent of the time?
239	Jen:	Mm, fifteen.
240	Tomm:	So did you have a career before? Did you have a...
241	Jen:	Um.. Well, I'm educated as a xx. And I have a xx degree
242		and I've worked, before I had... We had three children, and
243		our youngest is xx. Before Lindsay was born, I was
244		working for xx. Managing their xx. So I... I worked there
245		for three... three years, and then when I had Lindsay I stayed
246		home again.
247	Tomm:	Okay.
248	Jen:	So that's...
249	Tomm:	Are you planning to back eventually, or...
250	Jen:	Um... Well, I think... I may end up actually at our church,
251		doing more there. And maybe in the future going back. I
252		don't know how Dan's career is going to look like in the
253		future, so we might end up... doing something different.
254	Tomm:	I gather Dan's providing pretty well for the family financial
255		xx, so there's no need for you to, you know, go into gainful
256		employment.
257	Jen:	That's right. That's right.
258	Tomm:	Okay. That's a fortunate position to be in.
259	Jen:	Yes, very. Sometimes.
260	Tomm:	Okay.
261	Jen:	(laughs) Sometimes it would be nice to have the... xx.
262	Tomm:	xx
263	Jen:	Depends on how you look at it. But yeah, work, xx I guess.
264	Tomm:	Um, okay. Going back, then, to the current situation, then.
265		What do you see are the issues that Nancy could work with
266		you most effectively at this point? I mean, sounds like both
267		of you have individual resources. I'm not so clear... Are you
268		seeing somebody individually as well?
269	Jen:	Yes.
270	Tomm:	Who do you see?
271	Jen:	Dr. Jones
272	Tomm:	Green
273	Jen:	Dr. Jones.

274	Tomm:	Okay. Okay. She's hard to see though, when she's xx.
275	Jen:	Yeah, that's right. Yeah, she works three days a week now.
276	Tomm:	Okay.
277	Jen:	She does work three days a week.
278	Nancy:	Three and a half days a week.
279	Tomm:	Okay. So you're seeing her fairly regularly, are you?
280	Jen:	Uh, once a month.
281	Tomm:	Oh, okay.
282	Jen:	Something like that.
283	Tomm:	Are you on medication, or...
284	Jen:	Yeah, I am. I take Clonazepam.
285	Tomm:	How much do you take?
286	Jen:	Um... 1.5... I think that' s a pill and a half. Milligrams, does
287		that sound right?
288	Tomm:	How often do you take it?
289	Jen:	Once a day. In the, in the evening.
290	Tomm:	So, back to my question about what issues you feel that it
291		would be useful for Nancy to orient herself towards? Or do
292		you feel like you've got a good relationship with Nancy. A
293		good working relationship? Or is it... problematic for you in
294		any way?
295	Dan:	Yeah, it's not good, I think it's excellent. I think Nancy's
296		very helpful in steering us towards... Probably, principally,
297		uh, conflict resolution and parenting styles. And then
298		sorting out... uh... I was going to say some of the
299		weaknesses that show up in our individual understanding of
300		each other's points of view or communication of... We often
301		hold the same priorities or beliefs, but different how we
302		approach doing that. And end up in conflicts on points
303		where we're aligned underneath. So Nancy teased a lot of
304		that out with us, by getting us to talk, and I think going
305		forward... The key things are probably with Jen and I having
306		a more conflict free, um, parenting style in the home.
307		Nancy's been very helpful too, with Fred and with Julie, to
308		draw them into what's going on in the family, what parents
309		do and what kids seem to be prone to resist. And what kids
310		do as they grow up. You know, it's kind of confirmed, the
311		stages they go through, to them. But for us it's been kind of
312		a bridge for the communication with the kids. Before Fred
313		was diagnosed with his ADD, he... he was really quite
314		defiant. And really... hurting himself at school. We'd go to
315		parent teacher meetings and there'd be half a dozen hostile
316		teachers, like headhunters, ready to, uh, have it with us, over
317		Fred. And it was a shock to go to parent teacher interviews
318		sometimes and he'd... he'd... his approach was he could care
319		less. It didn't matter. He's going to fail school, so what? It

320		was a real defiant... trying to get him engaged with what his
321		own good is. Trying to help him understand we as parents
322		have a sense of that we're trying to work with him to build
323		that. So we've come over sort of a huge mountain with him.
324	Tomm:	Okay.
325	Dan:	And then the diagnosis has been a huge help. And then the
326		new school is xx, designed to focus on people with the kind
327		of learning xx he has. Another huge help.
328	Tomm:	Okay, so it sounds like you're very pleased with the
329		relationship that you've been able to forge with Nancy. How
330		do you feel about the relationship?
331	Jen:	I feel very good about it. It's been, um... A lifesaver for us
332		(laughs) in a lot of ways. You know, I think Nancy has been
333		a big help. Um, again just some of the things that we've
334		done. I'm just thinking of some of those interviews where
335		we were role-playing each other and that kind of thing was
336		helpful. Just, Nancy's been pretty supportive and available.
337	Tomm:	Okay. Well, lets... Do you want to ask them...
338	Nancy:	Can I clarify something?
339	Tomm:	Sure.
340	Nancy:	Because I experienced both Jen and Dan, at some times is
341		frustrated with them. And so it might help for me to just
342		clarify a little bit about... Because they've been open about
343		that though, which I would say is probably constructive for
344		them to let me...
345	Tomm:	They're not saying that they've been frustrated with you. xx
346	Nancy:	I'm a little surprised by that, to be honest
347	Jen:	(laughing) I didn't talk about that. I didn't talk about...
348	Nancy:	Yeah. Yeah. Because like last time, Dan seemed quite angry
349		with me, actually. And I hope he sees my good intents in the
350		questions that I ask, but at times I've experienced he was
351		very frustrated with me, or Jen has expressed—
352	Tomm:	They said that you thought it was excellent.
353	Nancy:	(laughing) Yeah, I know. So I'm like, "Oh!" You know?
354	Tomm:	So where does your concern then, Nancy? Do you think
355		that they are not... um, you know... giving you the whole
356		picture, or that there's...
357	Nancy:	Well, I don't know, I don't know. Because it could be that in
358		going away from the discussion, then...
359	Tomm:	They thought about it —
360	Nancy:	There might be second thoughts...
361	Tomm:	I see.
362	Nancy:	And, you know, further exploration on their own, right? But
363		I wouldn't be aware of that necessarily. So…
364	Tomm:	Do you think that they're trying to make you look good,
365		some xx.

366	Nancy:	I don't know. (laughing) I don't know.
367	Jen:	(laughing) You know what, you what though...
368	Tomm:	Do they know that I'm your boss?
369	Nancy:	Oh yeah, they know that.
370	Tomm:	I see, I see.
371	Nancy:	I xx what frustrations you'd expressed to me. xx. And I've
372		apologized before and stuff like that, so... Because it's okay,
373		I'm human, right? So...
374	Tomm:	xx useless.
375	Nancy:	Yeah.
376	Jen:	Even when Nancy... I think it was something like... I think
377		one time after a session I called you, because I was upset
378		about what happened. But it's really the way you respond is
379		to listen, to say, "Okay, yeah, you know. Those are
380		valid...that's a valid thing for you to say." So for me it's
381		gone. That's why... If you had said, forget it, I'm sorry but
382		you're wrong and I'm right, then I would be dissatisfied.
383		But... I mean, you know, we're relating, so if we resolve
384		things, as far I'm concerned then that's a good thing, right?
385	Tomm:	Yeah, sure.
386	Jen:	We all have different ideas and approaches. And I think
387		even Dan and I... I mean, last time was heavy duty. We
388		were like going at it, and Nancy was trying to get in there
389		and say, "Okay, wait a minute, lets find common ground." I
390		think that's the sense I had. You were trying to help us find
391		common ground so we could start somewhere and go
392		somewhere, but we just kept going at it in terms of... we got
393		pretty into argumentative and, you know, kind of extremist
394		statements and all that kind of stuff.
395	Nancy:	All or nothing kind of remarks, say.
396	Jen:	And I think...
397	Nancy:	I was wondering, actually, if you were feeling maybe upset
398		about last time, and wouldn't want to talk about it after.
399	Dan:	Well, you know, I...
400	Nancy:	Or felt... Like, I'm obviously feeling... Because you were so
401		quick to agree to have Dr… You're Dr. Tomm right?
402	Tomm:	Yeah
403	Nancy:	It seemed like... you felt frustrated, because you were just
404		so, "Okay, lets get him in there and lets see what he has to
405		say." It's sort of how I thought we'd have things last time.
406	Dan:	This is... therapy is a big exploration for me. And it's one of
407		those things where I've learned to not expect to come in and
408		have a calm discussion and a tea party. I mean, you're
409		talking about the issues that impact your life and your key
410		relationships. So you tap a lot of emotions. So mine show
411		sometimes. And I have... just from my individual therapy, I

412		know I've got way too much lightning rod to the anger
413		emotion that gets me focused, doing things, accomplishing
414		things, being disciplined. Just as a person. Whether I'm
415		angry at my dad as a kid so I'm going to stand on my own
416		two feet and go forward in school and pursue my own career
417		and wall him out and rid my life... I'm angry there. Whether
418		I'm angry at work, I'm just overwhelmed with so much stuff
419		to do that I just get into gear and... Even at university, if I
420		just struggle with someone and it s gets me going, I get
421		going and I get things done. I have that mode. So there's
422		too much of that anger. And I need more of a different
423		emotion. And a different feelings.
424	Tomm:	Okay. So you've become aware of the amount of anger you
425		deal with. And even though you've been able to harness
426		some of it, to apply yourself, you'd like to liberate yourself
427		from anger as it were, so you can express other emotions
428		more? Is that what you're saying?
429	Dan:	Yes. And when we're in therapy here, and we're talking, if
430		personal things come up, we're not in a comfort zone, and on
431		the sidelines watching the game. We're in the playing field.
432		And sometimes it's playing a game. And sometimes that's
433		where the action is, that's where the out-of-comfort zone
434		engagement is going on. And if Nancy puts her finger on a
435		topic where it's pretty clear we need some focus and some
436		inquiry and some understanding because we're coming at it
437		all wrong, then some of those feelings come up. Last week
438		was unusually bad. And there's lots of stresses in life. Last
439		week wasn't a great week. There were a lot of things at
440		work going on. I... uh, my dad had a... He was hospitalized,
441		he had bleeding. He's xx. He was... My sister was taken by
442		the state in for an assessment on her condition, she... xx,
443		she's... she can be like a street person the way she
444		approaches life and thinks, but she's thirty-five and under
445		my parent's care. She's divorced and... I had two MRIs that
446		week...
447	Nancy:	You had two MRIs? Oh.
448	Dan:	Acoustic xx... Like uh... I had something in my ear that was
449		bugging me, and...
450	Nancy:	xx talked about that.
451	Dan:	And it turns out it's like a nerve growth. Yeah. Yeah. And
452		then I have huge stress at work. There's big projects in the
453		goal, and... (laughs) That's what's going on.
454	Tomm:	Wow.
455	Dan:	We had so many things...
456	Nancy:	xx

457	Dan:	...But and it's an end of day, you know, mid to late afternoon
458		thing. You know, I'm diabetic, and whatever. My sugars
459		were probably starting to drop towards dinner. My morning
460		insulin's finishing off, I've got all these other patterns in my
461		life there... The insulin is another emotional thing to deal
462		with, because your feelings do change depending on your
463		blood sugar. How you are feeling. And the way you react.
464		So...
465	Tomm:	'Kay.
466	Nancy:	Really, did that really change the, effect the content? Or
467		wasn't the content good last week? What we discussed and
468		where we went?
469	Dan:	It was, yeah. I'm just saying...
470	Nancy:	You know, like...
471	Dan:	...That's probably why it was more raw and there was more
472		emotion showing than maybe is usual. And it isn't hostility
473		to you or criticism as much as it is blame in process. And I
474		hate to say that. If I'm focused in on my work, with a group
475		of people, and I'm to the point and abrupt and focused on
476		something, they're going to experience exactly what you're
477		experiencing. Kind of, wow, you know? What did I do?
478		Why is he acting like that? So, I'm sorry.
479	Tomm:	Can I... Can I ask you, do you think that other people
480		sometimes experience you as coming across as being
481		intimidating when that's not how you experience yourself?
482		And um... so that... Is that one of the dynamics you think
483		that operates here?
484	Dan:	Sure. Um, I don't know. I haven't heard that as a complaint,
485		that I've... intimidating, I don't know.
486	Jen:	Well, what about this "walls of fears and complexity," sort
487		of aloud.
488	Dan:	That's not here, that's my boss (laughs)
489	Jen:	I know, but that's how other people hear you, right? That's
490		pretty intimidating. This was a comment, that...
491	Dan:	My boss has a grade xx education but he's probably worth
492		xx million in terms of investment with the company and
493		more in his personal investments. He's come a long way.
494		xx And he's this guy who's used xx all his life. All of a
495		sudden I'm his first xx, and I think what he wanted me to do,
496		and what I do, don't kind of match. Like, I've had two
497		decades of experience doing work inside a corporation, with
498		that environment. Big departments, all kinds of people, all
499		kinds of needs. And he might think I should be his personal
500		presence, his... whatever. xx And...
501	Tomm:	You think he expects too much of you?

502	Dan:	Well, I think... he expects different things. Yes and no.
503		Um, Of me he's actually a great leader in what he says, in
504		terms of being people focused and taking services and
505		thinking about helping other people do things, letting them
506		feel, feel and know, that they're in charge and leading the
507		projects and doing things, and I'm helping them do things.
508		That's a really good service focus to have. The reality is it's
509		more like we're partners. 'Cause I'm not an outside xx, I'm a
510		company side, and I'm working with people as an officer of
511		the company, I have an interest in the sensible for the
512		company, not just this guy's view of a sensible outcome.
513		But I've got my own and trying to work with that. But the
514		boss can see me, even now, explaining things, delve into
515		detail and then start with a tree, start filling the branches in
516		with the detail and give him a picture that's so complete that
517		it's just, in his words, in anger once, he tells me, "I can
518		create a wall of fear and complexity" when he's talking to
519		me, or trying to work with me on something. And to me,
520		I'm too open with my mental processes in running through...
521		What I'm trying to do is give somebody, they say what
522		should I do, and I say, "Here are your choices." But I give
523		them, "Here are your choices and here's what's behind them.
524		Here are your choices, here's what I'd recommend and here
525		are the reasons why."
526	Tomm:	And they get a bit overwhelmed then.
527	Dan:	Yes.
528	Tomm:	Okay.
529	Dan:	And... So, intimidating, not intentionally. I'm not trying to
530		do that. I'm not trying to blow somebody away because I've
531		got the big giant eagle and I've got to let everybody know
532		how smart I am. Maybe there's a part of that in there that's
533		subconscious, it's going on. But I'm really not. I'm trying to
534		be helpful. I'm to make them come to a decision they feel
535		comfortable with it. They've got the focus and a rounded
536		background, they can debate it with me, or...
537	Tomm:	Just shift a bit here, in terms of ask you a general question.
538		Like, given that you recognize and acknowledge that your
539		relations with frustration and anger is a challenge for you, in
540		your life in general, at work, as well as at home... Where do
541		you see yourself as sort of working, personally, to develop
542		greater competencies in managing, you know, that... that
543		aspect of your life. And... It's possible to distinguish two
544		general domains of... of skill, development and competence.
545		And one is to work in the area of managing the frustration
546		and anger well when it's aroused, and developing greater
547		skills in handling it and processing the things and so forth.

548		There's a whole cluster of things that can be done there.
549		Then there's another domain which is less obvious but is
550		also extremely important, and that is, uh, dealing with the
551		wellsprings of frustration and anger, in terms of looking at
552		the conditions that, you know, determine your vulnerability
553		to become frustrated and angry, right? And sometimes
554		people can do some useful work in deconstructing some of
555		the presuppositions or assumptions they have about various
556		situations that leave them vulnerable to become... you know,
557		frustrated and angry quite easily. Now, which of those two
558		domains would you say you've been working on the most,
559		and you feel you've made more progress in?
560	Dan:	Oh, I know I have both, as you were describing them. On
561		trying to break it down and deconstruct, I spend a lot of
562		time, in the last couple of... well, maybe the previous two
563		years, two and a half years, really focused on assumptions.
564		Listening. Communicating. Hearing what other people are
565		communicating and not running on an assumption but
566		working more into clarifying, to understand their point of
567		view, to tap into their feelings and then to take account into
568		my impulse to think or react one way or the other, their
569		point of view. And to temper what my impulse would be
570		and to shape it differently. To have a better outcome with
571		them. So work to try and do that. The deconstructing on
572		that communication and the... the feelings side, getting more
573		focusing...
574	Tomm:	Okay, so you're work both, both domains.
575	Dan:	Yeah.
576	Tomm:	Can I ask Dan, to what extend to do you see Jen as a
577		resource for you in your personal development in relation to
578		anger in both domains. Do you see her as a... as a major
579		contributor to developing greater skill and competence, or
580		do you see her as someone who you struggle with and
581		becomes more of a liability than an asset.
582	Dan:	Overall, more of an asset. Um, but looking at the track
583		record, again, both things are there. She's my best friend.
584		Jen is, is... my confidant, my... there isn't I don't talk about
585		with her. And... we have a lot of... of value-based directions
586		in our life and we share values. So there's lots of alignment
587		to touch base with there. Just in terms of intention, what we
588		would like to do and why we would like to do it and how
589		important it is to us. Those are the things that we do.
590	Tomm:	Just let me check something out with her. Do you
591		experience yourself being a resource to him, that he sees you
592		that way?

593	Jen:	I definitely see myself as being a resource to Dan. Whether
594		he always sees me that way, I don't know. (laughs) Uh,
595		sometimes.
596	Tomm:	So, so is it a surprise to you to hear him say today that he
597		does see you as more of a resource than a liability in that
598		regard?
599	Jen:	No, not really. It's not a surprise to me.
600	Tomm:	Okay.
601	Jen:	I think that we spend a lot of time talking about some of the
602		challenges that he faces, just personally and at work, and I
603		try to give him feedback from a different perspective.
604	Tomm:	And you experience him as open and receptive and
605		reflecting on the comments you make, or...
606	Jen:	Yes... most of the time. Yeah.
607	Tomm:	Oh, good. So sounds like you've got a fairly good
608		partnership then, in that regard. In terms of being able to
609		collaborate.
610	Jen:	Well I think... I think that I, you know, that, xx Dan doesn't
611		perceive himself that way, this way, or... but I feel like I'm a
612		great support to Dan in terms of listening to what's going on.
613		Because he has a lot of anxiety and a lot of struggles with
614		relationships at work and trying to understand what they're...
615		Why they are the way they are, or why people respond the
616		way they do. Or even with the kids. So I listen to what Dan
617		has to say and I try to give him insight and feedback. I don't
618		always feel like that's a two-way. Like I don't feel like I
619		always get ... not that I'm looking for an even balance, but I
620		always get what I give. I feel... I wish that Dan was more
621		supportive of me. But I – Or more willing to just sit and
622		listen and give me feedback and that kind of thing.
623	Tomm:	What would you like support in, though? In what respects?
624		I agree it's nice to have a balance in the partnership, so it's
625		clear to me that you're giving a lot in terms of, you know,
626		open to discuss various situations that he's having to face.
627		But what is it that you would like from him that would make
628		it feel more balanced for you?
629	Jen:	Um... I guess some more listening and time to discuss things
630		that... that are... My mind is very different than Dan's but I
631		still have things that I'm trying to do outside of the home.
632		Like I have church related stuff, so lots of relationships
633		there. And just… the challenges of my everyday life, things
634		that I'm doing. And you know... I can say... And I wanted
635		to sort of finish what I said earlier by saying that I want
636		more of that but I also know that that's been one of my
637		biggest challenges, is I am extremely private person. Very
638		shy person. And… So I don't... Dan, he'll just go on a xx.

639		Tells me everything in detail. All of what's going on. So
640		there's lots of opportunity for me to give him feedback. I'm
641		less like that. Probably is more like, you really have to draw
642		it out of me sometimes to get me to speak. So I know that's
643		a frustration for him. I think it has been, and maybe it still
644		is. But I also... I'm losing, I forgot what your question is.
645		But anyways. (Laughs) I...
646	Tomm:	My question is what is it you'd like from him.
647	Jen:	The areas...
648	Tomm:	Yeah. So you're acknowledging that perhaps you're not
649		giving him as much opportunity to help you, because you're
650		such a private person. And so... so one challenge for you
651		would be to open up more, to give him more access to your
652		experience so he can perhaps receive more from him. But I
653		imagine there's some reason why you're more private. Do
654		you feel vulnerable to open up more? Do you feel like he
655		can honor and respect your vulnerabilities if you were to
656		expose yourself more psychologically?
657	Jen:	Um...Depends what we're talking about. Sometimes I... you
658		know, Dan is... cuts right to the advice, or right to the, "Do
659		this, do that." You know, and that's really not what I'm
660		looking for. I'm really just looking to have a discussion with
661		him about... whatever it is.
662	Tomm:	You don't want him to solve your problems.
663	Jen:	No.
664	Tomm:	You want him to reflect on it, give you the space to make
665		your own choice.
666	Jen:	Yeah. And also… some of the times I just don't feel like.. I
667		do… It's a big risk for me to do that, so when I do take the
668		risk of, okay, I'm gonna talk about something here that
669		really means something to me… I often, well…
670	Tomm:	How come it's such a risk?
671	Jen:	I don't know. That's just that I…
672	Tomm:	Are you afraid of him and his response?
673	Jen:	Um…
674	Tomm:	Are you intimidated by him sometimes?
675	Jen:	Sometimes, yeah.
676		Tomm: With the forcefulness of his beliefs and solutions,
677		and… is that what you find intimidating or what?
678	Jen:	Uh… partly that. Sometimes it's just not… not being
679		understood. So maybe that's… and again, I always sit and
680		think, Well, is it just me not being able to communicate well
681		enough what it is that I'm feeling, or is it… Dan hearing
682		something different from what I'm saying, or…
683	Tomm:	And do you… you sometimes articulate that, and say to him,
684		"Listen, I don't think you're understanding me." To make a

685		claim for more space to express your experience more fully.
686		Have you been able to do that, or…
687	Jen:	Um…
688	Tomm:	And if you did would he hear that, or would he, you know…
689		be able to back off and give you more space?
690	Jen:	Well… You know, I guess it depends on what it is we're
691		talking about. If we're talking about family and parenting
692		issues, or something like that where I have, you know, a
693		strong feeling about how Fred. is being dealt with, then
694		it's… it's a scary thing to have a discussion. Because we
695		will end up fighting for sure. And I think… but if it's more
696		just my experiences, or me wanting to get feedback from
697		him about how something went that I did, or you know, he
698		was there and saw it or something like that… Then, uh…I
699		don't know. For me, that's scary, somehow. I don't know.
700		I'm not being very… articulate here.
701	Tomm:	Mm hmm. Do you relate to Jen's experience of struggling
702		with how safe it is to be open and raising things?
703	Dan:	Safety isn't an issue, I don't think. And this… reluctance to
704		share, I don't think it stems from fear of me and sharing. I...
705		Jen has been a person who is hidden, and doesn't know her
706		own thoughts and can be troubled, and to talk… I'm no
707		professional. And to talk with somebody who seems
708		troubled, or withdrawn, and to try to understand to try to
709		understand what's going on, and what's wrong… I've had to
710		spend lots of time stopping everything…
711	Tomm:	Okay.
712	Dan:	…And trying to focus and trying to fish that out. Because
713		it's not talk of mine, talking with her. And even to get her,
714		it's not like she's hiding and she knows what's bothering
715		her, but she's not going to share it with me because she's
716		afraid. It's more like she's not sure. And if we don't talk,
717		and is it this, is it that… did it start here or when did you
718		feel that way first… If we don't through stuff like that, Jen's
719		kind of gone underground with her feelings. And, and so…
720		yeah, there's a frustration in terms of… For me, I don't
721		know why it's easier to talk, but to draw out Jen…
722	Tomm:	Can I interrupt for a second? I think I'm misinterpreting
723		what your saying. Because it struck me that she was
724		expressing some, you know, hesitance based on fear. And
725		you're saying, "No no, that's not the way it is." So do you
726		think I'm misunderstanding her?
727	Dan:	No. Um, but I think… Fear of me… if that's what the
728		direction…

729	Tomm:	Well, fear of your response, not necessarily you as a person,
730		but… 'cause she mentioned sometimes you were quick to
731		come with solutions and that's not what she wants.
732	Dan:	Right.
733	Tomm:	And I guess she feels, kind of… um, you know, when you
734		do have a solution… And I see with other people too a lot,
735		that one person has a solution and they think it's a good
736		idea, so they tend to impose it, right? The other person for
737		whatever reason isn't comfortable with that. They can't sort
738		of easily, you know, articulate their discomfort and
739		effectively protest, so they feel oppressed. So that creates
740		some fear in the dynamics of the relationship.
741	Dan:	Well… Yeah. I mean, that's almost a caricature, and it's
742		almost a male thing, and it's almost a sitcom type thing.
743		Where men go to solution and all they ever do is tell people
744		how to fix things. They never spend the time to sit and
745		listen, whether it's kids or their spouse. And yeah, I have a
746		propensity that way. But—
747	Tomm:	So do you think this caricature fits for your relationship as a
748		couple?
749	Dan:	No. I don't… Jen is a… she's a very smart person. She can
750		think very well. And if I'm outlining a reason for
751		something… and there's a discussion to engage. She – she
752		doesn't hesitate to reason or discuss on… on engagement,
753		on issues that… whether it's fear sometimes, or…
754	Tomm:	Can I interrupt you again? Sorry to keep interrupting but I
755		have to, if I'm going to to do my job I have to introduce
756		things from time to time, 'cause if they're not introducing a
757		difference, then there's not really going to be much value to
758		you xx conversation. So again, I'm sorry to keep doing this.
759		This idea that you have, that you seem to… that you're
760		expressing right now, that Jen doesn't have any difficulty
761		because she's very bright and articulate and stuff like that.
762		That thought troubles me. Do you have any idea why that
763		troubles me?
764	Dan:	Yeah. I'm not denying that she doesn't have fear. I guess
765		I'm… I'm thinking fear of me, I'm thinking Jen's had some
766		other things in her past that she's had to dealt with that have
767		left a stamp on her. And…
768	Tomm:	And I'm sure xx has to work out.
769	Dan:	Uh, that she's been doing some personal work on. And...
770		sometimes she's locked up on things.
771	Tomm:	Okay. Can I go back, though? Why do you assume… It
772		troubles me when I hear you saying that she's got no reason
773		to be afraid. Like, why does trouble… why do you assume
774		that that troubles me?

775	Dan:	I think it troubles you as much as it might be my sense of
776		your direction of questioning. And that's maybe an issue
777		that I have. That's defensive.
778	Tomm:	Well, let me defend my troubles—
779	Dan:	Feel targeted, whatever. And, and… you know, that is… I
780		can acknowledge that's a part of… I have a lot of fear that
781		triggers that kind of a thing, where you're discussing with
782		Jen and I'm involved. And then it crops up, where I feel
783		like I have a bull's-eye painted on me and it's time to target
784		me. It feels that way. I know we're actually, it isn't that
785		way, but I have a feeling. So that enters into it. But sure,
786		Jen has fears.
787	Tomm:	You feel that I'm targeting you right now?
788	Dan:	The suggestion that Jen's fears of me and me being
789		intimidating and the line of questioning you went down.
790		Are you, do you see yourself as intimidating to others, and
791		then we switched over to Jen, how is it relating to Dan, why
792		are you reluctant, do you fear… do you fear Dan. It seemed
793		kind of going that way.
794	Tomm:	Okay. Well, I think you're very perceptive in that regard.
795		And I think you're right to a certain extent. Um, you may
796		not be fully in touch, though, with my intention in this
797		process. And that is to try to help you see something that
798		maybe is not that obvious to you. Um, and hopefully you
799		can see it through my eyes. What I see here, Dan, is a...
800		what I sometimes refer to as a treacherous thought. That…
801		that you have a certain thought about her and her
802		competencies, which I think that you believe is a true
803		perception, and because it's true you entertaining and you
804		believe it serves you well. Um, but you're not, I don't think,
805		aware of the way in which that though in fact betrays you.
806		And that's how and why it becomes treacherous. Because
807		when you believe, and honestly believe that she is, you
808		know, very bright and articulate person and can speak her
809		experience just fine, that view then tends to minimize the
810		degree to which, um, you will sort of, uh, give priority to
811		what's happening moment to moment in her experience.
812		Because you have the confidence that she will speak up
813		and… and say what has to be said. And because you….
814		you're not worried about that, that tends to bias you to go
815		ahead with whatever good ideas you have. Which I think is
816		what creates the experience of intimidation. Uh, and so I'm
817		trying to connect the treacherous thought, what I call a
818		treacherous thought, which is I think an assumption you
819		have about her and her experience which I think probably
820		doesn't ser you as well as you think it does. And it probably

821		contributes to the experience other people sometimes have,
822		of you engaging in ways of talking that they experience as
823		intimidating. So you resort to, can we describe it as
824		intimidating practices. Not that you're an intimidating
825		person, because your intentions are good. But the effect is
826		to… to sort of, as a word, reinforce her position of privacy
827		and hesitance to sort of speak out and be as fully present in
828		the conversation as she could be. So I'm trying to offer this
829		to you as a view from myself, who doesn't really know you
830		very well, of course. But just take the benefit of, you know,
831		Nancy's comments, and this hour we've been talking
832		together. But, and it of course is ties into the work with
833		individual families a lot, and seeing this on different
834		occasions. So can you appreciate what I'm trying to say, or
835		can we see this through my eyes in addition to your own
836		eyes? Does it make sense to you?
837	Dan:	Yeah, it does. I think. I… you know, if I was to recap it
838		and to be blunt on characterizing how that might be…
839		maybe it's just a… I'm doing something that I'm not
840		intending to do that ends up being almost like, whatever.
841		Dominant type behavior, and I'm blind to it.
842	Tomm:	Yeah.
843	Dan:	And… instead of being Jen's friend and helping her grow,
844		and instead of seeing the world as it is, and myself and
845		taking her feelings into account the way I want to, I'm…
846		missing it.
847	Tomm:	Yeah. And I appreciate… for you to describe xx, and that's
848		quite accurate. And I think one of the dangers here is that as
849		men we're often socialized into positions of, of privilege
850		and entitlement. And I work through some of this myself in
851		my own relationship with my partner. Not realizing how
852		much I bought into patriarchal culture, assumptions about
853		gender and so forth, right. And it was hard for me to see
854		what I couldn't see because I was blind to my, you know,
855		male dominant position relationship, and I was blind to my
856		blindness. I couldn't see that I was blind, right?
857	Dan:	That's the way it is when you're blind. (laughs)
858	Tomm:	Well, it's some people when they're blind, they know
859		they're blind, but some people don't know they're blind,
860		right? And in my case I didn't know I was blind. But I
861		gradually was able to begin to see myself through the eyes
862		of others, which is how people who are blind to their
863		blindness begin to see. And if they allow themselves to see
864		through the eyes of others, and they can see then what they
865		previously couldn't see before. So if they open themselves
866		to that. And um… my impression is, that this could be a

867		significant growing edge for you. And I don't know
868		whether it's coming up in your current work individually or
869		not. It might be hard to address there because, you know,
870		your partner's not there, right, to… to bring in the other
871		perspective, right? Because it's often a very mature
872		relationship phenomenon. Can I just check in with you, Jen,
873		does this resonate with your experience? What I'm saying,
874		or am I right out to lunch here?
875	Jen:	Um… I'm not sure I'm following it all, to be quite honest.
876		Or it sort of sticking, stay with it. But uh… it's an
877		interesting though I guess. I'm trying to… I'm thinking
878		about what you're saying. I hadn't really thought about this
879		whole idea of… um… that what you were just suggesting, to
880		my understanding… I can't remember the word you used to
881		describe it.
882	Dan:	The treacherous thought—
883	Jen:	The treacherous thought…
884	Dan:	—And the assumption that I have…
885	Jen:	Yeah… There's something there.
886	Tomm:	Because xx take after all, right?
887	Jen:	Yeah, that's right. There's something there that is actually,
888		it kind of rings true to me, and I'm trying to think of it as a
889		pattern in other things. Like even last week. Remind me
890		again, that this… Can you tell me that treacherous thought
891		idea again, because I didn't xx…
892	Tomm:	Okay. A treacherous thought is a thought that we hold and
893		we think it's true, and therefore it's a good thought. It's
894		good to have that idea. But we don't realize how living
895		according to that thought that we're thinking actually
896		doesn't serve us well, because of the consequences are
897		negative. They have affects that we don't really intend.
898		And so it ends up betraying us. Right?
899	Jen:	Excuse me, can I interject, cut in there before I forget,
900		'cause I just have this and I might lose my train of thought.
901		I think that's very perceptive, because I think that's a pattern
902		in how we parent and how even… you relate to Fred and get
903		into these conflict situations… I think that the thought is
904		good, Fred is capable… And maybe I'm not understanding
905		totally. Let's take that thought and take it to Fred. Fred is
906		capable of understanding what you have to say, and
907		understanding and using and acting on it. And so you're
908		working out of that assumption but I'm not sure if that's
909		really where he's coming from. Am I understanding this
910		correctly?
911	Tomm:	Yeah, it's partly getting there. So then he might treat Fred
912		in ways where his expectations of Fred's competence are

913		imposed upon Fred, and Fred perhaps can't realize those
914		possibilities. And so the relationship between him and Fred
915		suffers as a result. And so the thought does treachery to the
916		relationship that he values. You know, as a father-son
917		relationship. And it betrays him as a father, because it
918		disrupts, around you minds and wellness and well-being in
919		the relationship.
920	Jen:	Yeah, I think that there's… I think there's a pattern there. I
921		think that's actually… yes, that's what I'm thinking. Is that,
922		again, it's like a… the intentions… and this is, I think… the
923		biggest struggle we have is the intentions are good but
924		somehow between intention and this communication and the
925		other person, everything goes haywire in the… Not the
926		intention, but in the how it's communicated, how it's done.
927		So if you have the good thought, which I guess can be the
928		treacherous thought, right, if I'm understanding this
929		correctly…
930	Dan:	In other words, it's uh…if you put in simple kind of blunt
931		way, which may be not accurate and it's painful for me to
932		think about it. And um… and I'm focused on it as if it's
933		true but it's not what I do, or what I do. That it's a good
934		thing, or the right thing to be doing, but it's how I do it. The
935		way I manage to…
936	Tomm:	Implement your good intentions.
937	Dan:	Work with people and implement the intentions, where there
938		is some big tripwires. Yeah. I'm… it's painful to think, and
939		it's a shock, maybe earlier, to be realizing, with frustration
940		that I'm not reaping what I think I'm sowing. And it's such
941		a strange experience. And, and… and so… It's kind of
942		discouraging, de-motivating, crushing. Because intentions
943		can be good but…
944	Tomm:	For sure. So what I'd encourage you to do is if, if you
945		could develop a habit of listening to the other person's
946		listening. To try to hear what they're hearing. Because if
947		you were more grounded in that experience, as well as your
948		good intentions, then the chances of you making choices
949		with respect to how to implement your good intentions
950		would be more likely to be successful. Because it's when…
951		You know, people get so grounded in the good intention,
952		and they're out of touch, or somewhat out of touch with the
953		actual effect of, of the way in which those intentions are
954		implemented. That often things get confusing and go awry,
955		right? And so one way to mitigate against that is to develop
956		a disciplined habit of always trying to listen to the listening
957		of the other. To try to hear what they're hearing as you're
958		communicating with them. Because then you can adjust

959		your conversation with them to fit with what you intend, and
960		what they find meaningful, right? So for instance in your
961		work situation, like when you are being helpful and lay out
962		all this detail, right; that if you listen to their listening and
963		heard their overwhelmed experience and how that was
964		confusing and making it hard for them to think clearly, then
965		you know, you would obviously say to yourself, "Well
966		listen, there's no point in me doing that right now because
967		that's not going to be helping, you know, the
968		communication that's going on here right now." Follow
969		me? Now that can be applied in, of course, all kinds of
970		domains, in your relationship with Jen, and your relationship
971		with Fred, and so forth. And so it's a concept that if you can
972		get a good handle on it, can be applied in a lot of different
973		domains. And I think would probably help to diminish the
974		inadvertent, you know, negative effects of sometimes
975		coming across as intimidating. Which is clearly something
976		that, you know, you don't want to identify with. You don't
977		want to be that kind of person.
978	Jen:	Can I interject something here too, 'cause I think a perfect
979		example of this at home with Fred would be something that
980		just happened last week. You went downstairs, Fred's
981		watching television, it's late. Dan says, "Fred, it's eleven
982		o'clock, turn the TV off, go to bed." But the intention is,
983		"It's late, you need to get up in the morning, you're going to
984		be tired and you're going to feel lousy if you don't go to
985		sleep." And then that's why you're telling him that. His
986		reaction then is, "blah blah blah," a bunch of swear words,
987		take off, go to bed and xx. And then you leave and that's
988		the end of the conversation. What is he hearing? He's
989		hearing you controlling him, telling him what to do. He's
990		not really hearing that you care that he's got to get up in the
991		morning and all that other business. And I'm not to say that
992		I always communicate better, but often when I go down to
993		talk to Fred, I say, "Fred, it's ten, did you know it's ten
994		o'clock? Okay, good. Okay." And that's it. "You might
995		want to think about going to bed soon," or something like
996		that. Just leave it with him. And I have a better reaction
997		from Fred. Because I'm not telling him, "Fred, it's ten
998		o'clock, go to bed." I'm just saying, "Fred, it's ten o'clock,
999		you might want to think about… you know, you gotta get
1000		up, you gotta get the bus, blah blah blah in the morning." I
1001		think we both have the same intentions, we want Fred to go
1002		to be because we know he has to get up and it's late and he's
1003		watching CSI for the fifth time (laughing). It's just a crazy

1004		show, but anyway. I think… is that not an example of
1005		listening to how…
1006	Tomm:	It is for me.
1007	Jen:	…To what they're hearing. Because what Fred hears when
1008		he says, when you say that to him, is, "Oh gosh, here comes
1009		Dad. He's going to tell me what to do, control me," and so
1010		his automatic reaction is he's defensive before you open
1011		your mouth. And as soon as you tell him what to do, he
1012		just…want to tell you to fuck off.
1013	Dan:	Yeah. I don't, I don't, I have… some experience with that.
1014	Jen:	You're tone isn't…
1015	Dan:	I'm using that listening to what other… I'm trying to read
1016		their reaction to what I would say, and even anticipate
1017		actions…
1018	Tomm:	Can I just throw in a quick comment about this example,
1019		though, just to maybe enrich it a bit. Could also be that
1020		Fred's experience is that when his father comes down and
1021		tells him that, that he experience the transaction of one as a
1022		demand for obedience, and that means he feels like he's
1023		been growing down, as towards to being a younger. And his
1024		job is to grow up, to be more capable of making his own
1025		choices and so forth; which is of course the job of the
1026		parents, is to raise children to be autonomous, right? And so
1027		he necessarily, then, has to protest. You know, if he's going
1028		to be true to his, you know, purpose to grow up, he has to
1029		protest his dad, and his dad's good reminder to go to bed so
1030		he can be in better shape to learn the next day or whatever.
1031		So I think that it's important to realize to inner the process
1032		within Fred too. That his experience is being growing down
1033		into the, expected to be the mindless, obedient child, is what
1034		probably contributing to his rebellious response. Or protest
1035		or whatever it is, right? But it doesn't come across that way,
1036		because then, you know, Dan feels it as defiance, disrespect
1037		to whatever, right? Which of course just gets his hackles
1038		going up. So these are very complex communicative
1039		dynamics that we're talking about here. But in terms of an
1040		overall strategy, in terms of... given that you can recognize
1041		and acknowledge that you do have a challenge here, and a
1042		lot of men can't by the way, that is to your credit that you
1043		can see it so clearly. The next step is to develop the
1044		strategies that will enable you to grow greater skill and
1045		competence in, you know, communicating more effectively
1046		so you diminish, you know, the inadvertent negative effects
1047		that we were talking about. So anyway… This is… I don't
1048		know if this important, but I think this is one area that could
1049		be very useful to explore further in terms of the issue of

1050		carefully teasing out the difference between good intentions
1051		and actual effects.
1052	Jen:	And problematic effects.
1053	Tomm:	Yeah. Because there's sometimes… the intended effects are
1054		not… don't match up with the actual effect. Sometimes
1055		they do, which is great, right, and things go smoother, right.
1056		I'd like to move ahead. But when the actual effects don't
1057		match up, then often that leads to a block. Things stop
1058		moving, and actually sometimes regress.
1059	Jen:	I think that, there's one more thing that I have to say, to xx
1060		here, I know I think Dan's reaction maybe that, yes, this is
1061		one part of the piece of the puzzle, but I'm a piece of a
1062		puzzle to. And so today Dan would say we focused on his
1063		reactions, but I think that Dan feels pretty strongly that I
1064		play a fairly big role in the dynamics, positive and negative,
1065		in our house too. Or the patterns that have been created.
1066		And so I think last week, you seem to feel pretty sure that I
1067		was a big part of the problem too. Do you know what I
1068		mean? It wasn't just all you, it was… I don't know, when
1069		Nancy was asking you questions like… xx
1070	Dan:	Yes, I felt that, and I gotta say that I, whatever. With my
1071		fear and my anxiety, and all the… my propensity to focus on
1072		what's wrong and what's negative and to fix it in my job, or
1073		in any authority position I seem to have, I do seem to go
1074		there. So, constantly focusing on what's wrong and then
1075		finding out, you know, whatever, all my efforts to fix are
1076		just a problem in themselves. Just get dug deeper into
1077		feeling like, Okay, I'm the problem here. Period. And…
1078		and uh… You know, that might… an element of that might
1079		be true. I'm not xx think I want to fight a mental problem.
1080	Tomm:	Could I just encourage you to try to entertain another
1081		thought, which I think is in contrast I think to you
1082		treacherous thought, and this would be a very friendly
1083		thought. And that is to separate yourself from what you
1084		described as your propensity to notice problems and focus
1085		on problems, right? So if you can see that as a propensity,
1086		right, that that's a habit you developed in your living, and
1087		your lifestyle to identify problems and solve them, which
1088		has strengths in a place where it does a lot of good, right.
1089		But when you can see where that propensity is not working
1090		for you, right, then you can then develop a counter-strategy
1091		to that strategy, right? Then you as a person are an agent
1092		that can choose which strategy you're going to adopt, or
1093		which habit you're going to try to foster, and which habit
1094		you're going to try to escape. For instance you can try to

1095		develop a counter habit of noticing the positive rather than
1096		the negative, and commendate on the positive.
1097	Dan:	You know how it works? 'Kay, it's like, what is and what
1098		ought to be are there, and the difference between the two is
1099		in focus, and it's painful.
1100	Tomm:	But it doesn't have to be painful if you could shift your
1101		focus to identify opportunity. Because opportunity and
1102		possibilities are enlivening, right?
1103	Dan:	Can I do that? Like is this, you think this is behavior and
1104		it's a pattern, and I can teach myself another one. As
1105		opposed to, this is like, Dan is… got hazel eyes.
1106	Tomm:	No, this is… This is something that you've learnt in your
1107		socialization. I don't think you… It's not in your jeans.
1108		You're not born with that. I mean, sure, we've got genetic
1109		predispositions but it's through lived experiences that
1110		develop habits of thought and ways of thinking and seeing
1111		things and behaving and so forth. And habits can be
1112		changed. And that's why I'm trying to xx you to consider
1113		this idea of, Dan is not the same as his thoughts or his
1114		habits. Dan is a person who can be an active agent in
1115		making choices about what patterns of thought he entertains
1116		and enters into, and if they're treacherous thoughts he wants
1117		to abandon them, escape them, and he wants to look for
1118		other thoughts. If there's one habit that's a problematic
1119		habit, okay, wants to find a counter-habit, right? So you can
1120		be an active agent and separate… We talked about this as
1121		externalizing. Externalizing certain thoughts or behaviours
1122		from persons, right? 'Cause then you're freer to do
1123		something about it. If you collapse those onto you, "I am,"
1124		you know, "someone who's always seeing the negative. I'm
1125		always a negative focused person." Well, then how can you
1126		change yourself, right?
1127	Nancy:	Can I give an example of that? Because one of the things
1128		I've noticed about Dan is he can be quite compassionate to
1129		people. In fact I've mentioned that to you in our
1130		conversation, and if… if he's thinking that he's a negative
1131		person he might not, sort of…
1132	Tomm:	Realize his potential, yeah.
1133	Nancy:	Yeah. He might not grab onto that as a resource that he
1134		could use with his kids or with Jen, right?
1135	Tomm:	Exactly.
1136		Nancy: Because to me, that's a huge resource for him.
1137	Tomm:	Yeah, absolutely.
1138	Nancy:	The desire to help other people.
1139	Tomm:	Yup.
1140	Nancy:	Yeah. Does that make sense to you?

1141	Dan:	What you say makes sense. How to do it… (laughs).
1142		There's a lot of room to grow.
1143	Nancy:	Okay.
1144	Tomm:	Absolutely. And I'm glad you can see that. I'm real
1145		pleased that you can see that. I find it very moving,
1146		actually.
1147	Dan:	As an agent of change xx, I feel like a bulldozer in a forest.
1148		But I don't have the controls or I'm not sure where they are.
1149	Tomm:	You know the… I presume you're feeling a bit of sadness at
1150		the moment. And I want to honor that and draw to your
1151		attention the value of that. Because what you're touching on
1152		now emotionally is probably a reflection of something that
1153		is a growing itch. Um, and because I don't know if you…
1154		You're familiar with the grief model of loss, right?
1155		Tearfulness is obviously something that is accompanied
1156		with loss. And if you're at the point of losing a bad habit,
1157		losing a pattern of thought that's not a good way of thinking,
1158		that's a good place to be. And if that's where we've come
1159		to now, then I think it's… it's good to be at that place. And
1160		I think if you're able to, you know, become sensitized to
1161		your own experience of that sadness and go there with your
1162		own reflection, don't avoid it. Seek it out. It will be that
1163		growing edge. 'Cause… 'cause people when they're in that
1164		space… We don't know yet what's going on in terms of our
1165		neurosystem. That makes it possible from one frame of
1166		reference to another. Like, at what point in life you live and
1167		act as if this person's in your life, and is there, or she's
1168		there, or whatever. And then suddenly they're not. And
1169		you have to shift your whole way of thinking. Well, that's a
1170		huge shift, right? And we know that it is accompanied with
1171		grief. We apparently can see that, right? The same happens
1172		in terms of subtle dynamics of habits, of ways of thinking,
1173		of assumptions and so forth, right? So I think you're
1174		coming to a place where you're relinquishing, you're
1175		beginning to let go of some things that you're beginning to
1176		realize are not serving you well. And so to me, that's a good
1177		place to be. And if you can embrace them, those emotions,
1178		and see them as a… as a positive thing, then I think that
1179		could accelerate your movement. A lot of men feel very
1180		uncomfortable with those emotions. 'Cause they feel it's
1181		not very manly to become tearful and to weep and so forth.
1182		But I think that restrains their possibilities. You know, and
1183		they, uh… get stuck in that. Listen, we should probably
1184		wind up. But um… do either of you have any questions you
1185		want to ask me? Before we wind up for today?

1186	Dan:	Well, what we do here as a group is really important for the
1187		group and the set of relations of the family. Um… How do
1188		we productively involve the kids? I just keep thinking of
1189		Fred. Should he be in counseling too? He's a lot of years
1190		with the negative. Head-butting and defiance and me with a
1191		pattern that brings that forward. And then, just in terms of
1192		directing personal counseling, should… the priorities need a
1193		match, I think. And I think it's a natural match, but how do
1194		you do that?
1195	Tomm:	Well, I appreciate you wanting the kids to be involved, and I
1196		think it would be good.
1197	Jen:	And I think that that's fine.
1198	Tomm:	Because I think Fred could benefit from being exposed to
1199		this kind of conversations. How much he can take in, of
1200		course, depends on, you know, what's going on for him and
1201		his inner experience. But I think that you might be able to
1202		make a contribution to him, you know, being an advantage
1203		in terms of his way of understanding and thinking about
1204		relationships, compared to what you experienced when you
1205		were growing up. So he might not have to go through the
1206		same kind of difficulties that you're going through now,
1207		when he comes to be a young man. So I think there's some
1208		wisdom in that suggestion, the kids being involved. And if
1209		you're open enough to be… to share these thoughts and
1210		feelings in front of them, even though they may not be
1211		involved all the time, they can learn by observing, you
1212		know, the process and make sense of things. So that's a
1213		possibility that could be enriching for them.
1214	Dan:	If… if… that would be a piece of a strategy, other elements
1215		of a strategy. Like I just feel there's a rift of healing that's
1216		needed. Again something that needs to bridge with Fred and
1217		me, and I don't know how to coax somebody who's running
1218		the other direction to stop and try to work with me in the
1219		same direction.
1220	Tomm:	Well, once… one possibility could be, I mean if he were
1221		here and he could see your… the sadness that emerged and
1222		the tenderness that comes with that. I would predict… I
1223		don't know Fred, I've never met him. But I would predict
1224		that he would respond more positively towards that. He'd
1225		want to approach that. He wouldn't want to escape it.
1226	Dan:	They're more cynical. I think they… if they have a negative
1227		experience, it pushes him so far away that if I apologize or
1228		tell him I'm sorry, and I am, and try to… they, they just…
1229	Nancy:	The apology is different than this experience. Your apology
1230		is different.

1231	Tomm:	See, it could be that they're struggling with the hangover of
1232		past events, so that's left them with a bias. So it may take a
1233		little bit of work to deconstruct that so they can meet their
1234		father as he is now, not the way he used to be. So that could
1235		take a bit of work.
1236	Nancy:	What was it that you noticed is the difference that might
1237		have a different effect on the kids? That you're
1238		experiencing right now?
1239	Jen:	Well, I think that sometimes I think that saying "I'm sorry,"
1240		can almost be an overuse. You know, once you've said it
1241		enough times, people start thinking, "Does he really mean
1242		it," or… Or does this person really mean it or not? Are they
1243		going to change, or they just going to keep going into this
1244		same pattern over and over. I think if this was a heartfelt
1245		moment, where as… Not that, that when you say sorry it's
1246		not a heartfelt, but… at least in your own heart it's not, but
1247		I'm not sure it's always communicated. So to the kids
1248		sometimes it's just like, "Oh. Sorry again." Or, "it's
1249		another apology, but things are going to continue on as they
1250		used to be." I generally mean that it's just, they're… it gets
1251		to be repetitive and have less meaning.
1252	Nancy:	Would they be surprised if they saw Dan tearful?
1253	Jen:	Surprised? Maybe, yeah. Compassionate, I think definitely.
1254		Is I think both kids have a deep ability to be compassionate,
1255		for each other and in circumstances, different circumstances.
1256		It's just whether you kind of get them into the right space of
1257		mind first.
1258	Nancy:	Would his tears tap their compassion? Do you think they'd
1259		be more appreciative of Dan as a father, as a person?
1260	Jen:	Yeah. Because it's an honest, it's something about
1261		completely honest. As opposed to, sometimes they're not
1262		always sure if you're… I mean, I even feel that way, you
1263		know. When an apology comes, I'm not totally sure if
1264		that's… If it's a duty or if it's a real, genuine, "I really feel
1265		upset about this."
1266	Tomm:	Yeah. There are different apologies, of course. The excuse
1267		apologies, the… I'm sorry, you're late because I was got
1268		caught up in traffic, right? That's an excuse apology. But
1269		there's other apologies that are more and more genuine, and
1270		uh… and there's lot of different kinds of apologies. How
1271		to… Real apology and sincerity and quite a significant
1272		achievement actually.