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A discursive study of therapy talk: The collaborative approach to therapy

By

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Abstract

The main goal of this thesis is to describe what happens in the collaborative approach to therapy from a conversation and discursive analytical perspective. The data we worked with are part of collaborative therapy sessions in Mexican Spanish Dialect. Chapter 1 is an introduction to two of the main social constructionist approaches to therapy, the ‘reflecting team approach’ and the ‘collaborative approach’ to therapy. This sets out the theoretical environment in which the therapy was done. Chapter 2 is a review of the state of the art in conversation and discourse studies on therapy talk and related fields, illustrating the type of analysis done up to now. Chapter 3 describes aspects of Mexican population that were part of the context in which the data originated; some notes on translation issues are included here. Chapter 4 is the first analytic chapter and it describes the dynamics in conversation of the English particle ‘okay’ as found in Spanish therapeutic interaction. It shows both the work okay is doing when found in the therapists’ discourse and what it is doing when found in the clients’ discourse. Chapter 5 presents the analysis of instances of informality that were found in the data, arguing that aspects of an ‘egalitarian therapeutic stance’ can be displayed in the participants’ talk. Chapter 6 is a study on questions and therapy, more specifically it shows the questions that can be asked by the clients in therapy talk and the conversational job this is doing. Chapter 7 is an example of research done when taking as a starting point a category that is relevant for therapy and counselling: active listening. In reading through this thesis, the reader will find aspects of the therapeutic approach as displayed in talk. Examples of this are the displays in talk of the philosophical stance, such as being egalitarian in an institutional setting. Besides describing how theoretical assumptions can be displayed in talk, this work describes in detail several aspects of therapy talk.

Keywords: therapy talk, conversation analysis, discourse analysis, collaborative therapy, Mexican Spanish dialect, okays, informal talk, questions, active listening.

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Introduction

The aim of this work is a simple one: to describe what takes place in collaborative therapeutic interchanges (Anderson, 1997) from a conversation and discourse analytical perspective (Potter and Wetherell, 1987; Hutchby and Wooffitt, 1998; Schiffrin, 1994).

Analysis is being done in a situation where the therapy sessions that have been considered are conducted under a therapeutic frame that thinks of therapy itself as akin to conversation. Conversation analysis (CA) gives us the resources to look at actual talk in terms of the social actions that are being performed by the speakers. That we can do things with words is an idea early introduced by John Austin (1962). CA also gives us the opportunity to look in detail to actual talk and to discover the consequentiality of small talk. However, sometimes my interpretations on the data couldn't find a place within CA literature and when that has happened I prefer to call what I did a version of discourse analysis.

The data I am going to present here are rich in interpretations. Why is this so? First of all because they are Spanish Mexican Dialect data. When saying this I am relying on Chambers and Trudgill's (1980) notions about dialectology. And I am placing the Spanish language that is spoken in México within a world context. A context in which we can find several dialects of Spanish. I am also taking a stance which is a democratic one with regard to the different Spanish dialects that are alive all around the world. A stance in which no Spanish is superior to any other.¹

The kind of therapy that is being carried out in the sessions, is one inspired by an North American body of ideas. The tools that CA gives to me to interactionally explain what is going on in the conversations, though being learnt in England, are also based on an North American body of ideas. Although Austin was

¹ We are now nearly 500 years since Spanish language has been spoken in México and most of South-American countries, thus it is time to consider those languages as having a right on their own, without being always subjugated to the label 'Castellano'.

British, I am thinking here more on the CA groundbreaking works of Harvey Sacks, Emmanuel Schegloff, Gail Jeffereson and Anita Pomerantz.

What I analyse in this thesis is not just Therapy Talk, it is therapy talk in a specific therapeutic context: collaborative approach to therapy. One could also concentrate in stating the differences in talk that different approaches to therapy might have. Although this is not the aim of the thesis, comments on this were sometimes needed.

Chapter 1 of the thesis informs the reader about Social Constructionist Approaches to therapy. Documenting this is important, as several times during the analysis aspects of the theory of therapy could be heard as having found a display in talk.

Chapter 2 takes the reader in an overview on different studies that have been carried out in therapy talk. These studies varied from CA studies to discourse analysis in general. Several studies were carried out in fields like Medical Talk, Counselling or Psychiatry and they were included as they are areas related to therapy talk.

Chapter 3 is not really a chapter, but a section that deepens our understanding on one aspect of the context in which the data originated. Comments are made on the context in which a Mexican person becomes a Mexican person. The sample of participants is described. And some comments on translation issues are included.

Chapter 4 is the first analytic chapter and it explores the uses of the particle ‘okay’ in Spanish therapeutic interaction. An aspect that was remarkable during this analysis is that the use of okay is not restricted to the professional. Clients can use too okay and they display internal dialogue in doing this. The use of okay by clients has not been documented in the literature, thus its relevance.

Chapter 5 analyses the displays of informality in collaborative therapy talk. A feature of the displays of informality is that they can do *being open* thus

reflecting the more egalitarian stance that characterises social constructionist approaches. It is argued that these displays of informality in talk can account for what clients tend to report as the ‘friendliness’ of therapy, the atmosphere of ‘familiarity’ of these encounters as well as the ‘informality’. Which, in turn is described by clients as helpful aspects of the therapeutic encounter.

Chapter 6 deals with the discourse phenomena of questions. In particular we present a report of the instances in which clients and not therapists ask questions. The way the therapists deal with these questions, in some cases, displays aspects of *being open*, the egalitarian stance. Several cases of clients asking questions are explored. The main argument is around what kind of therapy allows clients to ask questions and why?

Chapter 7 is the last analytic chapter that explores the display in talk of a therapists’ category, that of Active Listening. In order to underline the importance of the notion in the field of therapy, a theoretical review of work done on Active Listening was made. Part of what is argued in the chapter is that by means of Active Listening one can assist the emergence of *challenging and alternative versions* in therapy.

The order of the analytical chapters was chosen this way partly because we go from the more CA oriented analysis to the more DA oriented ones. As I mentioned before, sometimes it is necessary to make use of theory categories to help explaining what is going on in the interaction.

The chapter on Conclusions will put together different issues that were discussed through the theoretical and analytical chapters. There is an appendix that shows extracts, which were too long to include as part of the corpus of the thesis, as well as the letter of informed consent that was signed by the participants.

Chapter 1 Social Constructionist Approaches to Therapy

1. Social Constructionist Approaches to Therapy

During the 1990's one can observe a boom in the field of therapy. In my view, such a boom is related to the emergence of Social Constructionist Approaches to Therapy. What I am going to discuss in this chapter are the concepts and notions of two main approaches in this area, the Collaborative Approach to Therapy (CAT) initially proposed by Harlene Anderson and Harry Goolishian and the Reflecting Team Approach (RT) led by Tom Andersen.

These two approaches are covered here, as it is the way of doing therapy that has mainly informed my practice as a therapist. The RT approach shares theoretical notions as well as practices (arrangements for how to talk with clients) with the CAT and is on its own an example of a social constructionist approach to therapy.

A concept that has shown to be central to several approaches to therapy is the idea of Self Agency. Given the centrality of that notion in Therapy Theory, there will be a section that will cover it.

My general approach here is to elucidate the main features of these social constructionist approaches – what does this type of therapy aim to do? What are its views about the person? Setting things out in this way will allow deeper consideration of what is happening in the therapy encounters analysed in later chapters. This relates to one of my (perhaps unattainable!) goals: to show some links between the theory and practice of therapy.

1.1 Collaborative Approach to Therapy

CAT has been identified as one of the current postmodern approaches to therapy. As such, it highlights the processes that take place between individuals and not within them. Such emphases in the study of the theory of therapy coincide with

postmodern premises of hermeneutics and social constructionism (Hoffman, 1992; Anderson, 1997).

Harlene Anderson and Harry Goolishian are the authors of the collaborative approach and they have been identified as some of the first people that have put an emphasis on the primacy of the study of language within the field of Family Therapy (FT onwards).

Wittgenstein's notion of 'language games', as it is considered by Anderson and Goolishian, makes us think of the dynamic character of the discursive constructions in such a way that the focus is not so much in linguistic structure but in the meaning ever changing, in constructions constantly developing. Following the ideas of Rorty (1979), theories and therapeutic practice are not exact representations of a given social reality, but 'temporal lenses'. This gives way to a notion of multiplicity of perspectives (Anderson and Goolishian, 1988).

The possibility of change through dialogue is related to the notion of Gadamer, who stresses how when we say something we imply in it what we do not say, the 'unsaid'. Thus, the therapist takes as an initial guide the meaning 'as it is described by clients'. But an important notion consists of trying to go out, little by little, from the limits of such meaning, in search of the 'unsaid'.

The notion of 'hermeneutic circle' extrapolated to the therapy situation, stressed the element of preconceptions as the point from which the questions that the therapist asks start. With the 'emerging parts' of the client, the interpretative circle gets to completion and regenerates preconceptions (Anderson and Goolishian, 1992).

When talking about the essential characteristics that she identifies in all conversations, Anderson (1997: 111) lists the following:

1. All participants enter a conversation with a framework that includes what they bring from their everyday lives, for instance, self-identity.

2. Each conversation occurs within a local context, for instance, local (more immediate interpersonal) or universal (cultural, social, historical).
3. Each conversation is embedded within and will become a part of, will be influenced by and will influence, myriad other past and future conversations –no conversation is a single event.
4. Each conversation has a purpose, expectations, and intentions that all participants contribute.
5. Each outer, spoken conversation between participants involves inner, silent conversations within the participants.

Besides these theoretical presuppositions of the CAT that are all related one way or another to language, an aspect that has proven to be central to the approach is the stance from which to relate to the clients.

1.1.1. The philosophical stance

CAT is best characterised as a philosophical stance from where one relates to the person (s) who looks for therapy. According to Anderson (1997: 3), the following presuppositions are part of what informs such a philosophical stance:

- Human systems are language- and meaning-generating systems.
- Their construction of reality are forms of social action, rather than independent individual mental processes.
- An individual mind is a social composition, and self, therefore, becomes a social, relational composition.
- The reality and meaning that we attribute to ourselves and others and to the experiences and events of our lives are interactional phenomena created and experienced by individuals in conversation and action (through language) with one another and with themselves.
- Language is generative, gives order and meaning to our lives and our world, and it functions as a form of social participation.
- Knowledge is relational and is embodied and generated in language and our everyday practices.

Regarding the therapist's position, it is stressed that the professional present herself with the client in such a way that she is '*incongruent with the client's expectations*'. Showing herself as being interested in learning from each of the particular points of view of each one of her clients (Anderson, 1997: 84).

Very likely, the therapist will confront 'multiple and contradictory ideas simultaneously' (Anderson, 1997). And fomenting a stance of impartiality, all the emerging perspectives can be taken into account. In doing so the therapist is avoiding falling in a 'monologic conversation' where a group of ideas dominate and paralyse the viability of change (Anderson and Goolishian, 1992).

According to what one finds in the literature, a new and different meaning doesn't emerge from any kind of conversation. It is from within the conversational process of telling and retelling familiar or shared stories that new meaning and 'what is to be said' emerge. This new meaning is related with having access to personal agency and with the problem's dissolution. Conversations where new meanings emerge are thought of as dialogic and those where no new meaning emerges as monologic. In a monologic conversation 'nobody feels respected, listened to or seriously considered' (Anderson, 1997).

Change and transformation in a collaborative approach require the presence of the philosophical stance, which is referred to as well as '*a way of being in relationship* with our fellow human beings, including how we think about, talk with, act with, and respond to them' (Anderson, 1997: 94, italics in the original). The philosophical stance is translated by the therapist her way, allowing with this 'the development and use of a therapist's own personal style' (Anderson, 1997: 98).

Thus, according to the personal style of Harlene Anderson, as being part of the way of being, some intentionality or deliberation from her as a therapist is highlighted:

"I purposely want to be open, genuine, appreciative, respectful, inviting, and curious –all important characteristics of being in a therapy

relationship that is mutual, collaborative, cooperative, and egalitarian. I purposefully choose to be this way, because I value it' (Anderson, 1997: 107).

This quote synthesises several aspects that are involved in doing collaborative therapy, describing features that characterise the philosophical stance. Notice how there is a claim for the encounters to be egalitarian as well as collaborative. Although the notion of therapy being egalitarian is not always explicitly developed, as we will argue in following sections, the CAT has the elements in it to account for the egalitarian nature of the therapy encounters.

A notion that has been really popular from the first moments of FT is that of 'system'. Family therapy itself can be called like that, or it can be alluded to as 'systemic therapy'. CAT having some of its origins in FT, will continue to think human communities as systemic communities. However, the notion of system will be re-signified.

1.1.2. The notion of system revisited

In a similar way to other approaches in Family Therapy (FT), the collaborative perspective uses the word 'system' as a metaphor for explaining human being in general and in therapy. However, differently from other schools in FT the meaning that you give to the word system within this approach is about seeing human systems as language, and linguistic systems as generators of meaning (Anderson and Goolishian, 1992; Goolishian, in Fried and Fuks, 1992).¹ Following this general line of thought, therapy can be conceptualised as '*a language system and a linguistic event in which people are engaged in a*

¹ One can guess the political implications that has to keep using the word 'systems' instead of using words like 'language games' (Wittgenstein, 1953) or 'people in conversation'. Given the audience of papers and books in this field, there is a need to moderate the change in meaning, thus it would be easier to accept 'human systems are language systems' than other distinctions given the present state of the proposal (in some academic circles even unknown!).

collaborative relationship and conversation –a mutual endeavour towards possibility’ (Anderson, 1997: 2, italics in the original).²

Within the therapeutic encounter, meaning and knowledge are constructed jointly both by client and therapist. Under this situation people ‘within’ a conversation agree on experiencing the same phenomena in the same way and, according to this, the construction arrived at has the quality of being intersubjective (Anderson and Goolishian, 1988).

The system of meanings, the relational system, that arrives to therapy under the label of ‘problem’ conforms and defines who is going to be part of the therapeutic system. In that sense, ‘the problem creates the system’ and not the other way round (Anderson, 1997). While participating in the dialogue both clients and therapists can identify aspects that ‘organize’ the problem. Through the emergence and generation of new meanings, they can both identify elements that ‘dissolve’ the problem. Under this vein, the therapeutic system is thought of as an ‘organizing/disintegrating problems system’. Based on this, the role of the therapist is conceived as being analogous to that of a ‘participant observer’ within the field of ethnography. Here one facilitates, with the contributions to dialogue, the creation of a conversational space within which the problems’ definition is going to be constantly changing (Anderson and Goolishian, 1988).

Thus, the resignification of the word system under CAT consists of thinking human systems as language systems that generate meaning. It includes the idea that the people who are linked by the discourse of ‘problem’ will create the system of persons that will need therapy. In this sense, the classical sentence of ‘the system creates the problem’ in early models of FT is resignified in CAT as ‘the problem creates the system’. The way these language systems generate meanings is clearly showed in the emergence of challenging and alternative versions in therapy included in Chapter 7.

² Although, as will be shown below, there is a description within the approach about conversation in general terms, the term ‘linguistic system’ is not treated as it is treated within the field of linguistics (Levinson, 1983). A comparison though could be useful.

The idea of collaboration needs to be mentioned as a central feature to the CAT. Linked to this idea is the not knowing approach that one takes when being with clients. The following section will cover these topics.

1.1.3. Collaboration and not knowing

Thinking of the therapeutic process as a meaning co-generating process, meaning systems of therapist and client are equally relevant. With this the notion of hierarchical differences gets lost and instead of it, what is contemplated is a collaborative relationship where there will be an intersection of meanings. That intersection takes place thanks to a ‘collaborative effort’, where those narratives not yet said can emerge and generate (Goolishian, in Fried and Fuks, 1992). Moreover, ‘when a therapist invites and allows a client to collaborate, responsibility becomes shared.’ (Anderson, 1997: 105).

It is considered that those who are participating in it will always best describe every human and language system. Related to this is a position for the therapist of not ‘being an expert’, a position of ‘not knowing’ that approaches the professional ‘...to listen in such a way that her previous experiences don’t prevent her from the descriptions and experiences of her clients.’ (Anderson and Goolishian, 1992: 30).

Something that facilitates a stance of ‘not knowing’ regarding the uniqueness of the clients’ lives and experiences is to keep being ‘curious’ about the special nature of each case. This is so, because regarding the client’s life, she or he is the ‘expert’. An attitude of curiosity towards the client’s narrative, allows the therapist to ask questions as a result of ‘a necessity of knowing more about what has just been said’ (Anderson, 1997) by the client.

Based on some distinctions made by Bruner, Anderson and Goolishian (1992) suggest that to ask questions from a ‘paradigmatic stance’ implies, from the side of the therapist, asking from an expert stance, from a stance of knowing about explanations and characterisations. On the contrary, to ask questions from a

‘narrative perspective’, implies to start understanding while accepting the discursive guide of the client. Thus, when adopting a position of not knowing one would be relating from a narrative perspective.

Based on interviews carried out with her clients about their experiences with successful and unsuccessful treatments, Harlene Anderson (1997: 140) identifies some traits that relate to the ‘not knowing’ stance. Such traits can make easier collaborative relationships, dialogic conversations, and they are, according to the client’s voice: to trust and to believe, to ask conversational questions, to listen and respond, to keep coherence, to be in sync and to honour the client’s telling or story.

When speaking about the role of conversational questions as being part of a dialogical conversation, it is stated that any comment or question can be verbalised, and that the most important thing is:

‘...the stance from which it comes - the manner, the tone, and the timing. Any question [...] offered in a tentative manner [...] being open to the other person and leaving room for his or her participation. [...] questions asked in this manner afford a client license to respond to them, to reconstruct them, or to ignore them.’

(Anderson, 1997: 150-151).

So, the therapist is the expert in the conversational process and asking questions is an important part of this. She is an ‘expert in creating a dialogical space and in facilitating a dialogical process –a philosophical stance’ (Anderson, 1997). In this space there is a ‘local’ meaning and dialogue that belong to the conversation taking place between the client and the therapist in any given moment. When contemplating the local aspect of the encounter, one looks for understanding the narratives and metaphors told by the client as much as those that emerge related to their contextual specificity (Anderson and Goolishian, 1992). This way, the emerging meaning depends on the conversation that takes place in a given moment, depends on the relationship between the conversationalists, on the preconceptions, intentions and expectancies of each participant. It depends on the

cultural conventions related to what is being talked about or on the dynamic and transformative characteristic of the generation of meanings (Anderson and Goolishian, 1988: 72):

‘...a therapy system, thus, commits to develop language and meaning that is specific to itself, specific to its organization, and specific to its ‘dissolution’ around the problem’.

The importance of keeping in mind the uniqueness of the clients’ tellings and of the therapeutic encounter can be related to the not knowing approach. If the narratives that are to be told by the client are to be unique each time, the therapist will certainly not know every time what are the stories that will be told. The collaborative relationship will be characterised by the therapist adopting a not knowing approach.

Another thing that characterises CAT has to do with the way the Self and what happens in therapy with the Self are conceptualised. The following section describes these elements.

1.1.4. The Self and internal dialogue

From all the narratives that emerge during a therapy session, certain narratives will have a special consequence in ways that facilitate or not the perception of oneself as ‘competent’, as possessing ‘agency’ about one’s own life and about the problematic telling. Generating a different system of meanings, the new narrative of oneself can give people more sense of agency to the dissolution of the problem, for the new story would imply as well a ‘new narrative identity’. It would imply as well a change constructed in collaboration with the other about the perception of herself, which will allow one to organise experience in a different way and, thus, to live under another reality (Anderson and Goolishian, 1992).

When treating the topic of the Self as a result of a dialogical interchange, there is an allusion to a dialogue that can be both internal and external (Goolishian, in Fried and Fuks, 1992). There are several authors that consider the possibility of talking about intra and inter-personal dialogues (Andersen, 1991; Hoffman, 1989). One thing that is argued in Chapter 4 below is that such an internal dialogue can be featured and found within the narrative of the clients.

Talking about internal dialogue or conversation with a ‘virtual’ other, the notion of individual processes is treated under a relational perspective and an umbrella of social interchange (see Billig, 1987, for an account of thought as a rhetorical process). This is different to the idea that the individual constructs her world vision by means of her own resources, in an ‘adaptive’ effort, determined by certain structure. Such ideas are sometimes shared by some constructivist authors and are different from constructionist proposals toward the construction of meaning in general and in therapy in particular (Anderson, 1997; Anderson and Goolishian, 1992; Gergen, 1985; Gergen and Kaye, 1992). As Tom Andersen (2001) would call it, approaches like CAT fall into what he calls the ‘communal’ approaches to therapy. As we can see in this section, this is so even when it comes to the conception of the Self. Notions such as internal dialogue allow us a communal way of conceiving what takes place in the Self.

The therapist converses with herself and with her clients in such a way that her points of view become negotiable and changeable. Therapist and client are embedded within a non-stopping process of interpretation and re-interpretation, the fragility of consensus then becomes evident, along with its constant openness to re-negotiation (Goolishian, in Fried and Fuks, 1992).

To recap, the CAT is characterised by several aspects. Having part of its roots in Family Therapy, CAT includes some aspects of early models of FT. An important notion in this approach is that human systems are considered to be language and meaning generating systems.

Central to the approach is the *philosophical stance* from which to relate to the client. This stance includes *being curious* about what the client has just said. It

also implies relating to one's own pre-conceptions in such a way that they do not prevent the therapist from listening to the client's narrative. It requires the therapist to be listening in an active way. It consists of a way of being, characterised by being *genuine*, *open* to contradictory stories, wanting to *learn* about the client's life, relating from a *not knowing* position.

Under this approach, the notion of the therapist as an expert is redefined. The therapist being an expert in conversation and not in the client's life makes the client becoming an expert in her life. That way the encounter takes place between two experts and not with only the therapist being an expert. Therefore, the relationship is seen as having an egalitarian, democratic and non-hierarchical nature. Aspects of the egalitarian relationship are found not only in the way the therapeutic relationship is characterised as a collaborative relationship, but in the way therapists' and clients' meanings are equally valued.

As was mentioned earlier, one of the things that tends to happen with the clients in therapy is related to Self Agency. As Agency seems to be a crucial concept in several constructionist approaches, we will now turn to explaining some aspects of this notion.

1.2. Self Agency

Based on the literature review, there seems to be consensus about an aspect that is at stake mostly at the beginning of the therapy encounters, namely the self agency of the client. It is as if there is an agreement about people looking for therapy because 'there is a problem' with the self agency. There are several ways of alluding to this idea, but it does seem to be pervasive:

'In therapy we meet people whose 'problems' can be thought of as emanating from social narratives and self-definitions or self-stories that do not yield an effective agency ...'

(Anderson, 1997: 233).

When talking about the concept of personal agency or related concepts there is frequently a reference, as well, to the other side of the coin, using terms like ‘victim’ or ‘demoralization’.

An example of this is found in Frank (1973, quoted in Snyder et al., 1999) who proposes that when people look for psychological help it is when they feel demoralized. Under this line, there is the assumption that certain elements will usually work against the demoralization of the client in the therapy encounter. First of all, a therapeutic relationship emotionally filled will ‘re-moralise’ the client. Secondly, there is the ‘therapeutic setting’ that ‘sends the message that the client can await for a change’. Thirdly, there is a ‘myth or therapeutic explanation’ that consists of an explanation about the problem and an improvement across the process of therapy. Finally, we find ‘a therapeutic ritual’ that includes the proceedings that the therapist uses (Frank and Frank (1991), quoted in Snyder et al., 1999).

Another place where we find the notion of agency explained as something related to the moral of the client is in Asay and Lambert (1999). Here the authors talk about different ‘clusters’ of symptoms that improve in different times during the treatment. Within this context of change, they mention as the essential step that in which ‘a restoration of the moral’ is observed.

An interpretation about why people can arrive in therapy with a lack of ‘personal agency’ can be found in the ‘tried solutions’ that in models like the Palo Alto one, are something that promote the problem: ‘if problems are perceived as difficult and as having resisted several intents of resolution, people [show themselves] with low self-efficacy’ (Tallman and Bohart, 1999: 115).

Concepts that are related with that of agency in therapy are ‘self efficacy’, referring to the estimation one person can make about ‘her skills to put into action a given action’, and that of ‘locus of control’, the belief of one person about ‘her skills to have an influence in the result’ of the events that occur in her life (Beyebach et al., quoted in Miller et al., 1997).

For authors like Anderson (1997: 230), self agency is understood as ‘the personal perception of competency for action’ one person can have, and it is an idea close to the narratives that one has about the Self and the Identity. For Anderson, through the narratives of the Self we become performers or agents in our lives, deriving thus a sense of social or self-agency. At the same time, some other narratives can hide the personal agency of the person.

To have self agency is ‘having the ability to behave, feel, think, and *choose* in a way that is liberating, that opens up possibilities or simply allows us to see that new possibilities exist’ (Anderson, 1997: 231). But the personal agency goes beyond the mere fact of choosing, rather, it implies as well a ‘participation in the creation of possible choices’.

In this way, what happens in the therapy encounter goes beyond a substitution or replacement of the client’s narrative by that of the therapist. It intends to lead to the search for new meanings of the experience, but it also leads towards a different stance regarding the experience. The patient is conceived of as an agentic generator of meaning: ‘It is a progression of learning new meanings, of developing new categories of meaning, of transforming our premises about the very nature of meaning’ (Gergen y Kaye, 1992: 182).

Within CAT, self agency is something to which the client can have access, but it is not something that can be given to the client. Together with the client, the therapist participates in a ‘process that maximises the opportunity’ for the self agency to emerge. First person narratives become essential within therapy conversations and the ‘change’ is understood as a process of transforming the telling, toward identities that will ‘open up possibilities of ways of being and acting in the world’ of the client (Anderson, 1997).

It is worth mentioning here two words that Anderson’s (1997) clients do mention when she has interviewed them about the therapeutic result of the interview: freedom and hope. I would say that the sense of Self Agency comes together with feelings of freedom and hope.

In the narrative model of therapy, White and Epston (1990: 93) talk as well about the concept of self agency. These authors compare the tradition of ‘logical and scientific thought’ with that of the ‘narrative thought’ and they explain how the person is seen differently in both kinds of thought. Within the logical and scientific thought, the person is conceived as a passive agent that is limited to react to internal or external forces that behave on, model and constitute her life. In the narrative thought, the person is a main character and a participant in her world, ‘a world in which people participate with their fellows in the re-writing’ (White and Epston, 1990) and thus in the modelling of their lives and relationships. What would happen in a successful treatment would of course fall into the narrative thought. Using different words, this is an explicit reference to the notion of Self Agency.

Although with different names and differences in the meaning when the same name is used, self agency and what happens with it is an element that distinguishes several therapists/authors and it seems to be one of the central aspects of what some theorists tell not only about the therapeutic result, but as part of what is at stake within the therapy process. The same is valid for the CAT, where the notion of Self Agency plays an important role. In the analytic chapters that follow we will find examples of the conversational exercise of working on the Self Agency of the clients.

Another approach that could be qualified as being a social constructionist approach to therapy is the Reflecting Team Approach (RT). Part of the arrangements of talking with the clients that this approach proposes are incorporated into the practice of CAT (see for instance the *as if* exercise in Anderson, 1997). And several of the epistemological presuppositions of the RT approach are shared with the CAT. These are two reasons why to talk about the RT approach became mandatory. Another reason is that in the sessions analysed for this thesis, the therapists routinely engaged in RT practices.

1.3. Reflecting Team Approach

As it is called by Hoffman (1992), the Tromso Group is a participatory approach to therapy and, among other things, represents an alternative to a question that has been a great issue within the field of FT, namely the question of hierarchy in the therapy encounter.

With the proposal of RT as a way of working in therapy sessions influences between human beings can be appreciated, as Lax (1992) would say, leaving aside the idea of a ‘meta’ position for the therapy team, thinking in terms of ‘lateral configurations vs hierarchical’. The modality of work of the RT, from the point of view of this chapter, gives place to a whole theoretical proposal (Andersen, 1991).

Within the field of FT, to work in the therapy session with a team as a therapeutic resource is an idea that has been widely implemented by the Milan School (Selvini et al., 1978). As mentioned by Tom Andersen (1991 and 1992), it was when working under the therapy approach of Milan School that he and others started to notice that such a way of therapy work did not cover their necessities and expectancies. This was so because, for example, the therapist interviewer was limited to transmitting the team message, leaving outside the process through which the team themselves arrived at that message. On the other hand, something that became apparent to them was that there was a difficulty in getting all the team members agreeing with one idea or intervention³. As Andersen (1991) writes, this gave way to questions about the usefulness of the clients observing the conversations amongst the members of the therapy team. The clients would have to observe the team while they were trying to find one or more ways to achieve the therapeutic goals. And it is the resolution of that question that led to the development of the RT approach.

³ Contrast this observation about the group linguistic process, with the study by Todtman (below, 1995) where he finds the therapy team behind the mirror achieving *consensus*.

An aspect that characterises the RT approach is related to the specific indications that there are for talking with the clients. Such aspects will be described in the following section.

1.3.1. The arrangements to talk

According to the first way of working, two teams are thought of. One of them is called the ‘interview system’ and is integrated by the therapist and the persons that come to therapy. This system is considered to be autonomous, for ‘it defines by itself about what and how they talk’ (Andersen, 1991). The other team is ‘the reflecting team’ and is constituted by the therapist or persons that are initially observers.

In general terms, the way of proceeding includes a first moment in which each member of the RT listens in silence to the interview system, trying to question themselves about the descriptions and/or understandings presented, and thinking of multiple alternatives.

In a second moment, each member of the RT presents his or her ideas to the interview system, with the carefulness of looking only at each other and not looking at the members of the interview system. With the tact of not pronouncing reflections out of the context of the therapy conversation, without manifesting negative connotations and leaving the possibility open for a point of view not to be accepted.⁴ As a final step, there is a proposal to the interview system to manifest their reflections about the comments of the RT.

For Andersen, the word ‘reflection’ is understood as ‘something that is heard, apprehended and thought of before giving an answer’ (Andersen, 1991 and 1992), rather than the comments of the team members being a ‘reflection’ of the

⁴ According to the guidelines for the reflections described later on by Andersen (1995), it is important that, while doing comments, people talk and feel free to comment whatever they want to, only if it is based on something they had heard as part of the client’s telling, without necessarily including what they have seen. When doing comments based on something that has

clients' telling. The chapter on Active Listening attempts a more specific conversational understanding of the notion of reflection in this sense in talk.

Thus, the RT proposal consisted first of a different arrangement of talk to the clients. It has to be underlined however, that this approach to therapy not only involves doing therapy in a different way, but thinking of therapy and human beings in a different way.

1.3.2. The presuppositions

In a similar way about what is said in the CAT, in the approach of the RT, the conversation given in the therapy encounter is conceived of as a means through which there can be an interchange of meanings. This is done in such a way that there can be found descriptions, definitions and understandings different to those given by the narrative of the problem:

‘When each one of the persons that come to the situation have meanings that are in part different from those of the others, there can emerge new meanings if these are interchanged within conversations.’ (Andersen, 1991: 56).

The idea around the creation of meaning ‘not yet said’ is treated with detail, when talking about the necessity of establishing differences and distinctions within the therapy session. Inspired in the statement by Bateson (1972) about ‘the difference that makes the difference’ in order to understand that which is information and not noise, Andersen (1991) proposes to be careful in that the introduction of differences arises from the comments made about the conversation of the interview system and that it is appropriately ‘unusual’, not very unusual, not very usual.

been seen, there could be verbalized with more likelihood, ideas that are not part of the context of conversation.

An example of this can be found when the author narrates the case of certain physiotherapy treatments, where when pressing the muscle that is tense in an extreme way, either very strong or very weak, the respiration of the patient does not seem to be the ideal to achieve the relaxation of the muscles (Andersen, 1991). This concept is alluded to, for it is a way of speaking about what can be or not a novelty, new, different for the client in a therapy encounter.

One trait that is part of Andersen's (1991) proposal has to do with the internal processes of the individual. People that come to therapy are participating both in an internal dialogue and in an external one. The therapy encounter thought of as 'cycle of conversation' acquires its rhythm according to the pauses and silences between 'talking (acting)' and 'listening' (feeling). For Andersen such a rhythm allows and facilitates the access to 'internal conversation'.

The notion of 'hermeneutic circle' from Gadamer and Heidegger is part of the theoretical base of Andersen (1994) and helps to find a relationship between internal and external conversation. The idea is that from a 'previous understanding' that is related to a 'local experience', there is the creation of an interpretative circle where the generation and regeneration of meanings becomes possible. In other words, the local experience can be different each time, in such a way that it becomes necessary to modify the previous understanding to be able to interpret the new experience. When the previous understanding is modified, the previous understanding is regenerated and a new meaning takes place. Within this interpretative circle of local experience, previous understanding and local experience, what is at stake in some ways is a configuration of the Self:

‘...we live our lives according to the vital frame that has structured us in the past [...] ‘to be in the world’ [...] equals a constant search for meanings [...] linked to how we understand each other and to how we understand the world ...’⁵

(Andersen, 1994: 3).

⁵ It is worth mentioning that in several times, within therapy and knowledge literature that is inspired in social constructionist theories, the term 'way of being' is referred to. The term in

For Andersen, some pre-understanding, ‘background’ as he later puts it (Andersen, 2001), limits the possibility of understanding:

‘What we see and hear will be turned into a ‘picture’ [...] The ‘picture’ gains meaning when it is put against a background. Usually this background, which contain all what we have experienced before, emerges immediately and uncensored. When the ‘picture’ is compared to the background it will be understood from what it likens in that background...’

(Andersen, 2001: 2)

Andersen (1994) resumes Wittgenstein’s ideas about how ‘the limits of language set the limits of our world’. Under this epistemology, the world, what is real, is conditioned to a previous understanding and to the limits of language. Thus, the question of which reality is better stops being relevant and there is space open to all the descriptions and explanations that exist of one event (Andersen, 1991).⁶

This openness to all the different accounts of the world gives us the chance to stop thinking of discourses in exclusive terms ‘either/or’ that specific version of the world, and to start understanding them from an ‘inclusive position’, ‘both and’ (Lax, 1992, Andersen, 1992 and 1994), where all discourses can be included as valid.

Regarding the content, as soon as a word can mean different things, so, tacitly, other words will be included in the words that we utter and the challenge in a therapy encounter is about the possibility of finding those other words. As Goolishian (quoted in Fried and Fuks, 1992) would say, change is inherent to language as there is not a definite and sole relationship between meaning and

Spanish opens up the meaning to two very different meanings, ‘forma de estar’ which refers to a ‘way of being with’ and ‘forma de ser’, which refers to a ‘way of being’.

⁶ Andersen resumes Wittgenstein’s ideas stressing the question of limits. As we saw earlier, Anderson y Goolishian emphasize the dynamic character of the language games. Signaling different characteristics of the same philosophical notion, they both put into question the idea that one only truth will be viable. With these explanations, they both support the argument of the possibility of mutiple perspectives, some polyphony in the tellings of the persons that come to the therapy encounter (Gergen, 1991, Anderson, 1997).

significance. That is, the relationship between a word and its meaning is ever changing, being possible for a word to have different meanings.

In a level of analysis that coincides with the pragmatic orientations of the study of language, Andersen (1994) refers to the multiplicity of effects and impacts that words can have. This way, he points out an ‘informative’ language trait (that we can interpret as oriented to the content); that is language informs us and other speakers about events in life. But besides that, there are language ‘formative’ aspects that constitute us, give form to us, affect us and are accountable for the ‘way of being’ that is peculiar to each of us:

‘Some words, when spoken and thus listened to by the person who speaks [or by the person who listens], could immediately [have an] influence [in] the abdomen in a soft or more strong way.’

(Andersen, 1992: 65).

This quote pretends to illustrate the way language can be formative and not only informative. Formative is a term that makes reference to the way language can have an effect on us, thus constitute us. The quote makes this clear by stressing that there can be a bodily response to some words. In the same way that the formative aspect of language can have an effect on the body, it also has a formative effect in aspects such as identity and Self.

We see then how important for the RT approach is the notion of hermeneutic circle (pre-understandings in their relation to the local experience), for understanding the way we get to know something. Aspects that were mentioned for the CAT such as internal dialogue, development of the ‘unsaid’ and the emphasis on ‘meanings’ are also part of the RT theoretical presuppositions. The distinction of language being informative as well as formative is a useful one when trying to characterise the theoretical conceptions of RT.

Another aspect that CAT and RT have in common is their focus on questions. The following section talks about this.

1.3.3. The process of asking questions

One of the main tools at hand to be able to make ‘differences that make the differences’ out of the client’s telling is to ask questions. The initial questions depart from what Andersen calls ‘openings’, that is, those elements of the discourse that are verbalised by the persons that come to therapy.

Andersen (1991) states a group of elements one has to take into account when asking questions within the therapy encounter. When asking questions about the descriptions of people interviewed, he proposes that they are asked using the links of ‘compared to’, ‘related to’, ‘different from’. In a similar way to the CAT, Andersen seems to admit the intentionality in the therapist’s person. For example, he talks about asking with the intention of ‘getting explanations’; that is, favouring an argumentative process for the people that are being interviewed. For Andersen, it is possible to ask about past, present and future conversations and one can also ask with the intention of ‘speculating’, that is, asking questions using expressions such as ‘what if?’

In this modality of work, there is also the notion of a *curiosity stance* as implicit to the process of asking questions, which has a goal to find out descriptions and alternatives to the initial discourse. Thus, Andersen (1991) argues for the usefulness of asking questions that people are not used to asking themselves. This leads the therapist to a more general kind of questioning: ‘how can we talk with each other and with oneself, in a way that we haven’t done before’ (Tom Andersen, in Harlene Anderson, 1997).

So far we have described the main features that could characterise the RT approach. There are several aspects that RT approach shares with CAT. There is for example the emphasis on language as a place in which meanings are generated. These approaches also share philosophical backgrounds that emphasise the socially constructed nature of knowledge. In a practical way, the practices of reflecting on what the clients say (the arrangements to talk in RT) are also an aspect that RT and CAT share.

The description Andersen (1994) makes about language being not only informative but formative too, can be related to the belief in conversation analysis and in discursive psychology in language being a kind of social action. The RT approach may not be systematised in a mainstream way to constitute a model for therapy. However, what we have tried to show in this section is that Andersen's writings can constitute an original approach to therapy.

In what follows we wish to present the results of a study that was carried out based precisely on the idea that RT lacks on a proper systematised theory and method.

1.3.4. Research on the Reflecting Team

Based on the idea that the RT proposal lacks a 'theoretical body of knowledge to guide the research and practice efforts' Jenkins (1996) presents a study where, using the Delphi Technique, she researches the 'expert' opinions regarding: the theoretical presuppositions; techniques; how change occurs; main goals; when to use RT; and when the RT shouldn't be used. In the following paragraphs I will comment on some of the results of this study.

Delphi Technique is a method that does not involve actually studying transcripts or RT practices in action. It consists of designing a kind of questionnaire where experts are asked about specific dimensions. The answers can be afterwards treated in a statistical way and results are presented, creating categories based on the expert's answers. This approach to RT can be compared with studying RT practices in action as is the case of this research.

As part of the topic of 'theoretical suppositions' Jenkins found that most consensus between the experts fell into the following topics: there are several paths for change; open conversations are preferable to secret deliberations; therapy is about establishing a fluid dialogue (conversation) between people in such a way that new ideas or tellings can emerge and/or the problems start to seem less problematic; therapy is a conversation and not something done to a

patient; change is the emergence of new meaning through dialogue; positive, logic and useful connotations are preferred more than pejorative ones; there is an essential belief in the skills of people to choose, to build realities oriented to health according to their own interests (taken from Jenkins, 1996: 225).

The emphasis on positive connotation observed by this group of experts has been pointed out by Hoffman (1998) as a common denominator to most part of therapy theories within Family Therapy. Positive connotation is a framing that the therapist can do focussed on positive aspects of the client's telling. This is linked to what is called here as the emphasis on resources that might characterise CAT and RT.

Regarding 'techniques and interventions' related to the practice of RT the experts mentioned: to share multiple perspectives; that the RT can be used creatively by its members; alternation in the roles of speaking and listening; the speculation more than the interpretation; a respectful listening; the fact that interventions are collaborative more than 'done to someone'; the fact that the team can consist of only one person; to communicate a sense of mutual exploration; the language that is used is respectful, is not jargon, improvised, tentative, curious, investigative, associative, analogies and images more than a language of problem solutions; a stance of neutrality, being curious and not judging to avoid becoming critical; a developing reflexivity; all interventions are respectful and there is an effort to de-mythify the process or therapy relationship; to limit the reflection to 10 minutes to avoid overwhelming families and block answers (taken from Jenkins, 1996: 227).

Related to what the experts considered about how change occurs when using RT therapy, Jenkins (1996: 228) quotes only four aspects that fulfilled the requirements to be in the research profile: reflexive conversations create a dialogue in which people can think, feel, describe and understand their situation in multiple ways, and this allows the system to move on; clients change narrative and this is followed by a change in behaviour, or, the problem stops being seen as problem; to accept the clients' system; multiple perspectives offer a possibility

for changes in the generation of meaning, changes in meanings, positions, relationships and actions.

It is surprising the absence of vocabulary of these experts when talking about 'how change takes place'. This could find two explanations, one of them being an issue related to the research design, the other, following Berger and Luckmann (1966), that in the 'common pool of meaning' of these therapists there are few 'resources' to argue about the topic of how change occurs.

There were no main goals under a RT approach mentioned by the experts, as Jenkins (1996: 229) reports such goals are constituted by: the development of a new narrative that includes behavioural change and a sense of hope towards the future which refers us to a more qualitative kind of change notion; and to create a context/conversation in which new and more useful tellings can emerge.

In the way I understand postmodern approaches to therapy, the lack of a priori goals does not necessarily mean that there is no therapist agenda or goals. Remember how Anderson (1997) says that any comment can be included in the therapeutic conversation if it is said in the right way.

The agenda in these approaches might be that the therapist's agenda does not have a privilege over the clients' agenda, that a given agenda would emerge in a particular moment and would be more client oriented than therapist oriented. It might even be that the therapist's agenda would consist of not having an agenda a priori and developing an agenda for the session together with the client. In any case, was there a therapist's agenda, it would not be more privileged than the clients', which is a feature that might characterise other kinds of therapy. On the other hand, the fact that the therapist does not have an a priori agenda does not mean that he does not have preconceptions or ideas of her own. See chapter 7 below for an example of how the therapists' backgrounds are carefully introduced in talking to the client.

In Jenkins' study, expert consensus concentrates on the usefulness of RT as a training tool when there is supervision with RT. This is really surprising if one

considers that the usefulness of the approach could be thought of as being mainly in therapy and not so much in training. However this fact might reflect how improbable and expensive, yet possible, it is to work with a recruited team of therapists.

Finally, a series of contraindications for the RT were mentioned by the participants in Jenkins' study (1996: 231): when it is not offered with the spirit of being useful, when it is forced, when there is insistence in using it; when the members of the family or the therapist do *not believe* such approach can be useful; when the members of the team judge, criticise and use static labels; and when it is not conducted by the dialogue between family and therapist.

It is important to do research on the theory and practice of an approach such as RT. Considering the categories of Jenkins, one can interpret the study as an effort to create meaningful bridges between mainstream methodology and the approach as Andersen describes it. This is of course for the benefit of the movement towards popularising social constructionist or communal approaches to therapy.

1.4. Overview

In this chapter, we have covered a general review on two of the main social constructionist approaches to therapy. The emphasis on the role of language as the business of therapy is clear in both. The centrality of the interchange and negotiation of meanings in therapy became also apparent. A claim to the existence of internal as well as external dialogues is made in RT and in CAT.

To conceive the therapy process as a conversational event is endemic to both approaches. Thus, Harlene Anderson makes comments on the features that all conversations would have for her, whereas Tom Andersen comments on words as 'action' and listening as 'feeling'.

In both approaches there is a claim for therapy being more egalitarian and less hierarchical. In the case of Collaborative Approach the more egalitarian stance is

exemplified in both the clients and the therapists' meanings having equal importance. The egalitarian stance is also related to framing the encounter in terms of clients and therapist being both experts, the former in their lives, the latter in conversation. In the RT approach the issue of hierarchy is tackled because of the arrangements made in the session for speaking. Rather than the therapists being in a constant meta-position, clients will also be in a meta-position and they will observe therapists. As a conversation analyst might say, such an arrangement makes the conversational rights of therapists and clients even.

Both approaches include in their theoretical claims not only thoughts about therapy and change, but also a theory of knowledge in itself. Deliberations about how we happen to know what we know are made. Wittgenstein (1953) reflections around 'language' are inspiring for the authors of these approaches. We saw Anderson and Goolishian commenting on the 'language games' and Andersen resuming the way the 'limits of language' are the limits of our world.

Special to the CAT might be the importance for a therapist to relate under what Anderson calls the 'philosophical stance'. Another aspect that might be peculiar to the CAT is the notion of collaborating and relating from a not knowing position. CAT emphasises as well *being public* as part of the philosophical stance. Regarding being 'curious' both RT and CAT mention this as part of the stance from which to relate to the client.

Aspects of the social constructionist movement like the ones mentioned in this chapter, are features that some versions Conversation Analysis (CA), Discursive Psychology (DP) and Discourse Analysis (DA) share as theoretical backgrounds. Chapter 2 will briefly explore these other fields, given their analytic usefulness to this thesis, paying special attention to the discursive and conversation studies done on therapy talk.

Chapter 2 Conversation and Discourse Studies and Therapy

2. Conversation and Discourse Studies and Therapy

In the previous chapter we covered a theoretical review of the schools of therapy that informed the therapy sessions that are analysed for this thesis. It is plain from this review that, although therapists explain their theories about therapy in great detail, they do not generally include data of actual therapy sessions. When they include data, they hardly ever analyse them from a discourse or conversation analytical perspective, despite some theoretical compatibility, and quotes are usually short decontextualised utterances. Theoretical claims are therefore not always supported by empirical material and when data are presented no analysis is shown. This is why it is important to include in the thesis a section that will cover the review of studies that have been done on actual therapy talk.

Firstly, a general overview on Conversation Analysis and the related field of Discursive Psychology is needed in order to understand about the methodology and analytical background of the thesis and of several of the studies done on therapy talk. Secondly, this chapter will draw the readers' attention toward a corpus of conversation analytic and discursive research on therapy that has been done during the past two or three decades. We will cover a set of studies, ranging from sociolinguistic studies on therapy talk to discourse and conversation studies carried out in fields related to therapy.

More specifically, there are six sections showing the material available in the analysis of therapy talk (see sections 2.3 to 2.8). The first one will cover the study of therapy talk in the field of Sociolinguistics. The second one will show studies done on Medical talk, including the delivery of diagnoses, which is a field related to therapy talk. In the third part we present studies that have analysed what can be called Problem Talk. The fourth part will present studies on therapy talk, which include the analysis of different schools of therapy. In the fifth part studies done on psychiatric data will be reviewed. And in the sixth part

work that has been done on fields related to therapy, like social work, will be mentioned.

As has been noted by Parker (2002) post-structuralist theory and deconstructive perspectives are questioning the way therapeutic relationships are shaped in Western culture, as such:

‘Discourse analysis has been developed as a methodological framework to take this questioning further, and to provide detailed readings of therapeutic patterns of meaning.’

(Parker, 2002: 205).

However, only a couple of studies of the existing studies on therapy talk have to do with doing discourse analysis on therapies that are post-structurally and deconstructively inspired. Thus, it is evident that more analyses in this area are needed. Most of the studies that will be discussed here were done on what can be called traditional ways of doing therapy and related fields.

2.1. Conversation Analysis

Conversation analysis is a field that arises from developments of thinking within sociology. Core works for CA have been the research of Harold Garfinkel (1967) on ethnomethodology and the works of Harvey Sacks (1992) on conversation.

Generally speaking CA ‘seeks to discover the methods by which members of a society produce a sense of social order’ (Schiffrin, 1994: 232). When doing CA one has to describe what is going on in a stretch of talk not only in terms of what is said, but in terms of the social actions that participants are performing while talking (ten Have, 1999).

More specifically, some CA findings have to be mentioned. Notions of ‘adjacency pairs’ and ‘preference’ are central notions for CA. The first category refers to the finding that certain types of utterances usually come in pairs (for

example, questions and answers; greetings and return greetings; invitations and acceptances/declinations). The notion of preference is linked to that of adjacency pairs, in that certain first pair parts tend to make some specific actions relevant in the second position (so for example, the preference organisation for invitations would be acceptance and so on). This way, there is a preference for agreement, which has been documented in the CA literature (Hutchby and Wooffitt, 1998). Where there is disagreement it is interesting to note the different types of structure that this can take.

CA has also interesting findings regarding the ‘organisation of turn-taking’ (Sacks, Schegloff and Jefferson, 1974). Here, several rules were found for the way we select who speaks when we talk to others. As it is usually believed in CA literature, the ‘transition-relevance place’ is a place where speakers somehow signal the end of a turn, thus a possibility for the other speaker to take the turn. Again this can highlight interesting features of talk when participants ‘break’ these conversational ‘rules’.

The area of ‘repair’ is an arena that has been widely studied in CA (Schegloff, Jefferson and Sacks, 1977). It has been observed that there is a preference for self repair, and a typology of repairs has been developed, indicating who initiates self or other repair (Hutchby and Wooffitt, 1998).

An aspect that is central to most studies in CA has to do with what it is called the ‘participants orientations’. It is claimed that what the analyst is describing are, or should be, the participants’ own orientations to what they say to each other. The idea here is that participants display their perspectives and orientations by the things that they say, and this is a useful analytic tool. It may be that where problems arise is when the analyst and the participant in the interaction are the same person, as is sometimes the case in this thesis.

The works and findings of CA are going to be used for the analysis that has been done with the data in this thesis (Levison, 1983; Schiffrin, 1994; ten Have, 1999; Hutchby and Wooffitt, 1998). However, the present study does not fall into the

category of being an orthodox CA study, rather CA is employed at various points as a useful tool to disambiguate the interactional activities of participants.

2.1.1. Institutional Talk and Therapy

Traditionally within CA, therapy talk falls into the field of studies in institutional talk (Morris and Chenail, 1995). In these studies, as has been noted in the previous section, there is work on psychiatric settings and on medical encounters that proves helpful for the analyst of therapy talk (Drew and Heritage, 1992).

Many CA studies might be related to the study of ordinary conversation (Atkinson and Heritage, 1984). This corpus is no doubt useful to make comparisons in talk. How the distinction between ordinary and institutional talk can be blurred is a topic that will be shown in following chapters.

In theory, the corpus of studies in institutional talk is devoted to analyse the exchange of talk between professionals and lay persons, that is why therapy talk falls into this analytical category (Woolgar, 1995). General findings in CA form a basis for analysts approaching the study of institutional talk. As in CA, it is assumed that interaction is guided by underlying rules, which are known to all participants although not consciously acknowledged (Yaeger-Dror, 1993).

Generally, institutional talk has been understood in terms of the ways in which it differs from ordinary conversation (Corrigan, 1994). It is assumed that compared to ordinary talk, institutional talk is more task and goal oriented (Yaeger-Dror, 1993). Ordinary talk is thought of as being foundational for other kinds of talk, institutional talk being thus a modification or adaptation of this bedrock that is ordinary talk (Hester and Francis, 2000a).

2.1.2. Critics of Conversation Analysis

Critics of CA include the preference that has been given to studies on sequences over considerations of categories (Watson, 2000; Hester and Francis 2000b)

An empirical approach characterises most studies in CA. It has been noted how CA has over the time departed from ethnomethodological principles, adopting in its studies a positivistic vocabulary (Lynch, 2000). However empirical or positivistic the studies can be, they have proven to be as theory oriented as any study in social sciences. In a critique presented by Hester and Francis (2000a) the authors showed that studies in the institutional talk program are not quite so data driven as it is usually claimed.

Presenting a critical account for the comparison between CA and Ideological Analysis of Discourse, Weltman (2001) describes CA as *celebrating* the speaker's interactional *competencies*, as opposed to the approach where not only the speaker's knowledge, but the speaker's lack of knowledge can be studied. In celebrating the speaker's competencies, CA studies overlook aspects of content and ideology that might be important to account for social order. The way they do this is related to the focus on an overly mechanistic and technological approach to social order.

However empirical studies within CA might seem to be, they are still historically situated. There is a tendency to employ a mechanistic vocabulary that echoes the era of technology. As Weltman (2001) puts it, the technological framing that CA uses is indicative of a quest for control over the data. And this rhetoric of machinery and technology allows analysts to free themselves from moral responsibility, as would be the case with any positivist empiricist scientist.

I believe in the importance that studies in both institutional and ordinary conversation might have for the understanding of social order and activities. I have learned a lot about CA studies and several times I use that lens to interpret the data in this thesis. I did not see therapy talk in the way I see it now after learning about CA findings. However, I do not believe at all that I have

approached my data with an *unmotivated* eye to them, my eye was motivated and has learned to see social interchanges from a CA perspective, amongst other approaches to discourse.

Partly because of this reason, this research does not fall only under the umbrella of CA, rather, it has to be seen as a conversation and discourse study of some aspects of therapy talk.

2.2. Discursive Psychology

Discursive Psychology has emerged in parallel to alternatives to the mainstream cognitive psychology (including versions of social psychology like ‘social cognitions’), where there has been a convergence on their interest for discourse. Within these alternative movements, there has been a desire to move outside the artificial laboratory into more ecological settings, as spaces to conduct research about knowledge, cognition and thinking (Edwards and Potter, 1992). Research concerns have been moved towards the study of everyday activity and discourse, discourse being central to interaction and cognition.

DP develops a model of discursive action (Edwards and Potter, 1992), in which one can find in talk and writing an orientation towards different types of activity, such as blaming, justification, complaining and so on. In this vein, one of the primary focuses of DP is the interactional work or social actions that are being done in the discourse in question, conversation included. In this sense, DP shares a concern with everyday and institutional discourse that is similar to conversation analysts (ten Have, 1999).

Contrary to the view where language is a pathway to cognition, DP focuses on the discourse itself as an end and not as a means (Edwards and Potter, 1992). The Discursive Action Model shares with CA the interest for the fine detail in conversation, in the sense that the smallest feature of speech, such as an overlap or hesitation, might be designed to accomplish a social action.

DP does not reveal aspects of the linguistic structure of text and talk, nor it has the aim of treating the talk for what it tells about underlying cognitions, rather its focus is in how discourse accomplishes and is part of social practices. DP is a paradigm in many ways akin to social constructionist ideas. See for example its emphasis in locating individual constructs in talk. Its emphasis on social constructionism makes DP different from orthodox CA (see Potter, 1996 for more elaborate discussion of this). We find here a point in which DP and collaborative approach to therapy converge, that is, they share the social constructionist background, where psychological processes are not to be found within individuals, but between individuals, in talk, in dialogue.

Topics of DP are knowledge, cognition, reality, remembering, attributions, and practically any psychological aspect as it is mentioned and oriented to by the participants in talk and writing. It is suggested that human beings, via their reports and descriptions, do important psychological business. For example, one can analyse occasions in which reports are constructed so that the ‘dilemma of stake or interest’ is managed (Potter, 1996). This is where participants orient to the fact that they may be heard as having a stake in what they say. They may therefore include a ‘stake inoculation’ in their speech in order to prevent this, such as ‘at first I thought that therapy was useless...’. This makes the utterance that comes next (e.g. ‘...but now that I’ve experienced it I realise it is very helpful’) more powerful or ‘factual’, as one is speaking as someone who does not have a stake in making this claim. Related to this, one of the interesting features of descriptions and reports is their rhetorical nature (Billig, 1987); often descriptions can be countering other versions of the world.

When studying everyday talk, we tend to find a great concern with notions of ‘truth and error’, ‘mind and reality’, ‘memory and perception’, ‘knowledge and inference’ (Edwards and Potter, 1992: 17). These concerns are of a psychological nature and they are studied for the way they are uttered and used by the participants themselves. Psychological life is therefore seen as something discursive, not necessarily something ‘in the head’.

One major feature of DP is the topic of accountability. Beyond the objective reality of any descriptions, accountability is a pervasive feature in discourse. The notion of accountability refers to issues of agency and responsibility that are dealt with when speakers proffer reports of events. Following Edwards and Potter,

‘One of the analytical tasks of discursive psychology will be to look at the way accountability is constructed and defended in specific contexts, and the way different kinds of activities pose different sorts of accountability concerns’

(Edwards and Potter, 1992: 166).

To summarise, it is useful to quote the schema that is offered by Edwards and Potter to illustrate the sections and elements of the Discursive Action Model:

Action

1. The focus is on action, not cognition.
2. Remembering and attribution become, operationally, reportings (and accounts, description, formulations, versions and so on) and the inferences that they make available.
3. Reportings are situated in activity sequences such as those involving invitation refusals, blamings and defences.

Fact and interest

4. There is a dilemma of stake or interest, which is often managed by doing attribution via reports.
5. Reports are therefore constructed/displayed as factual by way of a variety of discursive techniques.
6. Reports are rhetorically organized to undermine alternatives.

Accountability

7. Reports attend to the agency and accountability in the reported events.
8. Reports attend to the accountability of the current speaker’s action, including those done in reporting.

9. The latter two concerns are often related, such that 7 is deployed for 8, and 8 is deployed for 7.

(taken from Edwards and Potter, 1992: 154).

However different, DP shares some notions with CA. DP is a model that proposes a way to analyse data, which is similar to that of CA. In this sense, it is another perspective from which to analyse the data. It is not that this thesis is an example of a study carried out using DP, but DP was one of the theoretical backgrounds of the perspective from which the data of this thesis were analysed.

Let us start now revising the literature available on discourse and conversation studies on therapy talk. Some of the studies discussed below were analysed under the CA framework, others under the DP framework. Thus the necessity to first have done a review on CA and DP. An area of study that has itself its own kind of ‘discourse analyses’ is sociolinguistics. We will first comment on discourse analyses of therapy talk that were found in this area of study.

2.3. Studies in Sociolinguistics

Within the field of sociolinguistics there are two major works on therapy talk that have to be mentioned. These are *The First Five Minutes* by Pittenger et al (1960) and *Therapeutic Discourse* by Labov and Fanshel (1977).

In the *First Five Minutes*, the authors present a detailed sociolinguistic analysis of the first five minutes of a session between one psychiatrist and his client. Findings of this study were presented in the form of nine general principles, namely, *immanent reference, determinism, recurrence, contrast and the working principle of reasonable alternatives, relativity of signal and noise, reinforcement: packaging, adjustment, the priority of interaction and the dangers of microscopy* (Pittenger et al, 1960). According to Labov and Fanshel,

‘...these principles represent a solid basis on which the study of conversation and therapeutic interviews can proceed...’

(Labov and Fanshel, 1977: 21).

As this is so, we will briefly explain the principles. The principle of immanent reference describes how human beings are always communicating about themselves, about one another, and about the immediate context of communication. Determinism makes reference to the culturally determined nature of any communicative act. Recurrence illustrates the recurrent nature of patterns of communication, where a person will say more than once what sort of a person she is, what her likes and dislikes are, etc. Contrast and the working principle of reasonable alternatives says how understanding a signal involves recognising what the signal is not as well as what it is. Relativity of Signal and Noise shows how when we communicate we focus on one of the multiple channels we communicate by, and how as long as the focus is maintained the rest of channels can be viewed as noise. Reinforcement: packaging, describes how the signals that people communicate are usually packaged and how we are apt to respond to a few elements only, the rest of which we tend to overlook.

Adjustment refers to the constant recalibration of communication conventions, thus refers to learning to communicate. The priority of Interaction makes reference to the importance of the process of feedback when it comes to know about one's and others' communicative acts. And the Dangers of Microscopy underlines how some properties of the discourse may change when changing the scale of study, thus making the studied phenomena out of proportion compared to the actual occurrence (Pittenger et al, 1960).

When looking at the explanations of these principles, one can see the way they are general explanations that could apply to any kind of conversation. They are principles about communication between human beings, in this respect there is nothing really specific to the therapy context, they could be principles that would arise from any kind of data.

Also within the field of sociolinguistics, in *Therapeutic Discourse* (Labov and Fanshel, 1977) the authors present the analysis of 10 minutes of a therapy

session, which is the result of 10 years of funded research. As part of their analysis, they subdivided the 10-minute stretch into five episodes and defined four *fields of discourse* for the analysis. Such fields were the *family*, the *narrative*, the *interview*, and the *therapy*. In the discourse analysis they carried out of the session with Rhoda, the patient, the authors present and analyse examples of *requests*, *challenges*, *coherence*, *narratives*, and *sequencing*.

Constantly, during their analysis, there is the use of what they call *expansions*, which are analytic statements that make explicit what is implicit in turns of therapy talk. This is a very useful method because it does not go beyond what the participants are actually orienting to during the therapy interchanges, although it tends to go beyond the orientations during the particular turn or sequence. Take the following as an example of this way of analysis:

Text

R.: <An-nd so -when- I called her
t'day, I said <"well, when do you plan
t'come home?>>

Expansion

R.: <When I called my mother today (Thursday), I actually said, < "Well, in regard to the subject which we both know is important and is worrying me, when are you leaving my sister's house where your obligations have already been fulfilled and returning as I am asking you to a home where your primary obligations are being neglected, since you should do this as head of our household?">>

(taken from Labov and Fanshel, 1977: 50).

The expansion of the text and the text are taken as *what is said* in the interchange. Through the *rules of speech actions* the authors will explain how what is said is transformed into the *mode of interaction*, that is, *what is done*.

Using all these analytic tools, the authors present a model for analysis of what they call *Comprehensive Discourse Analysis*, which would encompass the elements that have been mentioned so far (Labov and Fanshel, 1977). Although

the authors present the transcription of the set of five episodes they analysed, it has to be said, that most of the time we are working with analytic categories which obscure our understanding of what is going on in the interchanges in the participants' own terms. Maybe this is the result of excess in *analytic detail*.

Several reinterpretations of parts of the 10-minute extract have been done, in terms of a concern with the participants' own orientations. Take as an instance the initial turns of the data presented by Labov and Fanshel:

- R: I don't (1.0) know, whether (1.5) I- I think I did-the
right thing, jistalittle situation came up (4.5) an' I
tried to uhm (3.0) well, try to (4.0) use what I- what I've
learned here, see if it worked
(3.0)
- T: Mhm
- R: Now, I don't know if I did the right thing. Sunday (1.0)
Um- my mother went to my sister's again... ((story
continues))
- (taken from Levinson, 1983: 352).

Levinson (1983: 352-355) analyses the first turn of Rhoda as containing a *pre announcement* for a story to tell. Similarly, Buttny and Jensen (1995: 21 and 22) take the example as an instance of *telling problems* in therapy.

As has been noted by Edwards (1997), a feature of sociolinguistic studies is the concern with identifying types and structures of narratives. When doing this kind of analysis, we end up with a set of categories of the structure of the narrative. However, when we take an utterance out of the interactional context in which it occurred, a problem emerges - we end up with a rather idealised model of talk. Edwards explains:

'...Labov's categories are idealized as well as empirical. (...) they define the kinds of things a story *ought* to contain, theoretically, in order to count as a story. They become less useful when used as a set of pre-coded analytic slots into which we should try to place an actual story's contents. (...) In that role, as a coding scheme, these kinds of structural categories impose rather than reveal, obscuring the particularity of specific details,

and how that particularity is crucial for the occasioned, action-performative workings of discourse...’

(Edwards, 1997: 276).

Besides the disadvantage of imposing analytic categories to the actual data, thus obscuring important details of the talk, there is another aspect to be mentioned. These two studies somehow use their data in order to end up proposing a model for the study of conversation and discourse. The therapy data are somehow a pretext to set up a model for analysis, in this sense the data analysed could have been any kind of data.

Given this situation the analytical comments directed towards the specific setting where the data come from are not rich enough. When the analytic efforts are directed to understanding only therapy talk and not to proposing a model for discourse analysis, as we will see in this work, the results tend to enrich about the comprehension of the social interaction in that setting.

However, no matter what limitations one could find in this kind of study, they are a *must* to be *seen* for the researcher of therapy talk. The studies essentially propose an approach to discourse, which is different from CA and DP, thus it is useful material for comparison.

To sum up, therapy studies in sociolinguistics provide us with discursive models to analyse not only therapy talk, but any kind of talk. In this sense, they are similar to CA, which also provides us with an analytical model for the analysis of talk. In what follows we will slowly move from covering discourse studies that are only related to therapy, to more explicit studies of therapy talk. These studies are different from the research in sociolinguistics in that they present results that say something of the specific setting in which they were carried out, without necessarily ending up in the proposal of a model for analysing discourse. That is, they are studies that inform the reader on the aspects of the specific kind of talk analysed. Let us start introducing the studies done in Medical Talk.

2.4. Studies on Medical Talk

Studies done on medical talk are reported here because medical encounters are a field that is related to therapy talk. Relating these two areas of study is not something that we are doing here for the first time, it is common to find this relationship in the literature (Morris and Chenail, 1995). What is less common to find is a reason that could account for relating these areas of study. We can say that there can be a similarity between medical and therapeutic talk in that both involve professional-client interaction in a clinical context.

Studies on medical talk are a source for analytical comparison. However, this work is not about medical talk, but about therapy talk, thus the review presented in this section focuses on the main names and topics within medical talk.

In a study carried out on interchanges between physician and patient, Stivers and Heritage (2001) found that patients could say more than enquired about by the clinician. They treated this as *expansions* that can be found in the patients' answers to questions or narratives. Such expansions are a departure from the typical QA sequence in history taking in medical encounters. These are expansions in the sense that they are actual talk that somehow expands the patients' narratives, and not in the Labovian sense mentioned in previous sections.

The authors identified several functions for those expansions. Through them, the patient can address a difficulty in responding, add supportive details, or pre-empt negative inferences, criticism or counselling. Generally speaking, the expansions provide a resource for learning more about the patients' worldview and facilitate their care and education.

To comment more on studies that have been done on medical talk one can mention the study by Heritage and Stivers (1999). Here the authors studied a kind of talk uttered by the clinician, which they gave the name of *online commentary*. This refers to the physician talk that describes what she is seeing, feeling, or hearing during the physical examination of the patient.

Two basic kinds of online commentary were identified in this study. First, ‘no problem’ online commentary, which indicated that the physician was not finding problems that would be likely to require antibiotic prescription. Second, ‘problem’ online commentary, which indicated that the physician was finding signs in the medical examination that would require the prescription of antibiotics. Online commentary was described as being a communication technique that physicians used to avoid inappropriate antibiotic prescribing.

In a later study, Magione-Smith et al (2003) discuss the potential for training physicians in the effects that the ‘no problem’ online commentary can have, as it was found to be an effective and efficient way to resist perceived pressure to prescribe antibiotics from the parents.

We see here examples of studies that have focussed not only on clients’ talk (expansions), but in the professionals’ talk as well (online commentary). These are studies done on actual interchanges between clients and physicians. Another way to address aspects of medical discourse is by the classic research design where one analyses interviews done by the researcher.

In a study carried out on interviews with anorexic women, Malson and Ussher (1996) showed the way menstruation and amenorrhoea are discursively constituted in relation to constructs of femininity. As a result of their analysis, the authors identified that amenorrhoea in anorexia was signifying a rejection of a particular construction of femininity - that in which femininity was alien, out of control, highly emotional, sexual, vulnerable and dangerous.

An interesting finding in the study of medical talk is that of describing the features of the delivery of diagnoses in the medical setting. Heath (1992) has presented results about the way diagnoses are delivered and received in the medical encounter. Analysing this, he found that the asymmetry between doctor and patient tends to be interactionally preserved during the delivery of diagnoses and that the diagnostic information given to the patient is little.

In a related study, Maynard (1992) has reported how clinicians in the delivery of diagnosis use a device that co-implicates the recipients' perspective. He identifies this device as part of a bigger sequence in diagnosis talk. Maynard called this sequence *perspective display series*, which consists of three parts. In the first part of the sequence the clinician was found inviting the client to make an opinion or display his perspective on the diagnosis topic. The second part was the delivery of the recipient's reply or assessment. And the third part the delivery of diagnosis from the clinician. As will be shown in following chapters, the asymmetry that might characterise medical encounters is something that is subject to disruption in the kind of therapy that was analysed for this thesis.

To study the delivery of diagnosis in medical talk somehow relates to the next section, in that it is a kind of problem talk within the medical encounter. When doing the literature review, a common thread was found for some of the studies on therapy talk, that is their convergence in studying the features of what we have decided to call 'problem talk'. The difference between the delivery of diagnosis in medical settings and problem talk in therapy is that diagnosis talk tends to be restricted to the professional (although we have to bear in mind Maynard's description about how patients can get implicated), whilst problem talk in therapy tends to belong to the clients (although as we will see there are exceptions to this).

2.5. Studies on Problem Talk

Something that is striking when reviewing literature on discourse studies in therapy talk is the amount of cases in which what can be called *problem talk* has been studied. Certainly problem talk is a characteristic of therapy talk, for as common sense would say, therapy is a setting where problem talk would be expected.

In a recent volume, *The Talk of the Clinic* (Morris and Chenail, 1995), studies on therapy talk have focused on problem talk. As has been commented elsewhere, this incorporates a tension between the views of the practitioners/theorists versus

the view of the researchers (Antaki, 1996) – what is a problem for the researcher may not be a problem for the practitioner. Morris and Chenail present a weighting toward the view of the practitioners. In other words, there is a tension between *description* and *prescription* with a bias toward the interests of prescription. This aspect will presumably favour the interests of the practitioners while leaving aside those of researchers.

For example, Buttny and Jensen (1995) analysed the problem narratives as the husband, wife and the therapist tell them in a Milan Style family therapy session. In studying the sequences within which these narratives get told, the authors identified a hierarchical organisation for them. As was noted by the authors, the kind of narrative organisation they identified is useful for the construction of the problem as well as for seeing how responses are made to the problem.

In other studies, we find a focus on the therapists' conversational moves around problem talk. Davis (1984) described the process through which a client's ordinary presentation of the problem is reformulated into a 'typical therapy problem'. The author shows in her study the way in which the therapist goes on through the process of first, selecting the problem, second working it up and thirdly organising the client's consent of the reformulation of the problem. Such a reformulation, the author says, was done in such a way that it individualised the client's difficulties.

There are two problems with this study, first that it is a case study, which urges the researcher on therapy talk to try and find similarities or differences with their own data. Second that the kind of therapy that is being analysed is not specified, which is a problem in the sense that there might be differences in conversation between different kinds of schools in therapy. However, it is an example of how problem talk in therapy talk has been analysed.

Contrary to this study, where it is mostly the therapist's activities that are shown, there is a study from Buttny (1994) where he finds problem reformulation about the client's problem in couples' therapy as being the product of a joint construction. This aspect of the study is interesting in the sense that the results of

analysis start to match theoretical assumptions in therapy. To show the production of a couple's problem as a joint construction gives the credit of the construction of the problem not only to the couple, but to the therapist as well. This is echoing some important assumptions about therapy being a space where therapists and clients jointly construct alternative realities (Sluzki, 1984). To show in detail the aspects of this joint construction is certainly an important finding.

In another study, Buttny (1990) deepens his study on *problem talk* by describing blame account sequences in couples therapy and the way they display a negotiation of relational meanings. This again is an example of a study that is concluding that there is negotiation of meanings in the therapy room. This is in line with the way some therapists are describing their work (Anderson, 1997).

Within the arena of *problem talk* and *humour* in therapy talk, Buttny (2001) finds several aspects for the uses of humour in therapy. In his corpus of data, humour tended to arise in response to some difficulty. Therapists could humorously exaggerate their client's conditions, thus finding a safe way to tell clients about themselves. He described the way humour can be used to cope with clinical resistance while simultaneously offering alternative narratives. The uses of humour he studied show how participants can respond to the humorous utterance by orienting either to the humorous or the serious part of it.

There are studies of *problem talk* in the related field of medical encounters. Beach and LeBaron (2002) have studied how patients in medical encounters become emotional when reporting their problems. They have shown the delicacy involved in producing talk around problems such as childhood sexual abuse and how delicate moments are closely monitored and collaboratively produced by participants. The authors argue that attending to the patient's expressed problems in a medical consultation is a resource for generating more understanding of psychosocial and medical encounters.

Similarly, Heath (2002) has analysed how non-verbal behaviour like gestures are used to display experience of illness in the medical encounter. He described how

gestures within the medical encounter are used to transform symptoms into suffering, that is through gestures the patients display and re-embody medical difficulties. Thus, he describes the dynamics of demonstrating suffering by the clients in the medical encounter.

So far we have seen several aspects that characterise problem talk. There are studies of problem talk in therapy as well as in medical talk. Problem talk is not restricted to the clients or to the professionals, we find descriptions of problem talk in both. What might be restricted to the clients is what could be called the ‘presentation of the problem’, while the ‘reformulation’ of it, would characterise more the therapists’ activities.

Some of the studies quoted above, show cases in which the conclusions to be reached from analysing therapy talk are starting to be similar to the way therapists describe what they do. We saw how Buttny explains the formulation of the problem in terms of a joint construction, and how through blame account sequences one can assist the negotiation of meanings. One of the things that could explain this phenomenon is that with time, therapists have increasingly started to build up their theories based on the study of actual therapy talk. In the past, theories tended to be exposed without any empirical example of actual talk (see the works of Freud for example). Today, it is more common to find therapy books that include actual examples of therapy talk, although it is seldom systematically analysed.

Some of the studies of problem talk were done on medical talk, we will now proceed to the presentation of studies that present analyses carried out only in therapy talk.

2.6. Therapy Talk

This section includes studies on different kinds of therapy schools. As such, there will be studies on Sex Offender's therapy, on Family Therapy, on Counselling and on Psychoanalysis. The following section will include discourse studies on Psychiatry and the next one studies on other fields still related to therapy.

2.6.1. Sex Offenders' Therapy

Within the area of therapy sessions with sex offenders, Lea and Auburn (2001) analysed the ideologies embedded in the rape narratives. They found that the ideologies embodied popular rape myths and that that was useful to construct the narrative as ambiguous. That is the narratives of the convicted offender presented no clear distinction between sex and rape.

In a related study, Auburn and Lea (2003) studied the display in talk of the notion of 'cognitive distortions', which has been treated in the literature as one of the causes of sexual abuse. In their discursive psychological approach they described the offenders' narratives as being organised in two parts. In the first part the narrative was oriented to quotidian precursors to the offence and in the second oriented towards a shift in the definition of the situation. These two parts were constructed by the offenders to manage their blame and responsibility for the offence. Auburn and Lea showed the way offenders orient to cognitive distortions within the therapy situation, as a way of demonstrating that they were taking on board the therapeutic agenda. This displays the discursive psychological focus on the way cognition is employed, rather than what it represents.

Although these research reports present actual interchanges between interviewer and interviewee, there seems to be a tendency to focus in what the interviewees are doing by means of their narratives. In other words, these studies are informing us more about the offenders' narrative than about the interaction that takes place in sex offender's therapy. Although to describe the offender's

narrative would be an aspect of sex offenders therapy, it is only one side of the coin. Different from this, we can find the studies done on Family Therapy, where the focus tends to be more in the interaction. Similar to several of the studies mentioned so far, the analytical claims that tend to be made are upon what particular utterances might be doing in the interaction.

2.6.2. Studies on Family Therapy

In the environment of Family Therapy, Jones and Beach (1995) have done work showing how the therapists deal with spontaneous talk from the clients. That is talk that is produced by the clients when it is not solicited by the therapist. This could be compared to the expansions noted in medical talk by Stivers and Heritage (2001). In both cases, we are attending to spontaneous unexpected talk by the clients. However, Jones and Beach focus in the case of such a talk when being produced by a non addressed member. Therefore we can expect differences in what such talk would be doing in a medical setting and in a therapeutic one.

In their study, they identified five moves the therapists can do to unsolicited contributions by a non-addressed family member. Namely therapists can *close down unsolicited contributions*, *not respond to unsolicited contributions*, *briefly acknowledging the contribution but continuing with the initially queried family member*, *redirect focus to the member that uttered the unsolicited talk* and *letting family members collaborate* (Jones and Beach, 1995, pp. 55-63). For Jones and Beach, part of what happens in a family therapy session has to do with control. As they go on,

‘Clearly, a therapist maintains some degree of “control” in order to structure or influence the sequences of interaction and draw out particular stories or information. The ways in which therapists organize narratives is one of the constraining features characterizing therapeutic discourse.’

(Jones and Beach, 1995: 53-54).

Therefore, for these authors there is some degree of constraining and control from the part of the therapist in family therapy sessions. In early models of family therapy, one tends to find in the literature descriptions of the manifestations of control of the session through the interventions of the therapists (Minuchin, 1974 and 1981; Selvini et al, 1978).

However, in recent developments in family therapy there are orientations that would argue against the therapist being a strategist, interventor and controller, stressing for the therapist the existence of a more egalitarian stance from which to relate to the client (Cecchin et al, 1993; Hoffman, 1998).

This has to be mentioned, as the kind of therapy that is going to be analysed in this thesis claims to adopt a more democratic view on the therapy encounter, where the therapist is an expert in conversation and the client in her/his life (Anderson, 1997). What I will try to show in this thesis has to do in part with the ways in which this more egalitarian stance for the therapist can be displayed in talk.

It is fair to acknowledge that it would be very difficult to show that the therapist doesn't in some way 'influence the sequences of interaction and draw out particular stories or information' as Jones and Beach suggest. Nevertheless it can be argued that in a similar manner, the client in some way influences the sequences of interaction, drawing out particular stories or information. Just remember the study on the expansions mentioned above by Stivers and Heritage (2001). Or turn around the argument of Jones and Beach and think of the fact that they are documenting about 'unsolicited contributions' by a member of the family. That is, they document us about the effects that this unsolicited contribution has in the therapists' verbal behaviour. Thus they are also showing us how clients can influence the interaction, aren't they?

As was mentioned previously, part of what characterises some models of FT is the work with a therapeutic team. It is therefore relevant to mention the study by Todtman (1995), who presents an analysis of the interchanges that take place between a therapy team behind the one-way mirror. In doing this, he shows how

the team achieves consensus at the same time that they preserve their ability to work together. Compare this with the empirical observations made by Andersen (1991), where they were struggling to actually find a consensus between the team members, before the RT was created. And compare as well, with the non-consensual nature of the work in team of RT.

When studying talk in Family Therapy, there is a myriad of possibilities regarding the kind of family therapy that is analysed. We have seen so far a study on family therapy in general, and a study of a FT working with a therapeutic team. We turn now to a couple of studies that were carried out on the Solution Focussed school of therapy.

In a case study about one of O'Hanlon's solution focused therapy sessions¹, Gale (1991) analysed the therapist's agenda as well as the husband and wife's agendas. One of the purposes of his study was to show how CA could be useful for clinicians, in that it provides a common language from which to study therapy conversation, regardless of the parental school of therapy. That is, no matter what school of therapy we could be studying, CA would be a method applicable for the analysis of those sessions. The applications that CA can have for clinicians will be explored in the chapter Conclusions of this thesis.

The other aim Gale's study had was to provide for a better understanding of O'Hanlon's therapeutic skills. In this line, the author provides the following nine procedures as being part of O'Hanlon's rhetorical repertoire:

- Pursuing a response over many turns.
- Overlapping his turn with the husband or wife in order to get his turn.
- Clarifying unclear references.
- (Re)formulation.
- Offering a candidate answer.
- Modifying his assertion until receiving the desired response.
- Ignoring the listener's understanding or rejection of his assertion.

¹ Solution Focused Approach to Therapy is a model that has developed from Family Therapy. It is a model centred on the resources of the client, where solutions rather than problems are the rule (O'Hanlon and Weiner-Davis, 1989). Its way of proceeding is somehow related to models of brief therapy, although it is also considered by some as an instance of postmodern approaches to therapy.

Posing questions or possible problems and then answering these questions himself.
Using humour to change the topic from a problematic theme back to a solution oriented topic.

(Taken from Gale, 1991).

Later on, these procedures are described as being nine categories of the therapist's procedures for pursuing a therapeutic agenda (Gale and Newfield, 1992). Solution focused approach to therapy (Wiener-Davis and O'Hanlon, 1989) is a model where what is maximised during the therapy encounter is to find solutions together with the client. This has to be mentioned as there are other approaches where the notion of *therapeutic model* is in crisis (Hoffman, 1998). That is there are models of therapy without any 'real' therapeutic model or without a specified therapeutic agenda. This is important because as has been said, O'Hanlon has a clear agenda to pursue during his sessions, which is different from other kinds of therapy where the agenda might be more in sync with the client's (directly expressed) needs.

This is not mentioned in order to justify that a given therapeutic approach is better than another one. As has been shown elsewhere (Hubble, Duncan and Miller, 1999), there are no empirical grounds to claim that a kind of therapy is better than the others. Rather, it seems to be the case that all kinds of therapy work. The reason why now and again in the body of the thesis we come back to differentiating one school of therapy from another one is that there might be different ways to relate to the client that can be displayed in talk. And this is what is important. Moreover, the more we contrast one theoretical claim about therapy with another one, we deepen our understanding on a given model. Thus, solution focused therapy might be described as a model oriented way of doing therapy, as a goal oriented therapy.

Another analysis of a goal-oriented kind of therapy is found in Buttny and Cohen (1991), who found that clients and therapists imply goals and the ways to achieve them in the way they tell problems, ascribe responsibility and propose solutions. The ascription of responsibility here could relate to the notion of accountability described in previous sections on DP. As we saw there, there is tendency to study

accountability amongst CA and DP studies.

Within FT, Soal and Kottler (1996) present a discourse study of the narratives of a family that comes to therapy. In their study they explored the *dominant narratives* that subjugated a South African family. Embedded in these narratives they found discourses of civilisation, ideal mother and family as well as therapy, as discourses that were informing the *dominant narratives*.

The way the therapist challenges these narratives where the family was caught is also mentioned in the paper although in a very general manner. Soal and Kottler describe how the therapist ‘challenges’ the clients’ narratives about therapy, but no analytic detail or relationships with previous talk are mentioned. For a detailed presentation of the therapist’s challenging the clients’ tellings see Chapter 7 below.

Soal and Kottler’s study is an example where the researchers start their analysis based on a theoretical category (dominant narratives), which doesn’t necessarily mean that the participants are orienting to their talk as dominant narratives. However, it is a discourse analysis on therapy talk and the category of ‘dominant narratives’ showed to be a useful one in order to make sense of the narratives of the African Family.

A related field to FT is that of marital and couple’s therapy. In this area, Gale et al (1995) showed how change is achieved by clients when being collaborators in the research process of Interpersonal Process Recall. When talking about the key elements for this change to be displayed in the therapy/research conversations they analysed, the authors mention *the said and the not yet said, the couples expectations, framing talk as research or therapy* and *externalizing problems*. In their study they show how these key elements can be displayed in the research interviews they present as data.

So far we have seen examples of what researchers have found in doing analysis of therapy data. In the studies about Sex Offenders’ therapy we saw how

narratives can be constructed as ambiguous, which is something that indirectly deals with the offender's accountability.

We covered studies in Family Therapy that range from studies concerned with the participants' orientations, to studies that are more practitioners concerned. The last study is exceptional in the sense that it got the therapeutic data through a specific research tool (Interpersonal Process Recall). It shows how therapeutic can be research; as was the case with other studies, it doesn't necessarily focus on the way participants themselves are orienting to the talk.

We will now turn to studies done on a field that is less therapeutic than therapy, but more therapeutic than medical talk. Such is the case of counselling talk, which is not therapy but has lots of therapeutic aspects in it.

2.6.3. Studies on Counselling

Related to the field of therapy talk is the arena of studies done on counselling talk. In a study carried out with data of HIV counselling sessions, Silverman (1997) described what goes on with clients and counsellors. He characterised two kinds of communication formats that take place in such interviews. The first was an *interview format* that consisted of chains of QA sequences. The second was an *information delivery format*, which included not only the way information was given and received, but a characterisation of advice as well.

The dynamics of advice giving and advice receiving were described in this study, together with the cases in which advice was resisted or concealed. When analysing post sessions of this kind, the author found that there tended to be a delay in the delivery of tests results, which was interpreted by the clients as being a positive result. Delicacy in the interchanges was found to be a feature of HIV counselling talk.

In a study carried out on counselling sessions with AIDS patients Perakyla (1995) described in detail the work that 'live open supervision' did in those conversations. Live open supervision is a technique that derived from Family

Therapy Milan School where two counsellors work with the client, one conducting the session while the other remains in a *meta perspective* observing and remaining silent although occasionally intervening.

Perakyla observed that when the co-counsellor intervened he used to design his interventions as questions addressed to the main counsellor. Once the main counsellor received the question, he used to re direct the question to the patient. The co-counsellor's questions were found to have two functions. First, they could be topicalising something that had come up in the client's talk, which was not topicalised by the main counsellor. Second, the co-counsellors' interventions could be doing interpretations on prior talk, moving to a more abstract level than the preceding talk.

As a result of his study, Perakyla (1995) points out how several questions asked by the co-counsellors were related to threatening issues for the clients, like illness and death. Remember that we are in the area of AIDS Counselling. The author suggests how the live open supervision format where the question is first addressed to the main counsellor and only then re-directed to the client, in these cases, could be a resource for the management of delicacy of this kind of questions. Allowing for an interactional distance between the questioner and the answerer, which neutralises some of the problematic aspects in the threatening question.

Another study carried out on brief therapy counselling (Peyrot, 1987) showed how the negotiations between counsellors and clients can be carried out in circumspect ways. The author shows how suggestions by the counsellors were made using oblique references, without being confrontative. This was relevant to the context from which the data were taken, which was a context where the counsellors could lose their clients. Thus, using circumspection they maximised the possibility of a client staying with them. Similarly clients were found to use circumspective tactics, whenever a delicate issue arose. Examples of this were when clients rejected or deferred a counsellor's proposal on some matter.

As these studies show, carefulness is often related to therapy talk. When we covered the studies in FT, we saw that discussions of power relationships are common when analysing therapy talk. One feature that counselling could share with early models of family therapy is the control that can be displayed from the part of the professional. The professional as intervening is a feature as well in early models of psychoanalysis.

2.6.4. Studies on Psychoanalysis

Studying psychoanalytical sessions, Perakyla (2004) shows that there are interpretations made by the therapist, which make a link between different domains of the patient's experience. There are two rhetorical domains where to find things to do this, one is the lexical choice within interpretative statements and the other is the sequence structure in the talk that precedes the interpretations. As was shown, it is through specific lexical choices within specific sequences of talk that analysts make link interpretations.

Billig (1999) adopts a rhetorical approach for the study of the discourse of Freudian psychoanalysis. In his critical and yet appreciative approach to this theory, he studies the notion of repression as well as the concept of unconscious. He postulates that repression and unconscious can be dialogical and found in conversation. As an example of this, he expands his critical comments to how Freud himself repressed in his texts the very way in which repression is carried about as well as the anti-Semitic culture in which they were living. For Billig, repression is part of everyday conversational practices in which politeness is a special case. Social requirements to be polite might explain such a dialogical repression.

Billig's approach to notions of repression or thinking (Billig, 1987) are mainly rhetorical and in this sense they take a discursive approach to the study of language. However, there are critics that have shown not only that it is not really clear where repression is situated in Billig's discourse, due to the individualistic-

subjectivist language that he tends to slip into as explanatory resources, despite the discursive stance (Hepburn, 2003).

Writing as both a therapist and a researcher, Heenan (1996) carries out a discourse analysis of a psychoanalytical oriented approach to therapy. In a similar position of being a practitioner as well as a researcher, Lewis (1995) reports his analysis of a psychoanalytical individual therapy session. The number of people that decide to be both analysts as well as therapists seems to be increasing.

The studies done on psychoanalysis are interesting from the point of view that they show how dialogue takes place in a psychoanalytic environment. This is relevant if we think of the common sense idea where more orthodox psychoanalytic sessions would be characterised by being monologues, rather than dialogues. As the study of Perakyla makes clear, there can be dialogues found in psychoanalytic sessions. We will cover now some of the studies that were found in the field of psychiatry.

2.7. Studies on Psychiatry

In the area of psychiatry, Soyland (1994) carried out a discourse analysis describing the role that psychiatric summaries produced by multi party meetings have. According to his findings, two major kinds of accounts seemed to be produced in these summaries. The first kind of account is called 'technical, biochemical account' and characterised the patient as passive. The second kind was a 'social account', which referred to the beliefs, desires and intentions of the patient. Through these summaries, the way the patient's identity was codified over time was presented. Again, this is a study done on the work of a clinical team. Nevertheless, different from other studies we have seen so far, the multi-party meetings do not include only therapists, but different professionals, and they can take place when the patient is not present.

Bergmann (1992) carried out a conversation analysis of psychiatric intake interviews where decisions about a patient being hospitalised or not were made.

In his study, he reports how psychiatric exploration can be achieved by means not only of asking questions, but sometimes just telling something about the patient and getting a response. In other words, Bergmann finds that ‘my side tellings’ (Pomerantz, 1980) are frequently used in the exploratory psychiatric interview to elicit information in an indirect way.

Psychiatry is again a field that is related to therapy, but it is not therapy. Like in therapy, one finds things like QA sequences in a professional/patient relationship within a clinical context. In this sense, studies produced in this area are relevant to the researcher on therapy talk. We will now proceed to other kind of studies that although not therapies per se, are still linked to studying the discourses of therapy.

2.8. Other Discourse Studies

In an analysis of the therapeutic discourse of Michael White’s narrative therapy, Madigan (1992) showed how White’s discourse draws on Michel Foucault’s notions of the objectification of the subject and the inseparability of power and knowledge. The author shows how White’s conceptions of externalising internalised problem discourse, is similar and shaped by Foucault’s notions. This study is similar to the study carried out by Billig in psychoanalytical discourse, in that what is studied is the discourse about therapy that certain authors use. The following study goes even further, in that it analyses ‘trends of therapy’.

In an interpretative exercise of deconstruction, Parker (2002) carries out a critical discourse analysis on contemporary trends of therapy. He uses the term *discursive complexes, templates* and *repertoires* to make reference to the discursive elements that make up dominant narratives that fashion the self in the discourses of therapy in social life. As psychoanalytic discursive complexes he identifies *trauma, intellectualization, and transference*. As cognitive discursive templates he mentions *interference* and *disruption*. And as behavioural discursive repertoires he cites the case of *reinforcement* and *social determination*. As the author goes on,

‘...face to face counselling or psychotherapy (...) is made possible by the ways of speaking about our feelings and our selves that circulate in the wider culture. The kinds of narratives that emerge in counselling will be profoundly shaped by these kinds of complexes, templates and repertoires...’

(Parker, 2002: 228).

This is a study that goes hand to hand with studies shown above, where the influences of the therapist’s rhetorical repertoire in the client are argued about. In saying that the narratives ‘that emerge in counselling will be profoundly shaped by’ the complexes, templates and repertoires he takes about, Parker is orienting towards the role that the therapists’ rhetorical repertoires can have in shaping the client’s narratives.

However, it has to be said that Parker is saying this about psychoanalysis, cognitive oriented therapies and behaviourism. The therapies resulting from these theories could fall under the umbrella of being ‘traditional ways to doing therapy’, in other words, they could be seen as being modernist approaches to doing therapy (McNamee and Gergen, 1992). This is relevant, because the degree of influencing the client’s discourse might be more present in modernist approaches to therapy.

Discourse and conversation studies on therapy talk have analysed as well what happens between therapists and supervisors (Chenail and Fortungo, 1995; Ratliff and Morris, 1995). This has been topic of analysis as well for the neighbour field of medical encounters (Pomerantz et al, 1997). However interesting, to go into more detail regarding these encounters is beyond the scope of the present chapter.

Similarly, one can find work that has been done in the neighbour field of *social work talk* (Hall et al, 1997), but that goes beyond the aims of this chapter.

However, it is important to note that this work exists.

2.9. Overview

What I have tried to do in this chapter is to present the work on conversation and discourse studies that is now available for us to draw on when studying therapy talk. Topics that proved to be relevant for the researcher in therapy talk are carefulness and issues of power. There is as well a tendency to analyse and describe problem talk in therapy.

Regarding issues of power, it might be possible that most studies have focussed in how the therapists constrain the clients' verbal behaviour. However, it was shown that there is also information in the data about how clients' might be influencing the therapists' talk. This focus on joint construction echoes the theoretical goals of the RT and CAT approaches covered in the previous chapter. We might expect to see more of this in these styles of therapeutic interaction.

Although several studies were mentioned as examples of analysis of different therapy settings, most studies in institutional talk have been carried out in the fields of family therapy, counselling and doctor/patient interaction. No analysis of what can be called *postmodern therapies* was found. In that respect, this research provides the reader with an account of a discursive study on postmodern therapies.

In the case of studies in therapy talk, there seems to be an even analytic stance where what the professional says as well as what the lay person says has been given attention. Aspects of the influence and control that some kind of therapies can have were described, which is relevant if compared to the egalitarian stance that therapists claim to have in postmodern therapies.

Not only can therapy talk be studied, there is data that is related to therapy in terms of analysing the therapists' theoretical discourses and there is data in the therapist/supervisor relationship. However related to therapy talk, these studies had only to be mentioned as to cover this area goes beyond the aims of this research.

A brief review of CA and DP was done in order to show aspects of the analytic backgrounds that inform the analysis in this research. CA has given us a rigorous focus on empirical evidence drawing on participants' own orientations to the ongoing interaction. Many studies have focused on problems and their formulation and management, and further studies will be covered as they become relevant throughout the analysis. In DP there is more of a constructionist focus, and more focus on the role of psychology (e.g. the role of 'cognitive distortions') in the ongoing interaction. These studies will provide a useful cornerstone for the analyses to follow in the next 4 chapters.

Chapter 3 Description of participants

3. Description of participants

The corpuses of data that are the spinal column of this research were more than 30 therapy sessions. Each session lasted approximately one hour and took place however anxious the ‘living monster’ was.¹

When presenting my data in DARG (Discourse and Rhetoric Group) sessions, two topics tended to arise systematically. One refers to the context in which the sessions took place and the other to the issues of translation. I want to organise this section of the thesis according to these two topics, as I believe they are important to understand this work.

3.1. Mexican people

It has been discussed that ‘context’ can mean lots of different things, according to the perspective on research one has (Billig 1999a, 1999b; Schegloff 1997, 1999a, 1999b). The meaning of context for this research evolved from listening to the comments people made during DARG sessions. When asked about the context of my data, I was almost always surprised by the fact that for people in DARG sessions, context meant talking about personal identification traits of the participants in the sessions or talking about the model of therapy.

However slowly, I have now arrived to the point in which context also means to say things and describe Mexican people, Mexican way of life. There are several works that have described the profile of the Mexican, either by Mexican writers like Paz (1959), Ramírez (1968) and Ramos (1987), or by foreign writers like Riding (1984) and Sartorius (1859). To make another profile would be to go beyond the limits of

¹ By the living monster I am referring here to México City. Like any other big city on the planet earth, this city has several problems. It must be highlighted that, however the difficult conditions of life that the place pose to its inhabitants, people in big cities work and have routines of life (including intellectual life) and decent and interesting jobs.

this work. However, in order to satisfy the necessities of context that the research poses, I need to make some comments about aspects of the cultural context in which a Mexican person becomes a Mexican person.

Listening to the comments of visitors that have been to Mexican lands, we often hear comments like ‘oh yes, it is a country of contrasts’, ‘it is a chaos, yes, but it has its own order’, ‘everybody is breaking the rules, look at the way they drive’. I want to argue however, that these expressions and other are often the result of a superficial contact with Mexican culture.

If the norm against which communities like Mexican are compared is the first world, one must say that third and first world can be found not only in first world lands but in developing countries as well. It has to be highlighted that there is a difference between living in a developing country and living in a poor country. Mexican people, I believe, live and enjoy the pros and cons of living in a developing country. I wish now to concentrate on the differences regarding the roles of reading and speaking as natural social means for constructing and passing on to each other knowledge.

As a user of the underground in London and of the metro in México City, I have noticed that people tend to read when travelling in London and they tend to sleep or stay in a state of contemplation when travelling in Mexico City. In this case, numbers corroborate the intuition that there are differences in the level of reading between these two communities. I do not know about English culture, but in Mexican culture, the average level of instruction is primary school 6th year, or secondary school 1st year (INEGI, 2002).

If as Paul Ricoeur says any text is virtually directed to anyone who can read (Ricoeur, 1976), then there are communities that stay out of the matter of reading and thus, the text never reaches them. One might wonder how knowledge is constructed, transmitted and shared within those communities. Let us read now, the following extract from one of the therapy sessions analysed:

Extract 12

P: therapist, E: client.

(taken from chapter 5 below).

11. P: mm hum mm hum (.) one period of time
mm hum mm hum (.) yo en una época
12. I used to do (.) watercolours (.)
estuve haciendo (.) acuarela (.)
13. so eh I think in this UPS (.)
entonces eh creo que en esta UPS (.)
14. it's the only one (.) I think that
es la única (.) yo creo que
15. ()
16. (.)
17. E: mmm (.) (it was complete) no?
mmm (.) (era completo) no?
18. P: ((nodding))
19. (.)
20. E: ah:::
21. P: well I know that (.) because of what
bueno eso sé (.) por lo que
22. they say
cuentan

In this extract the therapist is passing on knowledge about a painting school to the client by means of oral communication. In doing so, he is showing the way he himself got the information: 'I know that because of what they say' (lines 21 and 22). This implies oral communication as a means of first obtaining and then sharing knowledge.

It is important to stress the role of oral transmission of knowledge that cultures like Mexican have. The primacy that oral transmission of knowledge might have in these cultures is not surprising at all when one considers the average level of scholarship in the country. This remark is not meant to fall into the common place of mourning about the bad level of scholarship of the country, but to make a point on how important oral transmission of knowledge is in a society with an average scholarship level of primary school.

It has to be mentioned that although most population in the country knows how to read and write, there are still around 6 million people that are older than 15 years old that are illiterate. By the year 2000, around 0.7% of the population has masters and doctorates (INEGI, 2002); this number should be contrasted with the quantity of around 100 million people, which is the estimated population of the country. It might be argued that in any country the academic population is a minority, however, there are differences between countries where there is still illiteracy and countries where this measure is very small.

Going back to the metro, if one travels in London underground, one must know how to read in order to have a successful journey, that is not the case in México City, where one can manage travelling without reading. This, again, shows how important what can be called orality in the transmission of knowledge, 'I heard that...', 'they say that...', 'people say that...' is for societies like Mexican. In these communities, there is a tendency that shows that people in general might privilege speaking to and with each other, over reading with oneself as means of constructing knowledge.

Most people in México tend to live in nuclear families of 4 to 5 members. Around 30% of the population though live in family groups that include extended and nuclear family members. The religion that prevails is the catholic; most married people are married by law and by the church, which is catholic.

There is another reality about Mexican people that can not be overseen. There are several linguistic groups considering Spanish Mexican Dialect and the indigenous people.

By the year 2000, there are around 7 million people that speak at least one indigenous language (INEGI, 2002). According to the census, the indigenous languages that are most spoken in the country are Náhuatl and Mayan. The areas in which these indigenous people tend to be are the central and southern areas of the country, which are considered as being part of what was Mesoamerica before the Spanish Conquest. As was shown in the census of 1970, there is a tendency to be

bilingual between these indigenous groups, they speak their indigenous language as well as Spanish Mexican Dialect (Horcasitas and Crespo, 1979).

There are more than 30 indigenous kinds of language, namely: Nahuatl, Mayan, Zapoteco, Mixteco, Otomí, Totonaco, Mazahua, Mazateco, Tzeltal, Tzotzil, Chol, Huasteco, Tarasco, Mixe, Chinanteco, Tlapaneco, Mayo, Popoloca, Zoque, Tarahumara, Amuzgo, Tojolabal, Chatino, Cuicateco, Huave, Yaqui, Huichol, Cora, Tepehuano, Tepehua, and others.

Poverty is of course a big issue in the country. More or less half of the population is economically non-active. Children and students fall into this category.

Ethnicity does not seem to be a point to take into consideration by the national census that takes place in the country every 10 years, having begun in the year 1895 (INEGI, 2002). In reports of the Mexican profile made by foreigners though, this characteristic tends to prevail. See for example the report of Sartorius (1859), where he explains the three basic ethnic groups we find in México three centuries after the conquest, namely: criollos, indians and mestizos. It must be said, that most of the population are nowadays mestizos, mix.

What I am presenting in this section has to be seen not as requirements that my research must have because it is based on Mexican data, therefore 'exotic' data. Rather, any research should include these kinds of observations, either English or any other nationality. Studies in Social Sciences, should not be written in the name of Social Sciences or Social Psychology as most sociologists and psychologists in English Language do, but they should all acknowledge the culture from within they are emerging.

To make comments on the eccentricity of the culture studied is something that English studies tend to do when they are reporting data, like mine, that could be considered as 'exotic'. But it is something that is not accounted for when the data are in English (although it is becoming more common). And it should be done whenever one is presenting studies in Social Sciences and Social Psychology that are English Language or other language based. This is not say that my categories

here and the statistics that are part of the argument are representative of the reality of México. Rather, they are the ingredients that I chose, together with some other reflections, to show aspects of Being Mexican.

Why it is important to document on aspects (aspects are aspects, not necessarily statistics) of the culture from which the studies in Social Sciences are emerging? Because the broader cultural might be enacted in the interactions described. Because the very understanding of an interactional moment might change when looked under the lense of culture. Because there are utterances that are not understood unless there is a cultural knowledge (think of all the idioms in languages).

People in the sessions presented are not indigenous, nor they are rich white people (Sartorius, 1859). They are Mexican mestizos that were having difficulties with their lives before asking for the service of therapy.

It would be really revealing to carry out a study describing the kind of population that tends to be recorded for research studies. In Mexico, it tends to be population that can not pay a great deal for their therapy, but that pay small quantities of money for it. They can be patients that are seen by a therapist who is being trained and in this sense there tends to be an interchange. People who can not pay for their therapy, give the permission to be recorded for the good the therapists that are being trained. The therapists in training are not paid what a normal therapist is usually paid, or are not paid at all.

This is not exactly how I obtained my data, as most of the sessions analysed here were professional sessions. That is, although I was very young, I had already finished my training when the encounters analysed took place. However, there is one extract in the analytical chapters where this is the case and some of the sessions I have in stock are of this nature. Moreover, this has to be mentioned, because it is a common way of obtaining data in México and in other countries and because there are aspects of the interaction than orient to this situation.

For example, one can find in these kinds of sessions arguments and explanations that will connote positively the social fact that there are people that cannot pay a

‘normal’ amount of money and that, on the other hand, there are people who need to become a therapist.

The fact of being recorded is also an important issue. There tends to be an orientation to the ‘being studied’ feeling that participants can have when being in therapy that is being recorded. This orientation does not always seem to be a positive one.

In Mexican context there is another thing that has to be considered, which is that there are people who hardly know what therapy is. So, on the one hand we find therapy as an institution that is created and sustained through generations in history; therapy is only the ‘modern’ term for historical practices such as confession within the catholic church, or going to the wizard within indigenous cultures. On the other hand, there is part of the population that does not know what therapy is.

Beyond this, there are studies that have shown that most people (again, the finding is phrased in English as ‘most people’, instead of ‘most American people’) do not need therapy (Prochaska, 1999). In Mexico, this can be related to the fact that there is a part of the population that does not know what therapy is.

But something else is happening here, most people do not need therapy means they find the means in ordinary talk and thus in ordinary life to sort out their problems. Or perhaps there are people that do not see problems as problems, e.g. abusive behaviour. There are ordinary talk mechanisms that can account for the fact that most people do not need therapy, for example, it seems to be the case that most talk is non-conflictual.

The extracts of therapy analysed in the chapters that follow were taken from therapy sessions carried out under the collaborative approach to therapy.² The sessions were audio-taped or video-taped with the permission of the clients³ and then transcribed using the transcription conventions for transcription that exist in conversation

² Whenever there is a different approach to therapy, it is then mentioned.

³ An example of the letter of informed consent that was signed by each participant is shown in the appendix section.

analysis. Once an extract was selected to be included in the analytical chapters, it used to be translated.

3.2. Notes on translation

As has been documented elsewhere (ten Have, 1999) literature in discourse and conversation studies hardly ever discusses issues of translation.

It might be possible that whenever this topic has been discussed, the arguments put forward relate mostly to the ways in which data with translation can be presented or around the decisions taken in transcribing (Nikander, 2001). Therefore, there are several ways in which to present translated data.

This can be done presenting two text columns where the translation into (as it generally happens) English is on the left-hand column leaving the original on the right-hand column. Translated data can also be presented using three lines, where the English version occupies the first line, a syntactic and grammatical version the second, and the original the third. Or, as it is the case in this work, the data can be presented using two lines.

When using two lines to present data, the first line will correspond to the English version, whereas the second line will present the original Spanish Mexican Dialect version. An example of this is the following:

Extract A

(6) Ex4. (m2a)

1. M: and err and although
y este y aunque
2. [there was a lot of traffic
[había mucho tráfico
3. C: [and is this something
[y esto es algo que
4. you u::sually d- do?
normalmente:: ha- haces?

5. (0.3)
6. M: (what?)
(qué?)

Here the English version is always the upper line, whereas the Spanish Mexican Dialect original is the second line. It has to be said that only the elements in the original that were translatable underwent a translation. Some features of talk like pauses, continuers and non-verbal expressions were left in a single line.

As has been noted by Billig (2001), all translation contains an element of risk. In passing from one language to another one, some features of the original inevitably get lost whereas other aspects are acquired. In this context, translators face the dilemma between being literal (at the cost of readability) and being liberal so as to privilege the underlying sense of the original (at the cost of changing the original).

As Walter Benjamin (1955) said, a good translation goes beyond the mere act of passing on information putting forward the relationship between languages. In doing this, a good translation points toward grasping the *intentio* of the original text and tries to transmit that intention. This intention concept corresponds to what Billig calls ‘underlying sense’. Benjamin has also signalled the conflicting tendencies in all translation between fidelity and freedom.

In this work, the perspective on translation that was privileged was that of freedom with regard to the original, trying to convey in the translation the interactional *intentio* of the text and not the literalness of it. This is so, because I believe that after all, everything can find a way to be translated. Of course the idea of *intentio* is not but a metaphor that I use to give the sense of what I preferred as a mode of translation. I wasn’t at any point, guessing the speakers’ intentions, I was translating within the umbrella of trying to convey in my translated version aspects of the business of the interaction in Spanish.

In the relationship between original and translation lies the meaning of the interactions reported. That interactional meaning is what I tried to translate. Therefore my translations are open to challenge by both English and Spanish

Mexican Dialect speakers. There is no best translation; after some level of translation there are only different versions of it.

A translation as well as a transcript is a never-ending process. Each time we go back to the translation or transcript there is always something else to be said or noted.

In working with translated data, aspects of the mother tongue become evident. Aspects that otherwise, we tend to take for granted when working in the mother tongue. It is in these aspects that we can find the richness of working with translated data.

This of course is only a reflex of one of the main reasons for working with data translated into English, namely the political consciousness about the importance to write academic work in English.

As for transcribing, the choices made were determined by a personal interest in the prosodic features of language use. Although it was beyond the scope of this study to point out in all cases to the interactional consequences of the uses of these features, some analytic comments go in this direction.

To analyse is to choose, to transcribe is to choose, to translate is to choose. In the choices we make during these processes some things are acquired some other things are left behind.

3.3. The specific people

Some of the sessions included in the analysis are with the client María, others with the client Fernanda, others with the client Evelyn and others with a couple Ernesto and Mandy.

María is a mestiza, female, lower middle class and at the time of the session was on her thirties. Fernanda is a mestiza too, female, she was a student at the time of the sessions and was on her twenties. Evelyn was too a mestiza, was on her early

twenties and was a student too. Ernesto and Mandy were in their thirties, both mestizos, lower middle class.

In all of these cases there are usually two therapists in the room with the client, thus the therapists can be thought of as doing co-therapy. In all treatments one of the therapists is a guest therapist, which means that the client 'is the client of' one of the therapists. In the Reflecting Team recordings, there are as many therapists as voices we can hear.

Although the examples included in the analytic chapters may not be the only ones to find in therapy talk, they are the ones that occurred in the data analysed. Each example can be reflected on considering its uniqueness, however, while reading through them sometimes some patterns became visible. When recurrent features in the examples were found they are mentioned as such.

To conclude this reflexive chapter, one of the unusual features of this thesis is that I am sometimes analysing my own therapy sessions. This causes problems in terms of analysis if one thinks about analysis as eliciting the 'original intentions' of the speakers, as I could claim to have special insight into what was going on in this interaction. However, the identification of the intentions behind the talk has not been my goal, rather my hope has been to identify some of the recurrent features of this type of therapy regardless of which of the therapists is in the frame. I think that having practical 'insider' experience is therefore useful to achieve this, as I hope the following chapters will show.

Chapter 4 The case of ‘okay’ English marker in Spanish therapeutic interaction

4. The case of ‘okay’ English marker in Spanish therapeutic interaction

One feature common to several languages is that there are some particles or words of foreign languages that are used by the speakers. In the case of English, for example, we often find French words that are used. In the case of Spanish several words in English have been incorporated by Spanish speakers to everyday discursive practices. The English words or the words with an origin in English that are used in Spanish are called anglicisms. In this way we find Spanish speakers saying that ‘something is *cool*’, ‘that restaurant is *self service*’, ‘I need to take a *break*’, ‘that is in *stand by*’, ‘I’m *out*’ etc.¹

Another kind of anglicisms consists of compound words of English and Spanish. There are words to refer to those mixed vocabularies such as ‘fragnol’ in the case of French/Spanish and ‘spanglish’ in the case of English/Spanish. Examples of ‘spanglish’ words can be found within the computer related vocabulary, thus we find people saying ‘I’m going to *forwardear* that to you’, ‘you need to *deletear* that’, ‘can you *faxearmelo?*’ and so on.

When analysing the therapeutic data of this research, one English particle has often appeared as being used by both clients and therapists speaking in Spanish. That is the discourse marker ‘okay’. Whatever English particle found in Spanish therapeutic interactions, its analysis needs to be addressed from a twofold perspective. The first one has to do with the context of interaction in which the English word is appearing, which is here the therapy context. The second perspective needs to address the fact that it is an English particle or word that is being used in a language other than English.

¹ The word in *italics* corresponds to the anglicism in Spanish.

4.1. Okay's in the literature

In reading previous research around the 'okay' particle several observations can be found. In the same way that other discourse markers like 'well' and 'so' do, it seems that 'okay' has the property of initiating turns. The examples that are included in the literature usually show fragments of interaction where the 'okay' is in the position of initiating turns between speakers (Condon, 2001).

It has been shown how the use of 'okay' allows speakers to mutually verify the understanding of 'what is going on' in the interaction (Beach, 1993). When commenting about this use of 'okay', Condon (2001) qualifies it as part of a process of *verification* that is done by *default* when interacting to each other. By means of 'okay' the speakers display a default assumption that the interaction is being successful, that they both understand 'what is going on' in the talk they are having without needing any more discursive production.

Besides 'okay', other discourse markers such as 'yeah', 'uh huh', 'now', 'so' and 'well' can have this character of mutual verification at the business of talk. Another aspect of okay is that through its use, speakers can do *agreement*. It has been shown how after 'okay' what follows is an agreement, whereas a disagreement is preceded by 'well' (Condon, 2001).

Another feature that has been described in the literature for the case of 'okay' is that speakers can use it as a *transition marker*. In analysing medical interviews, Beach (1995) describes the use of 'okay' by physicians. In this context of talk, the 'okay' comes in a third turn position as an acknowledgement token that signals to the client the adequate receipt of her answer. But the 'okay' is also functioning as a *transition marker*, as it is usually followed by another topic or activity.

In terms of being a *transition marker*, it has been shown how the ‘okay’ can precede the closure of clinical conversations on the phone (Schegloff and Sacks, 1973). In medical context, Beach (1993) has noticed that the ‘okay’ can appear in junctures when moving from the moment of diagnosis to that of physical examination. To finish a conversation and to move from diagnosis to physical examination are examples of activities preceded by ‘okay’.

When used in medical interviews the ‘okay’ can be followed by a question or turn that seeks to extend on the previous topic or to change it. When followed by a change of topic, the use of ‘okay’ has been interpreted as a device that constrains the client’s talk giving preference to the physician’s agenda (Beach, 1995). It is perhaps useful here to mention Jefferson’s (1993) description of ‘okay’ as a resource that permits the speaker to get attention ‘while shifting’ the topic of conversation.

In brief one could make some comments around the use of ‘okay’ in English. It has been identified as a multifunctional discourse marker (Condon, 2001) that is usually at the beginning of a speaker’s turn. It can be used to verify understanding. It is a discursive resource to display agreement, acknowledging or complying. It can be used as a *transition marker* that signals the change or extension of a topic of conversation or activity, or that is projecting the end of an interchange.

Moreover and in summary Beach’s (1995) findings on the uses of Okays in medical diagnostic interviews are:

1. They are systematically used in a third turn position marking adequate receipt of an answer. The sequence being question-answer-receipt (ok).
2. They systematically precede next questions, the sequence being question-answer-receipt (ok)-next question. Next question in these cases can close down some or all features of a prior turn. Next questions can open a totally new different topic or they can follow up questions.
3. Thus, they are implicated in topic organisation. They are used to guide and control the initiation and elaboration of topics.
4. Their use allows the doctor to move toward matters considered relevant for official clinical business and away from other non-clinical talk initiated by the client. In

other words they are used to preserve physicians options while constraining the clients'.

5. They may precede partial repeats and/or direct queries seeking clarification and confirmation of a previous answer.
6. In ordinary as well as in institutional talk, Okays are routinely placed at or near a potential turn transitional or completion point.
7. They are used as a token that signals the speakers attempts to shift topics and or activities. Thus they can indicate official beginnings and endings of medical encounters; they can be present at junctures that mark a movement from diagnosis to physical examination.
8. When used to shift the topical focus, they tend to work in favour of the doctor's priorities and away from the client's concerns.
9. When patients go on talking Okays can be used in a series to bring back the patients to relevant medical talk.
10. Its uses, in medical talk, are related to the asymmetry of conversational resources that characterises the relationship doctor-patient.
11. The asymmetry found in medical interchanges is ironically worked out in a collaborative way. Thus in Beach's study, there were no cases where patients refused to adhere the doctor's shift of topic.

(Taken from Beach, 1995).

In the next part of the writing I will include some extracts from therapeutic interactions in spanish where 'okay' has been used by the participants. Together with this, I will be making some preliminary analytical observations.

4.2. Within turn okays and repair work

In the extracts that follow, Claudia (C) and Allan (A) are the therapists and Fernanda (F) is the client. In extract 1, one of the therapists is commenting on the client wanting to learn about bad experiences in the past, as it were, the experience of having been robbed in a shop that she owns. We see the client repairing what the therapist is saying, explaining that what she wants out of experiences like those, is to listen to what she perceives.

Extract1

F: client, C: therapist.

476. C: I mea::n (.) let's see (.) if I am
o sea:: (.) a ver (.) si estoy
477. understanding well i- it's a::s (.) if
entendiendo bien e- es como:: (.) si
478. you wanted to lea:::rn (.) to::: (.)
quisieras aprende:::r (.) a::: (.)
479. when you have those intuitions
cuando tienes esas intuiciones
480. F: uh huh (1) °I mean° (.)
ajá (1) °o sea° (.)
481. [to li:::sten to what I (percei::ve)
[ha:::cerle caso a lo que (perci::ba)
482. C: [e::h (.) to listen toa- oka::y (.)
[e::h (.) hacer toa- oka::y (.)
483. F: [uh huh
484. C: [to li::sten to (.) to:: the signals that
[ha::cerle caso (.) a:: las señales que
485. you percei::ve
tú perci::bes
486. F: uh huh
487. C: °and to beha:::ve°
°y actua:::r°
488. F: uh huh
489. C: ↑yes (3.8) I mean for example in thi::s
s↑í (3.8) o sea por ejemplo en este::
490. (.) i:::n this part o::f (.) of of the
(.) e:::n esta parte de:: (.) de de la
491. ↑sho::p
tie::nd↑a

As we can see in this extract, 'okay' is not initiating C's turn (line 482). It has been produced within the turn. This is different from what has been said regarding 'okay' in English, where it has been observed that the okay comes at the beginning of turns (Condon, 2001, Beach, 1995). In this extract the okay comes after breaking off previous talk and in overlap with the client's acknowledgement of the therapist's comment. In

this sense, okay can be seen as being part of some kind of repair work initiated by the client (line 481).

Although in this extract C is the therapist, as we will see in following sections the use of 'okay' in the data analysed is not restricted at all to the therapists. This is a difference from what has been shown for 'okay' within medical settings, where it is the physician who uses the okay, mainly to constraint the client's talk in preserving the goal oriented to the medical tasks in conversation (Beach, 1995).

In the following extract, again the topic of conversation is what to learn about bad experiences in the past. In this case, the client is reporting what she does not have to do in order to avoid having problems at work

Extract2

F: client, C: therapist, A: therapist.

513. F: so no::t to speak badly of others a::nd
entonces no:: hablar mal de otros y::
514. (.) if they ask me or anything (.) well
(.) si me preguntan o algo (.) pues
515. () (.) to keep myself like
() (.) mantenerme así
516. (.) conversations about the job
como que (.) conversaciones del trabajo
517. maybe with a: friend in a different place
a lo mejor con una: amiga en otro lugar
518. who isn't working there (.) ay look ()
que no trabaje ahí (.) ay mira ()
519. I can't stand her I can- oka::y I can't
me cae bien gorda me ca- oka::y me cae
520. stand her (.) and that's it. (.) but no::t (.) no::t
gorda (.) y ya. (.) pero no:: (.) no::
521. to mix it there () >the job<
meterlo ahí () >el trabajo<
522. or (.) or () (.) all
ni (.) ni () (.) todo
523. th(h)a(h)t ((laughter)) (.) tha:::t (.) I don't

- e(h)s(h)e ((laughter)) (.) esa::: (.) no
524. kno:::w (.) I don't know what to call that
sé::: (.) no sé cómo llamarlo eso
525. C: °how are you thinking of it°
 °cómo lo estás pensando°
526. F: ()
527. C: °mm hum° (.) °mmm° (.) °mmmm° (.) °mm hum° (1)
 °mjm° (.) °mmm° (.) °mmmm° (.) °mjm° (1)
528. I don't know how
 no sé cómo
529. (1)
530. F: well (.) well it's li:::ke
 pu's (.) pu's es como:::
531. C: °like what° (.) °mm hum°
 °cómo qué° (.) °mjm°
532. (1.8)
533. F: °mmm° (1.2) I think that
 °mmm° (1.2) pues yo creo que
534. ((h) (h)) [n(h)↑o?
535. A: | ((laughter))
536. C: | ((laughter))

In this extract we can see both aspects mentioned above, an 'okay' being produced *within a turn*, this time the client's turn (line 519), as opposed to okay being the beginning of a physician's turn. As was the case with extract one, the okay within the reported dialogue (Wooffitt, 1992) here occurs after breaking off previous talk. In this sense again it displays being part of a repair work, marking a transition between one reported dialogue and another one (this will be clearer in later sections of the analysis). In these extracts, it is clear that okay is not constraining the client's talk when uttered by the therapist, it is occurring in the middle of the turns, it is part of a repair work being done in talk and its use is not restricted to the therapist.

If okay is uttered as part of the conversational environment of repair, then it can be argued that in those cases, okay might be doing understanding. The sequence being

ir + okay (reaching a different understanding)’. This is different from ‘verifying understanding’ (Condon, 2001), what we see in the extracts of this research is more ‘laying understanding’, not really ‘verifying’ or checking for understanding (for instances that were found in this data as checking for understanding see the clients’ contributions in chapter 6).

Extracts one and two show the ‘okay’ as being within the turn of the speakers. However, as the case in English, there are instances in Spanish where the okay is either initiating the turn or is the only utterance within the turn. We will use the term *monological okay* when the word is being produced within the turn, and *dialogical okay* when it is uttered between the turns.

Dialogical okays

1. Okay as a continuer

When the ‘okay’ appears in its dialogical form it is usually used by the therapists as a *receipt* token of previous talk, and not necessarily in a third turn position, where the first turn would be a therapist’s question. Thus, in these cases okay can be interpreted as being a *continuer* that allows the client to unfold a story. However, in other cases ‘okay’ owed itself to be the *receipt* of the client’s answer to a previously asked question by the therapist. And this is similar to the place in which okay has appeared in medical talk (Beach, 1995).

In CA, *continuers* are tokens such as ‘mm hm’, ‘uh huh’, ‘yes’ or ‘right’, to display an understanding that a turn is not yet completed. Continuers can be present as well when the previous turn is or could be at a possible transition relevance place. Continuers show the speaker passing on what could be an opportunity to take the floor (Hutchby and Wooffitt, 1998).

Extract 3 illustrates the use of ‘okay’ as a continuer² that permits to the client to go on with the story she is telling. Claudia is the therapist who is using ‘okays’ and María is the client. María is describing with who she can talk about her wishes to have a job in real life and to go back to studying, which is a topic that is delicate for her, one she cannot share with whoever. She begins talking about a group of women that used to gather together, with similar interests.

Then she explains how she can talk about these things with her husband only if she is open, whereas with her father, she puts a barrier.

Extract3

M: client, C: therapist.

280. M: only with those ones that (0.4) like tha:t in
solo con aquellas que (0.4) como que: en
281. this sense (.) there has (been the)
este sentido (.) ha (habido la)
282. sa::me necessity of fee::ling yourself (0.5) of
misma:: necesidad de sentirse:: (0.5)
de
283. working out of your house no? (.)
trabajar fuera de tu casa no? (.)
284. that there is something inside you that is telling you
que hay algo dentro de ti que te dice
285. °I want to work ()°
°yo quiero trabajar ()°
286. with (that) also () but with others
con (eso) también () pero con otras
287. that (.) yes that are working ()
que (.) sí que están trabajando ()
288. inside the house (.) err with them like
dentro de casa (.) este con ellas como
289. I ca::n to relate(.) but
que sí puedo:: relacionarme (.) pero

² As it becomes clear in extract 15, other *continuers* in the case of Spanish are: ‘ajá’ and ‘mjm’. Other expressions in Spanish that usually have this function of giving the floor to the previous speaker to go on are: ‘sí’, ‘claro’, ‘ya’, ‘mmm’, or combined expression like ‘ah ajá’, ‘ah okay’.

290. I can't talk about (these issues) (0.7)
no puedo hablar de (estas cosas) (0.7)
291. I can't because °I don't want to do it°
no puedo porque °no quiero hacerlo°
292. C: okay
293. (0.6)
294. M: with José I can do it °with my husband°
con José puedo hacerlo °con mi esposo°
295. (.) but like (it implies) that
(.) pero como que (implica) que
296. I am ↑very open
yo esté m↑uy abierta
297. C: °mm hum°
298. M: and and and to be able to communicate with him
y y y para poder comunicarme con él
299. with him (.) °when I'm not
con él (.) °cuando no estoy
300. open° I get ↑blocked (.) () and I feel
abierta° me bolqu↑eo (.) () y siento
301. he is offending me (.) and I can't
que me está agrediendo (.) y ya no
302. anymore see it like he (is
puedo verlo como él (me lo está
303. suggesting to me [to do)
sugiriendo [hacer)
304. C: [°sure° (0.2) okay
[°claro° (0.2) okay
305. M: in fact when (.) we were boyfriends (.)
de hecho cuando (.) éramos novios (.)
306. well we couldn't talk about that I
pues no podíamos hablar de eso o
307. mean he (.) tried to start with () that
sea él (.) intentaba sacar () ese
308. topic °and I didn't I- I evaded it no?° and then
tema °y yo no lo- yo lo evadía no?° ya
309. until later when we (.) knew each other

- hasta después cuando nos (.) conocimos
310. better (.) °I started to° (.) () no?
 más (.) °empecé yo a° (.) () no?
311. °but° (0.4) and for example with my
 °pero° (0.4) y por ejemplo con mi
312. ↑family is a topic (0.2) intouchable
 fam↑ilia es un tema (0.2) intocable
313. I ca:n't talk about this () °with
 yo no pue:do hablar de esto () °con
314. my father° (0.6) I think that it doesn't anymore ()
 mi papá° (0.6) creo que ya no ()
315. that no? but (.) but I () a
 eso no? pero (.) pero yo () una
316. barrier ()
 barrera ()
317. (0.3)
318. C: mm hum °↑okay°
319. (1)
320. M: (that's why I) ((hh) (hh)) .hh and
 (por eso me) ((hh) (hh)) .hh y
321. when I'm on my own and I start doing
 cuando estoy sola y empiezo a hacer
322. this
 esto
323. C: uh huh

When saying 'okay' as a *continuer* (lines 292, 304, 318) Claudia is giving the floor to the client to go on with one from several stories she could be telling in the therapy room. In this case, the story of who she can talk to and who she cannot talk to about her desire to work besides being a housewife.

Reading this extract, one can wonder why is it that okay is used instead of any other continuer? It could be claimed here, that given the delicacy that this topic has for María we can read these okays not only as continuers, but as giving reassurance to the client.

- Moreover, the okay here is displaying understanding (not verifying it) of the delicacy of the topic. In previous chapters we saw how delicate talk can be characteristic of therapy talk.

4.3.2. Okay in a third turn position

As mentioned above, a second dialogical form ‘okay’ has when used by the therapists comes within a classical three part sequence in CA of the kind: question/answer/receipt (Hutchby and Wooffitt, 1998). When this sequence appears it is usually the therapist who is asking the question and thus receiving the answer of the client as an adequate one, by means of an ‘okay’. This is similar to Beach’s (1995) findings where okay can mark an answer as being adequate. Extract 4 is an example of this.

Extract4

F: client, C: therapist.

794. C: .hhhh (.) do you have a boyfriend ↑no::w
 .hhhh (.) tienes novio ahor::t↑a
795. F: mmmm (.) we are (talking about
 mmmm (.) lo que estamos en (pláticas de
 796. that)
 eso)
797. C: °ah° (.) [°mm hum°
 798. F: [if we come back together or not?
 [si regresamos o no?
799. (.)
800. C: a::h (.) okay.
801. (.)
802. F: °(yes that’s what) we’re seeing but°
 °(sí eso es lo) que estamos viendo pero°
803. (.) ou::t outri::ght ve::na- ve:: ve
 (.) de:: de pla::no ve::na- ve:: ve
804. >occupying< my:: (.) my:: space and my
 >ocupando< mi:: (.) mi:: espacio y mi

805. mind and every::thing °in° in hi:::m no? (.)
 mente y todo:: °en° en é:::l no? (.)
806. and in the same way as I said it in::: (.)
 y así como lo dije en::: (.)

In this extract the therapist is asking the client if she has a boyfriend (line 794). The client answers: ‘mmmm (.) we are (talking about that)’ (lines 795 and 796), implying that she and her boyfriend are negotiating the status of the relationship. This answer implies some ambiguity because it is not clear at first what the negotiation is about, which is some information that would help the therapist to answer if the client has or hasn’t a boyfriend. Second, the therapist’s question is a question that prefers a yes no answer and the client is not giving such an answer to it. Although this answer can be considered at first glance as being enough, the answer actually still needs to be completed. Not only the client will ‘unpack’ in the next turn what is ‘that’ that ‘they’ are negotiating, but the therapist is giving her the floor to do it by means of the *continuers* ‘°ah° (.) °mm hum°’ she displays (line 797).

The therapist signals when the answer given by the client has reached a satisfactory point by means of her ‘a::h (.) okay.’ (line 800). As has been shown in previous literature (Beach, 1995) the ‘okay’ is signalling an adequate receipt of the client’s answer. However, the okay is also uttered with falling intonation (see the point after okay.), which is giving us the idea of having reached some final point (line 800).

Both the client and the therapist seem to have reached a satisfactory point regarding the question that has been asked. We have already said how this sense of ‘termination’ is displayed by the therapist. But the client seems to share too that sense of finality because what she is displaying next is a rephrasing of her answer: ‘°(yes that’s what) we are seeing but° (line 802). This rephrasing is a kind of reiteration that is not really adding new information to the interchange.

Once the question has been ‘properly’ answered for both client and therapist it seems appropriate to go on with the next idea. That is what the client does as she starts saying

|sí

260. C: happen
darse
261. M: yes (.) that's why I don't ↑do it
sí (.) por eso no lo ↑hago
262. C: °okay°
263. M: and then (0.2) °yes then° because
y entonces (0.2) °sí entonces° porque
264. once we were very good ↑friends
alguna vez fuimos muy am↑igos
265. [so
[entonces
266. C: [mm hum
267. M: (that's why I tell you) that's why I don't do it
por eso te digo) por eso no lo hago
268. then he had a ()
luego él tenía una ()

In this extract María is talking about something she doesn't want to do, which is talking about herself with a man that has been her friend in the past. While she is saying she doesn't want to do this and why (lines 250-253), the therapist asks if that is something that 'has happened' before (line 256). Once the client answers 'no no it hasn't happened' before (line 257), the therapist comes up with a following question 'but you feel that it//could happen' (lines 258 and 260). To this question the client answers 'yes (.) that's why I don't d↑o it' (line 261).

Unlike the example in extract 4, the client in this extract delivers her answers to the therapist's question in a quite straightforward way, without displaying any ambiguity. Again we see a yes no question by the therapist that is straightforwardly replied with a negative answer. Although there are differences between the extracts 4 and 5 regarding the form that the questions and the answers take, there are similarities between the use of 'okay'.

In extract 5 the therapist's use of 'okay' (line 262) is again a way to signal the receipt of the question and the reaching of some final point. As in extract 4, the sense of having

finished with that topic seems to be mutual though and not just part of the therapist agenda. Not only the therapist is saying ‘okay’, but the client seems to be ready to go on with the next part of the story as she displays the signs of continuation ‘and then (0.2) °yes then°’ (line 263). The next part of the story seems to be related to *the person she doesn’t want to talk to* rather than addressing the previous topic of the possibility or not of finding herself doing it: ‘once we were very good friends’ (line 264) and ‘he had a ()’ (line 268). There is as well a reiteration by the client of why she doesn’t talk to that person (line 267). The talk about that person as well as the reiterative talk provides us with evidence for interpreting the sequence as having signs of finality.

Here again okay is found to be signalling a transition between one narrative and the other. Note how this is a transition marker that is going to be followed by the client’s narrative and not by another activity related to the therapist’s agenda (Beach, 1995).

Based on the analysis of the extracts 4 and 5, we can make some concluding comments. When used in its dialogical form, the ‘okay’ can allow the client to go on with telling a story because it is being used as a continuer. When this happens the choice of the continuer okay might be displaying a special reassurance and understanding of the client’s concerns.

As has been shown for medical interviews (Beach, 1995) the ‘okay’ can appear under the three part sequence:

1. Question by the therapist
2. Answer by the client
3. Receipt by the therapist by means of ‘okay’

When appearing within the QAR sequence the ‘okay’ has been shown in the literature as closing down a topic. This closure of topic is something that was observed too in our extracts. However, some differences need to be mentioned. As we saw in Chapter 1, in

the environment of collaborative approach to therapy, part of the business at hand has to do with the therapist learning and understanding the client's life. In this sense, when appearing in the therapist's talk okay could be thought of as being a token of learning from the client, of understanding her, not only of having conversationally reached a transition place.

When found in its dialogical form and unlike what has been shown for the case of medical interviews (Beach, 1995), 'okay' isn't necessarily followed by new or follow up questions once it closes down a topic. Okay does seem to be closing the topic related to the therapist's question and we don't observe after this more therapist's talk. This is something that can be related to the therapeutic agenda within some models of therapy (Anderson, 1997) in which the client is the primal voice to be heard within the therapeutic sessions. It is not that the therapist has not an agenda, but the therapeutic agenda would be one in which the client's voices are privileged over the therapists' ones. Thus what we see in terms of the client's carrying on with their talk after the sequence Q/A/Okay.

This is not to say that there are no cases in our data in which okay is followed by a therapist's question. Those cases exist and what remains to be seen is to what extent the follow up question and the okay in these cases, are used by the therapist to guide and control the initiation and elaboration of topics. In other words, to what extent those uses of okays by the therapist are to preserve or not an asymmetrical relationship (Beach, 1995). The differences or similarities between the therapeutic uses of 'okay' and the medical ones are something that has to be further analysed afterwards. And this analysis has to be seen as the grounds for that future project.

Let us start now to review in more detail, instances of okay when it comes within the turn of the participants.

4.4. Monological okays

To start this section, we have to go back to the initial extracts 1 and 2 in which ‘okay’ is being used within a turn. Besides the observation that the ‘okay’ is not initiating the turn, there is another aspect relevant to these extracts. In both of them the ‘okay’ comes before some *repair* work. As has been described by some analysts, one of the meanings of the term *repair* within CA makes reference to the discursive work of doing ‘corrections’ on what someone says (Hutchby and Wooffitt, 1998):

Extract 1a

F: client, C: therapist.

476. C: I mea::n (.) let's see (.) if I am
sea:: (.) a ver (.) si estoy
477. understanding well i- it's a::s (.) if
entendiendo bien e- es como:: (.) si
478. you wanted to lea:::rn (.) to::: (.)
quisieras aprende:::r (.) a::: (.)
479. when you have those intuitions
cuando tienes esas intuiciones
480. F: uh huh (1) °I mean° (.)
ajá (1) °o sea° (.)
481. [to li:::sten to what I (percei::ve)
[ha:::cerle caso a lo que (perci::ba)
482. C: [e::h (.) to listen toa- oka::y (.)
[e::h (.) hacer toa- oka::y (.)
483. F: [uh huh
484. C: [to li:::sten to (.) to::: the singnals that
[ha:::cerle caso (.) a::: las señales que
485. you percei::ve
tú perci::bes

Extract 1a is a fragment of extract 1. Here Claudia has three turns. In the first turn she formulates the first part of what she actually wants to say ‘it’s as if you wanted to learn (.) to (.) when you have those intuitions’ (lines 476-479). ‘When you have those intuitions’ is a conditional that needs something else to make sense for both speakers. In

trying to complete this conditional the client and the therapist find themselves overlapping their versions (lines 481-482). What happens next? The therapist stops in the middle of her version for the second part of the conditional. After stopping, she *repairs* what she was going to say using most of the *client's words*: 'to listen to the signals that you perceive' (lines 484 and 485). Okay is then part of some repair work being done here. Such a repair work seems to help the therapist to stop and to privilege her client's response. By means of okay the therapist might be read as acknowledging the client's turn in overlap.

4.4.1. The multiplicity of dialogues

Although the consequences for the analysis seem to be quite different, in extract 2a there is as well some repair work being done by the client involving the okay: 'I can- oka::y I can't stand her' (line 543 and 544):

Extract2a

F: client, C: therapist.

513. F: so no::t to speak badly of others a::nd
entonces no:: hablar mal de otros y::
514. (.) if they ask me or anything (.) well
(.) si me preguntan o algo (.) pues
515. () (.) to keep myself like
() (.) mantenerme así
516. (.) conversations about the job
como que (.) conversaciones del trabajo
517. maybe with a:: friend in a different place
a lo mejor con una:: amiga en otro lugar
518. who is not working there (.) ay look ()
que no trabaje ahí (.) ay mira ()
519. I can't stand her I can- oka::y I can't
me cae bien gorda me ca- oka::y me cae
520. stand her (.) and that's it. (.) but no::t (.)no::t
gorda (.) y ya. (.) pero no:: (.) no::
521. to mix it there () >the job<
meterlo ahí () >el trabajo<

522. or (.) or () (.) all
 ni (.) ni () (.) todo
523. th(h)a(h)t ((laughter)) (.) tha:::t (.) I don't
 e(h)s(h)e ((laughter)) (.) esa::: (.) no
524. kno:::w (.) I don't know what to call that
 sé::: (.) no sé cómo llamarlo eso
525. C: °how are you thinking of it°
 °cómo lo estás pensando°

The dialogical reality the client is creating implies more than one dialogue though. As we can see in the data, there is a point in which the client interrupts herself and says ‘okay’. Let’s trace where this happens: ‘(.) ay look () I can’t stand her I can- oka::y I can’t stand her (.) and that’s it (.)’ (lines 518-520).

The ‘okay’ here is marking a transition (Beach, 1995) in which the client stops performing as herself talking with her hypothetical friend to start performing as herself talking to herself. One can read that the client is saying to herself: ‘okay I can’t stand her (.) and that’s it (.)’ (line 519 and 520).³

Let us imagine for a moment that the client is performing, so to say, two different selves in what we have analysed up until now: the self of herself talking to the hypothetical friend, and the self of herself talking to herself and in doing so, interrupting the previous self. To make visible these two turns within the turn, it might be helpful to split the turn. In extract 2b F1 would be the first self and F2 would be the second one:

Extract2b

F: client

1. F1: (.) ay look ()
(.) ay mira ()
2. I can’t stand her I can=
me cae bien gorda me ca=
3. F2: =oka::y I can’t stand her (.) and that’s it. (.)
=oka::y me cae gorda (.) y ya. (.)

Analysing this as an interactional phenomena, ‘oka::y’ (line 3) is discouraging further elaboration or the completion of the previous turn. The client F1 somehow is complaining about someone that she cannot stand (lines 1 and 2). By means of ‘oka::y’,

³ The expression of ‘that’s it’ is frequent in my data and is present when clients are talking to themselves. The ‘that’s it’ is translating the ‘y ya’. This expression can also be translated as ‘and stop it’. Although the client F is not saying in Spanish ‘y páralo’, when used in everyday interactions, the particle ‘ya’ in Spanish is a request to someone else to stop doing or saying or feeling something. If the translation was ‘and stop it’, maybe the sense of F talking to herself would be more evident as a finished action.

the client F2 would be saying something like ‘that’ll do, stop it, don’t go on, that’s it’. In fact she the client F2 says that by the end of her turn: ‘and that’s it’ (line 3).

Even though the fact that the client is talking to no one else than the therapists in the room, she is also talking to some other people than the therapists in the room. From the point of view of herself talking to the sole therapists, she has just taken one turn. From the perspective with which we are analysing extract 2b, she has taken one turn with several *within turns*.

To put it in some way, the client ‘comes back’ to the therapy room when she says: ‘but no::t (.) no::t to mix it there () >the job<’ (lines 520 and 521). We could say then that the client has been with her hypothetical friend, then with herself and at last she has come back to the therapy room she has never actually left. To better illustrate this, let’s split the whole turn the client initiates with in extract 2. In extract 2c F1 is now the client addressing to the therapists, F2 the client talking to her hypothetical friend and F3 the client talking to herself:

Extract2c

F: client.

513. F1: so no::t to speak badly of others a::nd
entonces no:: hablar mal de otros y::
514. (.) if they ask me or anything (.) well
(.) si me preguntan o algo (.) pues
515. () (.) to keep myself like
() (.) mantenerme así
516. (.) conversations about the job
como que (.) conversaciones del trabajo
517. maybe with a:: friend in a different place
a lo mejor con una:: amiga en otro lugar
518. who is not working there
que no trabaje ahí
519. (.)
520. F2: ay look () I can’t stand her I can=
ay mira () me cae bien gorda me ca=

521. F3: =oka::y I can't stand her (.) and that's it.
 =oka::y me cae gorda (.) y ya.

522. (.)

523. F1: but no::t (.)no::t to mix it there
 pero no:: (.) no:: meterlo ahí

524. () >the job< or (.) or
 () >el trabajo< ni (.) ni

525. () (.) all th(h)a(h)t
 () (.) todo e(h)s(h)e

526. ((laughter)) (.) tha:::t (.) I don't kno:::w (.)
 ((laughter)) (.) esa::: (.) no sé::: (.)

527. I don't know what to call that
 no sé cómo llamarlo eso

We can find a sign preceding each of these *within turns* and the transition from one *within turn* to another. Before the client F2 starts speaking to her hypothetical friend there is a micro pause (extract above line 519). The interjection F3 does by saying 'oka::y' is taken here as a sign of the start of F3 *within turn* (line 521). Finally, preceding the moment when she comes back to the therapy room we also find a micro pause (extract above line 522). Thus, we can say that within turns are usually signaled within the turn in a similar way that some turns can be signaled within the talk.

If the client wasn't speaking to herself but to another person, one could say that the kind of interruption F3 does to F2 would be rather 'brutal'. As can be seen in other extracts shown in this writing, we don't observe this 'rudeness' in other interactions including 'okays'. The therapist wouldn't use an 'okay' in that way to interrupt her client, nor the client would use it to interrupt the therapist. Thus, this kind of interaction where she cuts herself 'brutally' seems to be restricted to the cases when one is talking to herself.

If, as we suggested before, F2 was complaining then F3 could be trying to stop her complaints. The way she tries to stop, we see is rather rude. But what F2 and F3 are doing is in itself something done by no other person than the client F. What is the client doing with this kind of interactional performance? If this was indeed a performance by the client for the therapists, first she would be displaying a conflict. To display

conflictive interactions is something natural to the therapy context. In fact, there are models of therapy, such as Psychodrama or the Structural Model in Brief Therapy (Minuchin and Fishman, 1981), that use the performance of conflictive situations for therapeutic ends. On the one hand there is the normative idea that one goes to therapy to talk and display one's difficulties either individual, couple or family problems. On the other hand the therapy context is a safe context to do this.

Now, what else could be the client F doing in displaying such a conflictive performance? It seems that she is also displaying how even though she is complaining she somehow knows the limits to that. She is displaying some agency in dealing with her own complaints, as she is restraining herself to go on with the complaints.

Back to the idea of the multiplicity of dialogues that are being performed by the client, let us include the whole extract with the turns and within turns. Extract 2d is extract 2 showing the different selves the client is performing helped by the active voicing.

Extract2d

F: client.

513. F1: so no::t to speak badly of others a::nd
entonces no:: hablar mal de otros y::
514. (.) if they ask me or anything (.) well
(.) si me preguntan o algo (.) pues
515. () (.) to keep myself like
() (.) mantenerme así
516. (.) conversations about the job
como que (.) conversaciones del trabajo
517. maybe with a:: friend in a different place
a lo mejor con una:: amiga en otro lugar
518. who is not working there
que no trabaje ahí
519. (.)
520. F2: ay look () I can't stand her I can=
ay mira () me cae bien gorda me ca=
521. F3: =oka::y I can't stand her (.) and that's it.
=oka::y me cae gorda (.) y ya.

522. (.)

523. F1: but no::t (.)no::t to mix it there
pero no:: (.) no:: meterlo ahí

524. () >the job< or (.) or
() >el trabajo< ni (.) ni

525. () (.) all th(h)a(h)t
() (.) todo e(h)s(h)e

526. ((laughter)) (.) tha:::t (.) I don't kno:::w (.)
((laughter)) (.) esa::: (.) no sé::: (.)

527. I don't know what to call that
no sé cómo llamarlo eso

528. C: °how are you thinking of it°
°cómo lo estás pensando°

529. F1: ()

530. C: °mm hum° (.) °mmmm° (.) °mmmm° (.) °mm hum° (1)
°mjm° (.) °mmmm° (.) °mmmm° (.) °mjm° (1)

531. I don't know how
no sé cómo

532. .(1)

533. F1: well (.) well it's li:::ke
>pues< (.) >pues< es como:::

534. C: °like what° (.) °mm hum°
°cómo qué° (.) °mjm°

535. (1.8)

536. F1: °mmm° (1.2) I think that
°mmm° (1.2) pues yo creo que

537. ((h) (h))

538. [n(h)↑o

539. A: |((laughter))

540. C: L((laughter))

One gets the sense that the client F1 is back to the therapy room by the construction of her turn: 'but not.... or...' (lines 522 and 523) which finishes with a query about what to call 'that': 'I don't know what to call that' (line 526). The therapist seems to be orienting to the fact that this is the last turn within the turn or that 'the performance is over'. It is now and not before when the therapist takes her turn.

What the therapist does is to throw back the question on the client: 'how are you thinking of it' (line 527). In doing this, the therapist C is avoiding the opportunity to answer the client's question, she refuses to impose her own meanings. She gives preference to the client's meanings. The thrown back question is passing the turn again to the client.

What happens in the rest of the interaction in extract 2d is that participants engage in a rather problematic search for the answer to the client's query: 'I don't know what to call that' (line 526).

By the end of the extract we can see how it is the client and not the therapist who answers the client's query (line, 535-537). What the client says is unheard, however it is clear that she has replied to her own question and the word she might be saying could be 'gossip' (line 536). The laughs of everybody are suggestive in this respect (lines, 536-539). For an analysis of the clients' questions in therapy see Chapter 6 below.

Although it is very interesting the way participants manage the interaction until the point in which the client can actually say the word (that is presumably 'gossip'), that analysis exceeds the purpose of this writing.

Putting together the analytical observations made on extract 2d we conclude several aspects. There is a multiplicity of dialogues that has been displayed by the client. We find three dialogues in F's speech: one with her virtual friend, another with herself, another with the therapists. Put it another way, one could say that the client has carried out a performance within her turn. In this performance, 'okay' is a resource that helps to create a dialogical atmosphere within a turn or monologue.

Although Fernanda is obviously having a dialogue with the therapists and not with other persons, at the same time she is not addressing the therapists but her hypothetical friend and herself. The illusion of virtual others (Hoffman, 1990) really starts to vanish when the client is back to the therapy room. After her performance.

Extract 6 shows again how okay is used by clients in the environment of reported dialogues. This time María is reporting a dialogue she had with her husband where he was thinking she was making fun of him. María's husband has done something, which is a kind of mistake and that is what María's supposed laughter refers to.

M is María, M1 is María in the virtual situation where she is talking to her husband, J is José, María's husband. M1 and J represent the sequences of within turns in María's dialogical monologue.

Extract6

M: client, J: client's husband.

1. M: and (.) and I started to laugh >and
y (.) y me empecé a reír >y entonces
2. then he told me<
me dijo<
3. J: don't lau:::gh >don't make fun of
no te rí:::as >no te burles de
4. me<
mí<
5. (.)
6. M1: I'm not making fun of you (.)
es que no me estoy burlando de ti (.)
7. I'm laughing becau(h)se (.) I mean
me estoy riendo po(h)rque (.) o sea
8. (.) if we pu::t it the other way round if I
(.) si lo pone::mos al revés si yo
9. had done that n↑o (.) °I don't know° (.)
hubiera hecho eso n↑o (.) °no sé° (.)
10. I wouldn't be here to tell it I mean you would
no me la hubiera acab↑ado o sea tú te

11. have become histe:::ric
hubieras puesto histé:::rico
12. .hhhh you'd have shouted for two
.hhhh hubieras gritado dos
13. wee*:::ks you'd have (.) so this is
sema*:::nas hubieras (.) entonces
14. fo::r you to realise that you are
pa::ra que te des cuenta que también
15. also imp↑e::rfect
eres imperf↑e::cto
16. M: ↓and he told me
↓y me dijo
17. J: tha:::t's what I regret the most
e:::so es lo que más me duele
18. C: to be imperfect?
ser imperfecto?
19. M: [hhhh
20. C: [or to realise=
[o darse cuenta=
21. M: =exactly (.) so
=exacto (.) entonces
22. (.)
23. M1: ok↑ay
24. (.)
25. M: I (.) I::: I sto:::pped bo:::thering (.)
ya (.) yo::: ya no seguí::: (.)
26. again no? (.)
molestá:::ndolo no? (.)

In this extract José is reported to be saying that he regrets the most realising that he is imperfect too (line 17). The way María voices him displays a worry about María making fun of him (lines 3 and 4).

Here, the okay (line 23) is the last turn in the reported dialogue. The intonation with which it is uttered gives us the proof that it is part of the reported speech. We take it as being a receipt displaying not only some understanding of José's issue here, but displaying also a change of state (Heritage, 1984) in such understanding. This change of

state can be evident if we see that what follows this okay is that María stops doing laughter, that is she stops bothering her husband.

4.4.2. Okay and conflictive reported dialogues

See how, in the same way that was shown for the series of extracts 2, in extract 6 the okay takes part in a reported dialogue sequence where some conflictive issue is displayed. Okay used with reported speech that is displaying a conflictive situation can also be seen in Extract 7 where María again is voicing a dialogue with her husband, where they are negotiating what to do, where to go and when. Okay being part of a conflictive dialogical reality being performed by María.

Extract7

M: client, J: client's husband.

1. M: in fact that was what I ↑did this week
de hecho fue lo que h↑ice esta semana
2. no? (1) I* wa*s sa*ying to* him
no? (1) le* de*cía a* él
3. M1: I have to (.) I have to ()
es que tengo (.) tengo ()
4. I have to- I have to go to
es que te- me tengo que ir a
5. () what happens is I have to go::: to
() es que tengo que i:::r a
6. buy balloo::ns
comprar glo::bos
7. (.)
8. J: what happens is I don't know what
es que no sé qué
9. (0.4)
10. M: (so)
(entonces)
11. M1: yes ye::s () >that

- sí sí:: () >que
12. you have to do< bu::t (.)
tienes que hacer< pero:: (.)
13. () another ↑thing >I want<
() otra c↑osa >yo quiero<
14. to go:: to sainsbury::s to buy some
i::r a sainsbury::s a comprar unas
15. cu::ps I want to .hhhh with
ta::zas yo quiero a .hhhh con
16. the girls he::re (.) why don't we go
las niñas acá:: (.) por qué no vamos
17. to ()
a ()
18. J: n↑o n↑o n↑o n↑o
19. >because I have to<
>porque yo tengo que<
20. M: .hhhh >so< (.) I mean there was a
.hhhh >entonces< (.) o sea llegó un
21. mo::ment >where he put me< like that
mome::nto >en que sí me puso< así
22. fu::rious (.) >so
furio::sa (.) >entonces
23. M1: okay< (.) go::: to your thing
okay< (.) ve::: a lo tuyo
24. C: ((laughter))
25. M1: when you co:::me ↑back (.) you wait
cuando lle:::gu↑es (.) me esperas a
26. for me to (go to) sainsburys
que yo (vaya a) sainsburys
27. J: n↑o n↑o n↑o wai:::t for me
n↑o n↑o n↑o espé:::rame
28. (.)
29. M: another time I'd ha::ve wai:::ted
otra ocasión me hubiera:: espera:::do
30. m- cryg (.) cry::ing
m- llonda (.) llora::ndo
31. a::ngry (.)
enoja::da (.)

Okay in this extract is marking the beginning of María's voicing of herself in the conflictive situation where she couldn't agree with her husband where to go together. In this reported dialogue okay is preceding a moment in which there is an agreement to be achieved 'okay, you go to your thing' (line 23).

In extract 8 client and therapist are talking about how the client and her husband have mutually accepted some things that can be difficult in each other. The client is talking about the way she can now negotiate (after a previous therapy) the way she speaks to her husband.

Extract8

M: client, C: therapist.

1. C: mm hu:::m (.) so he's also
mj:::m (.) o sea él también ha
2. accepted certai::n things in you tha::t
aceptado cierta::s cosas de ti que::
3. could've been (.)
podrían haber sido (.)
4. [difficult for (him)
[difíciles para (él)
5. M: [mm hum(.) a:::nd in the things that he doesn't
[mj:m (.) y::: en las cosas que él no
6. (talk) to me (.) I mean (.) i*::n (.) in
me (habla) (.) o sea (.) e*::n (.) en
7. the things (.) a*::t that time no?
las cosas (.) e*::n ese tiempo no?
8. (.) I think it was (that therapy)
(.) creo que fue (aquella terapia)
9. because of tha::t no? .hhhh (.) of hi*::m (.)
por e::so no? .hhhh (.) de e*::l (.)
10. t- to work on those ↑things that
e- el trabajar esas c↑osas que nos::
11. cost- u::s that we discovered alrea::dy °in:: the
cos- que descubrimos ya::: °en:: el
12. fact of° (.) living together no? (.)
hecho de° (.) vivir juntos no? (.)

13. () an e::ffort in::: (.)
() un esfue::rzo en::: (.)
14. M1: okay you don't like me talking to you like this
okay no te gusta que te hable así
15. well (.) I try:: to talk to you like this or::
bueno (.) tra::to de hablarte así o::
16. (.) o:::r sometimes I speak to you this
(.) o::: a veces te hablo de esta
17. wa::y or (.) o::r I already know (because I'm
fo::rma o (.) o:: ya sé (porque ya te
18. already) fee::ling you I mea:::n
estoy) sintie::ndo o sea:::
19. ()
20. (.)
21. C: mm hum(1.2) °okay° (1) and is that something
mjm (1.2) °okay° (1) y eso es algo
22. that:::t (.) you would say you:::
que::: (.) dirías que:::
23. generally achie::ve
generalmente lo::gran
24. M: °yehhhs° (.) °↓yes [generally yes°
°shhhí° (.) °s↓í [generalmente sí°
25. C: [°okay°
26. (1.8)

Reported dialogue in this extract is introduced again with okay and shows us only one part of a dialogue that supposedly takes place between husband and wife (line 14). The way María voices herself here give us the clue that she is talking to her husband. She is making evident by means of active voicing how she can react in a difficult situation. Her reaction in a conflictive situation would be one that would approach to a resourceful way of talking to her husband 'I try to talk to you like this, or sometimes I speak to you this way' (lines 15-17).

The rest of the extract shows examples of the use of okay that were discussed in the previous section. Claudia utters first an okay that might be displaying understanding of María's previous made point that she can be now different (line 21). Thus, she is

marking the understanding of something made relevant in María's telling. At the same time, this okay is preceding a follow up question. But this specific question is more than a follow up question. In asking 'and is that something that you would say that you generally achieve' (lines 21-23) Claudia is framing the facts that María voiced in a context of personal agency (see chapter 1 above), where those facts are a shared achievement between husband and wife. In replying to this question, the client is not only accepting that that is something that generally happens, but she is accepting that that is an achievement (line 24).

Taking the question asked by Claudia (lines 21-23) we then have a sequence of the kind that was mentioned before. In such a sequence there is a question asked by the therapist, an answer is provided by the client and an okay receipts the answer (line 25).

4.4.3. The device Q/A/Okay in the client's monologue

These Q/A/Okay sequences is something that can be found as well in the client's active voicings and not only in the therapist's discourse. Extract 9 is an example of this. Here, the client is talking about moments when she and her husband do not agree with each other. Again, reported dialogue is used in relation to troubles talk and its dissolution.

Extract9

M: client, C: therapist.

1. M: hhh a::::nd hhhh (.) we did go out yes bu:::t
hhh y:::: hhhh (.) sí salimos pero:::
2. (.) well there were d- (.) we didn't discuss
(.) pues hubo d- (.) no discutimos
3. but there was a difference no? of
pero hubo una diferencia no? de
4. appreciation o*:::f (0.4) of a
apreciación de*:: (0.4) de una
5. situation no? (0.4) that made me be
situación no? (0.4) eso me hizo estar

6. m- (.) made me feel very uncomfortable
m- (.) me hizo sentirme muy incómoda

7. with him
con él

8. [it made me
[me hizo

9. C: [uh huh

10. M: made me feel not understood
me hizo sentirme no comprendida

11. C: uh huh

12. M: I told him about it (0.8) but at that
se lo hice ver (0.8) pero en ese

13. moment we couldn't talk anymore
momento ya no pudimos hablar

14. >so< the only thing I did was (.)
>entonces< lo único que hice fue (.)

15. () the things () no?
() las cosas () no?

16. ()

17. M1: to talk about that matter agai::n?
hablar del asunto de nue::vo?

18. (0.8)

19. J: ye::s but another day
sí:: pero otro día

20. (.)

21. M1: °okay°

22. (.)

23. M: howe::ver (.) I mean mm
sin emba::rgo (.) o sea::mm

24. (4) like in me there are m- there are
(4) como que en mí se quedan m- se

25. many feelings that sta::y in me because of
que::dan muchos sentimientos por

26. similar situations to this one °with
situaciones similares a esta °con

27. José*° (1.4)

In using reported speech (lines 17-21) the client is exemplifying how she had an interchange with her husband where they could speak about when to speak about

problematic issues. This is done using a three part Q/A/Okay sequence, where the client asks the question of talking about that matter again (line 17), the husband voiced by the client answers 'yes, but another day' (line 19) and the client receives that question by means of okay (line 21).

What can we conclude from this? Is it possible that the sequences Q/A/Okay is not restrictive to the talk of the professional (Beach, 1995)? Is it possible that it is a sequence that can be found in ordinary talk? If this is so, where to draw the line between formal and informal talk? As will be seen in chapter 5, this is a very delicate issue and there is a point in the analysis of collaborative therapy talk where it gets difficult to know where to draw this line.

4.4.4. Monological okays and displaying thinking

So far we have seen several examples of how okays can be used to create dialogical realities in the client's monologue. It can be argued that the use of okay is a good discursive artefact to introduce reported speech. What follows are examples in which monological okays are used to create reported dialogue, but this time the feature that distinguishes the examples is that the client is displaying how she talks to herself. In other words, one could argue that she is displaying 'thinking' in talk (Billig, 1987).

In the set of extracts 2 in section 4.4.1. we saw an instance of Fernanda displaying talking to herself. However, what will be argued here is that whereas Fernanda was displaying talking to herself, María is displaying thinking by means of enacting a dialogue with herself.

In extract 10 the client is reporting how she feels badly when she takes her daughter to the child psychiatrist. In doing this she displays her talking to herself at the time, which resulted in her feeling better.

Extract10

m9a, M: client.

1. M: I had alrea:::dy commented to you that
ya::: les había comentado que
2. each time I go to the child psychiatrist
cada vez que voy a la paidopsiquiatra
3. with there::(%)se I get really bad
con there::(%)se me pongo muy mal
4. (.) there have been two or three times when I have gone
(.) van dos o tres veces que he ido
5. ↓and ↓the (.) °first° two::: °well°
↓y l↓as (.) °primeras° do:::s °bueno°
6. the fi:::rst °I wa:::s (.) ve:::ry
la prime:::ra °estuve::: (.) mu:::y
7. bad° (1) thi:::s la:::st one (.) two
mal° (1) e:::sta última::: (.) dos
8. days before I started to::: feel stressed
días antes yo me empecé a::: estresar
9. °because° we're going to go::: (.) I::
°porque° íbamos a i:::r (.) yo:: me di
10. realised and I deci:::ded (.) to see why:::
cuenta y decidí::: (.) ver por qué:::
11. (.) I realised (.) ↓well (.)
(.) me di cuenta (.) b↓ueno (.)
12. trie:::d to put into practice something
traté::: de poner en práctica algo
13. I had seen here no? (.) I mean
que aquí había visto no? (.) o sea
14. M1: I don't have why to feel gui:::lty
no tengo por qué sentirme culpa:::ble
15. (.) why am I ta:::king her there
(.) por qué la estoy lleva:::ndo
16. M: .hhhhh a:::nd to think all that made
.hhhhh y::: el pensar todo eso me
17. me see that n↓o
hizo ver que n↓o
18. (2)

19. M1: okay it's difficult for me::: but I'm going to
okay me::: cuesta trabajo pero voy a
20. make an e:::ffort no?
hacer un esfue:::rzo no?
21. M: .hhhh and I too:::k off that guilt no? (1)
.hhhh y me quité::: esa culpa no? (1)
22. and ye:::s (.) I mean I fe:::lt
y sí::: (.) o sea me sentí:::a más
23. free:::r no? (.) while being there (.)
libre::: no? (.) al estar ahí (.)

Here the client is voicing herself talking to herself and okay is again having the function of starting the voicing turn. The client is voicing how she told to herself that there was no reason why to feel guilty and although it was difficult for her going to the child psychiatrist she could make an effort (lines 14-15, 19-20). As a result of the way she spoke to herself, the client ended up feeling freer when attending the child psychiatrist (lines 21-23).

Okay is preceding a sentence in the client's voicing that displays an understanding about herself, the understanding that it is difficult for her to go to the psychiatrist. This is similar to the way okay is used in the context of actual dialogue, where the therapist can display understanding something sensitive or relevant for the client by means of okay. In our example, the okay is also displaying understanding of herself. And in showing how she achieved that, she is displaying thinking.

Finally, extract 11 shows the way María talks to herself, in other words thinks, about the disagreements she can have with her husband and all the dynamics of fighting for reaching an agreement.

Extract11

m7b, M: client.

1. M: me I insist () what happens is
yo lo que insisto () es que

2. (.)
3. M1: oka:::y it's allright (.) we colli::de we
 oka:::y está bien (.) choca::mos así
4. do:: it like that (.) we've to reach
 lo hace::mos (.) tenemos que llegar a
5. a conciliation (.) but if we don't
 una conciliación (.) pero si no
6. reach it
 llegamos
7. (.)
8. M: I mean I don't ha::ve why:::
 o sea yo no te::ngo tampoco por
9. (.) to behave in relation to him
 qué::: (.) actuar en función de él
10. (.) °which is what I don't want to do
 (.) °que es lo que yo no quiero hacer
11. I mean° (.) but not to act either
 o sea° (.) pero tampoco actuar
12. M1: because I:: wa::nt to do it
 porque yo:: quie::ro hacerlo
13. M: °I mean° like i::t's
 °o sea° como que es::
14. (.)
15. M1: okay (.) to::day I give way but I know that
 okay (.) ho::y cedo pero sé que
16. I gi::ve way (.) and not because of that what I
 ce::do (.) y no por eso se va
17. fee::l goes away
 lo que yo sie::nto
18. (0.8)
19. M: so like for me that is
 o sea como que para mí eso es
20. very impo:rtant no?
 muy importa:nte no?
21. C: °mm hum°

Here okay is again marking the start of the voicing in two of the turns of the virtual María (lines 3 and 15). In both cases, okay is preceding sentences that display insights

of María about herself. The first is that it is alright to collide with her husband as there is a point in which they will reach agreement. The second is that the fact that sometimes she gives way to her husband does not mean that what she feels goes away. In this sense, okay is part of the display of those two units of understanding. Notice how here it is the understanding of an insight what is being displayed.

Using okay as part of reported speech creates the dialogical reality in most of the extracts we have seen so far. By means of okays in reported speech, the clients can display conflictive situations and its resolutions. Reported speech can include dialogue between the client and other virtual people, but it also displays the clients talking to themselves. When this happens okay can be displaying more than talking to herself, thinking. Okay seems to be a resource to introduce reported speech. When used this way, okay also is a means to display understanding of an insight.

Similar dynamics to those of dialogical okays can be found in the dialogues created within the clients' monologues. Aspects of the institutional use of okay are not restricted to the therapist's discourse, for example, there is the case of the sequence Q/A/Okay, that was found in dialogical and monological uses of okay.

4.5. Overview

Two major uses of okay were discussed in this chapter. One is the case of okay used in a dialogue and the other is when it is used in a monologue.

When used in a dialogue, okay showed to be a feature of the therapists' talk. In these cases, okay was displayed as a continuer that was marking the receipt of previous talk and the passing on the floor to the client. However, when used this way, okay was shown to be displaying understanding something sensitive or important for the client, as well as being receipt of an answer or previous talk.

The use of okay as a continuer has not being documented in previous literature. Okay was found to be part of some repair work done by the speakers, which furthers the notion that okay might display having understood a new thing. Displaying understanding is different from verifying it (Condon, 2001).

It its dialogical form, okay was found to appear in a third turn position in a Q/A/Okay sequence. Different from what has been shown for the case of medical talk (Beach, 1995), okay here might not be used as a transition to give way to the therapist's agenda. Okay was found to be marking the end of the Q/A pair in such a way that the client would carry on with her telling.

When used in a monologue, okay proved to be a resource for creating dialogues within the monologues. This showed to be a feature mainly in the clients' reported dialogues. When using okay for active voicing purposes, it appeared in the environment of conflictive reported dialogues.

Q/A/Okay sequences are not restricted to the therapist's institutional discourse, but can be used too by clients when reporting dialogues, thus using monological okays.

When used as part of a reported dialogue of the client speaking to herself, okays were found to be part of the display of thinking. To relate displays of understanding as well as displays of thinking to the particle okay is one of the contributions of this work.

Why is this interesting and important?

Chapter 5 Displays of informality in collaborative therapy talk

5. Displays of informality in collaborative therapy talk

5.1. Institutional talk and ordinary conversation

The relationship between ‘formal’ and ‘informal’ social action, has been traditionally a recurrent theme in sociology (Atkinson, 1982: 86 and 87). Similarly, CA work has developed a distinction between studies in these two areas (e.g. Boden and Zimmerman, 1991, Drew and Heritage, 1992, Heritage, 1984a; Mc Houl and Rapley, 2001) in terms of conversation and institutional talk.

At the same time that a difference between these two areas of study is claimed, studies in conversation analysis play a central role for what has been called by Hester and Francis (2000a) *institutional talk program*. This central role consists of considering the findings of CA as ‘a ‘bedrock’ to which other ‘speech exchange systems’ are tied as specific modifications of that ‘paramount system’’ (Hester and Francis, 2000a: 392). As Atkinson comments,

‘...a taken for granted model of the structure of conversation (in all its constituent details) appears to be the paradigm case against which the details of some particular sequence of interaction is compared. And ‘formality’ emerges as a gloss for a myriad of features that can be heard to be ‘non-conversational’’

(Atkinson, 1982: 95 and 96).

The seminal volume *Talk at Work* (Drew and Heritage, 1992) is an example of studies in this line. Here, the authors draw on CA studies of everyday interaction to show how talk in institutional settings is different.

Considering the fundamental role that studies in conversation have for the institutional talk program together with the difference, one can feel that there is a paradox. How can it be different and at the same time similar? The point seems to be just that, that there will be something unique to the institutional setting, as well as

features of such talk as being ‘ordinary talk’ or conversation. So, not only institutional talk differs but it also includes the fundamentals of conversation.

Given the fact recognised in the literature that institutional settings share some features of ordinary talk, one would expect to find several studies that tackle this issue. However, it might be possible that most studies on the institutional talk program are based on the difference rather than on the similarities between formal and informal exchanges. Atkinson’s (1982) study in formality, for example, is based on stressing the difference between exchanges in multi-party settings and interchanges in small-scale conversation. As the author goes on saying,

‘... in the course of monitoring some sequence of utterances (whether via reading or hearing), we identify particular features of them that stand out as ‘noticeable’ *because of the way in which they differ* from details of talk in other settings with which we are familiar.’

(Atkinson, 1982: 91 and 92, emphasis added).

There are few existing discourse studies of informality in institutional settings. As has been noted by Karin Osvaldsson (2002) ‘in-formalising’ devices can be found in institutional settings such as multi-party assessment meetings in Youth Detention Homes in Sweden.

When talking about the differences between formal and informal human interchanges, one thing that has been pointed out is the asymmetry and the difference in conversational power between the participants. (Parker, 2003; Osvaldsson, 2002; Hutchby and Wooffitt, 1998). It is claimed that formal interchanges would display features of asymmetry where the professional would use devices that constrain and limit the talk in terms of the range and distribution of turns (Hester and Francis, 2000a). In this sense, it is usually assumed both that such conversational inequalities will be characteristic of institutional talk and that it is the professional who holds the more powerful position.

Some things need to be mentioned here. The first is that asymmetry can be found in ordinary interchanges as well, for example, between the interaction father-son

(Parker, 2003) or when one of the participants engages in ordinary storytelling (Hester and Francis 2000a). The second thing is that informality is not restricted to ordinary interchanges and can be found in institutional talk as well. As will be the goal of this chapter, in engaging in informal talk within institutional settings, participants are swapping roles so that the relations of power are disrupted.

The third thing to note is that formal exchanges are not exclusive of formal talk and can be found in informal settings. For example, the so called *perspective display series* (Maynard, 1992) is also used to deliver bad news in ordinary conversation, and the case of *formulating* as a generic device to human talk (Drew, 2001). See as well the case of the device Q/A/Okay as found in the client's talk in chapter 4 above.

In the field of interaction studies, traditionally, therapy settings or related ones have been considered and studied as formal institutional environments of talk (Perakyla, 1995, Silverman, 1997). The fact that there is so little written about informality within therapy settings does not mean that such exchanges do not take place. It means however that analysts either don't record or don't consider relevant to study the happening of such events. Why can this be so? Maybe because there is a commonsensical belief that ordinary exchanges are not therapy or vice-versa. According to some theorists of therapy though, from the very moment in which client and therapist start relating, one can say that therapy is taking place (Tomm, 1988).

In an attempt to describe what makes the difference between formal and informal interchanges, Atkinson mentions the following aspects as characterising the formal speech production:

‘Some of the more obvious ways in which talk in such settings contrasts with conversation can be summarized with reference to its production, which tends to be done (a) at a greater volume, (b) at a slower pace, (c) in segments separated by relatively long within-turn pauses, and (d) with relatively infrequent hitches, perturbations and same turn repairs’

(Atkinson, 1982: 109).

It is worth noting the specific contexts of talk that Atkinson is referring to. He is studying group settings such as courtrooms, ceremonies, church services, conferences, debates and similar. Although towards the end of his paper he concludes that the differences he stressed for these settings might be found in other professional-lay interchanges, not all of his observations apply to my therapy data. First, if anything, the volume of the sessions tends to be rather normal or quiet. Second there are a lot of turn repairs, not only in the therapists' turns but also in the clients'. We could agree that in therapy settings things tend to be said at a slower pace than in conversation and that one can find long within turn pauses. Thus, if only half of the observations made by Atkinson apply to therapy data, where is the formality of these interchanges and where the informality?

Another thing mentioned by Atkinson (1982) is that in formal settings there doesn't tend to be lots of what he calls *conversational next turns*. As he goes on saying,

‘... were they [professionals] routinely to produce conversational next turns, their specialist competence or expertise might be seriously put in doubt, with the interaction thereby becoming so ‘informal’ as to be more or less indistinguishable from any other conversational encounter.’

(Atkinson, 1982: 113).

As will be seen in the following section, conversational next turns can be found in therapy talk. Moreover, what will be described in this chapter is how do therapist and client engage in informal talk and go backwards and forwards from informal to formal ways of relating? What is the role of these informal interchanges? Are they ‘casual’ or even though being informal are they practices that are theory informed?

5.2. Conversational next turns and other things

Examples of conversational next turns are the expressions commonly found in participants' news receipts such as the marker ‘oh’ (Heritage, 1984). I wish to start the analysis of the corpus of this chapter, with several instances in which we attend to what can be identified as ordinary ways of receiving information from the part of

the professional as well as ordinary ways of responding to previous clients' utterances. This analysis will draw on how these news receipts are done in the form of conversational next turns.

Extract 1

Fla, F: client, C: therapist.

1. F: I was ro::bbed on Friday
el viernes me asalta::ron
2. (.)
3. [(e:::h a:::h
4. C: [°how co:::me°
[°cómo cree:::s°
5. F: e:::h (h) (h)) .hhhh
6. or >my mother's business< was robbed
o asaltaron el >negocio de mi mamá<
7. (.) and I stayed (.) I mea(%)n
(.) y yo me quedé (.) o se(%)a
8. ve(%)::ry (.) li:::ke I fe::ll
m(%)u::y (.) así como que::: ca::í
9. again in cri::sis no?
otra vez en cri::sis no?

The client in extract 1 is initiating a topic where she will start narrating that she was robbed (line 1). The interesting thing here is the way Claudia is receiving this news, as it were, she expresses 'how come?' (line 4). This is done in overlap to some of Fernanda's expressions of eh and ah. In this way, Claudia is displaying an ordinary news receipt next turn in an ordinary expected way within a therapy session.

In a similar way than the particle 'oh' in ordinary interchanges (Heritage, 1984) can be a news receipt that displays a change of state by the speaker, this 'how come' is receiving the news displaying some change of state given the bad news. In some way, this utterance is as if Claudia was expressing, 'I can't believe it!', though by means of different words.

Extract 2 shows another instance in which the therapist is saying more than the canonical mm hums in therapy (for an example of the canonical mm hums in

therapy, see appendix). Here Evelyn, the client, is enacting a narrative about her holidays.

Extract 2

E: client, P: therapist.

1. E: >well I mean< what happens is that we
>pues o sea< lo que pasa es que nos
2. went on ho::liday and we had a-
fuimos de vacacio::nes nos la pasamos
3. I mean it was a very short
o sea fueron unas vacaciones muy
4. holiday to be honest=
cortitas la verdad=
5. P: =where did you go
=a dónde se fueron
6. E: >well< to the land of the Quechúa
>pues< a la tierra de los Quechúa
7. P: ah how ni:::ce
ah qué padre:::
8. (.)
9. E: we went to the land of the Quechúa
nos fuimos a la tierra de los Quechúa
10. with my sister
con mi hermana

After Evelyn's comments on how they went on holiday and how the holidays were very short (lines 1-4), the therapist asks, 'where did you go?' (line 5). Her question is done without hesitations and in a very straightforward way (as can be signalled by the latching symbols).

What is interesting to note is how the therapist uttering more than the usual uh hums in therapy receives the information of having gone on holiday to the land of the Quechúa. The therapist says something that is really colloquial in Spanish Mexican Language, 'ah qué padre:::' (line 7). It is customary in ordinary conversation to receive with surprise the information about where one went on holiday. The therapist is echoing this way of receiving information when he says 'ah qué padre:::'.

So far, there are two ways in which the therapists have received information. In extract 1, there is a receipt of what can be called bad news, ‘how come?’; in extract 2 there is a receipt of some good news, ‘how nice!’. In both cases, the therapist is uttering more than the canonical ‘uh huhs’ or ‘rights’ in therapy.¹

In receiving the news uttering more than the canonical uh huhs, the therapists are displaying being ordinary. The informality of their talk is strengthened by the fact that they utter their news receipts in the form of proper conversational next turns. That these are proper conversational next turns is given by the utterance produced in overlap in extract 1 and without any delay in extract 2.

Extract 3 is another example where we find the therapist doing ordinary within the therapy session by uttering more than the usual um hum turns in the form of conversational next turns.

Extract 3

E: client, B: client’s mother, P: therapist.

1. E: >I mean well< (.) she’s going to
>o sea bueno< (.) se cas- en en en
2. marr- in in in ↑June (.) well I don’t
↑Junio (.) bueno no sé qué día se
3. know what day the sister of (.)
casa la hermana de (.)
4. of Elsa gets married (.)
de Elsa (.)
5. (of I mean) the bride
(de o sea) la novia
6. P: mm hum
7. E: () (1) and they >and two weeks
() (1) y se >y dos semanas
8. later< (.) they get married
después< (.) se casan ellos
9. P: look at that so ↑quickly?
fíjate así de ↑rápido?

¹ No literature was found regarding the canonical nature of uh hus, mm hus, and rights in therapy, this conclusion is mine after having being exposed to hundreds of extracts of therapy talk.

10. (1)

11. E: () job (.) and
() trabajo (.) y

12. so err >well< so that they give
entonces este >pues< para que ya le

13. his papers to Luis
den sus papeles a Luis

14. (.)

15. P: [uh huh

16. E: [() no?

17. P: ah:: (.) so it's easier to get
ah:: (.) o sea es más fácil conseguir

18. a jo:::b being married tha:::n single
trabajo::: casado que::: soltero

19. E: mm hum

20. P: really? (.) I didn't know that (.)
ah sí? (.) no sabía yo eso (.)

21. how interesting no? (.)
qué interesante no? (.)

22. [()

23. B: [(laughter))

24. P: because the bride is not english
porque la la novia no es inglesa o

25. is she?
sí?

26. E: ye::s she is
sí::

27. P: ah:: that's why (.) ()
ah:: con razón (.) ()

In this extract, Evelyn is telling a story where a bride, Elsa, has a sister who is going to get married by June (lines 1-5). This is a statement of some facts to which the therapist answers a usual 'mm hum' (line 6). Then Evelyn carries on explaining how two weeks later Elsa herself gets married (lines 7 and 8). Without any hesitation and in a proper conversational next turn, the therapist expresses 'look at that so quickly?' (line 9). Notice how this turn is produce without leaving any pauses before uttering it.

Through her utterance the therapist is making an assessment about the time between one wedding and the next one, this is a quickly time. In other words the therapist is expressing the way she judges that time. She is not judging the persons, but the time. This is interesting in that a future line of research could be mapping out when the therapist expresses judgements and when she does not express them. But this is beyond the scope of the present thesis.

Then Evelyn comments about Luis receiving some papers after the wedding and about Luis' job (lines 11-13). The answer from the therapist to this is if it is easier to get a job being married than being single (lines 17 and 18). The therapist is certainly trying to understand why the person in question is getting married.

To the therapist's question, the client answers what can be interpreted as yes, by means of her 'mm hum' (line 19). This seems to be a quality of continuers like mm hums and ajá, that they can mean 'yes', in the same way that 'yes' in Mexican Spanish Dialect can have the function of being a continuer.

This minimal answer is going to be faced with surprise by the therapist 'really? I didn't know that, how interesting no?' (lines 20 and 21). This can be framed as being an ordinary way of receiving new information. It is usual to say that one didn't know something when faced to new information. By means of informality, the therapist can be said to be displaying 'learning from the client'.

The therapist will develop even more the topic of this couple getting married in asking if the bride is English (lines 24 and 25). When the client answers that indeed the bride is English (line 26) the therapist again receives this with more than the accustomed uh huh, she expresses 'ah, that's why [it is easier to get a job being married than being single]' (line 27). This is produced as a proper conversational next turn (without any preceding pauses) and it is again displaying 'learning from the client' (Anderson, 1997).

The sequences in this extract tell us about how the position of the therapist is such that she wants to learn from his patient. The fact that the therapist is learning about the client's life is well instanced in the way she is receiving what is new for her 'I

didn't know that, how interesting' and 'ah, that's why'. Of course, this display of 'informality' may be doing something therapeutic too, like for example rendering the client in someone valuable who has something to teach to her therapist.

In extract 4 Evelyn, the client, is telling about her meeting Priscila, a friend that comes from Tula and how they were chatting and remembering old times.

Extract 4

E: client, P: therapist.

1. E: ah:: and also (.) well I also saw
ah:: y también (.) bueno también vi
a
2. a friend (.) that err:: that comes
una amiga (.) que este:: que viene de
3. from (.)that came from Tula (.)
(.) que vino de Tula (.)
4. Priscila (.)
Priscila (.)
5. P: mm hum
6. E: and err (.) and (there were times of)
y este (.) y (había veces de)
7. () no? (.) and err::
() no? (.) y este:: y sí
8. and yes we we:::re there and (.) like
ahí estuvi:::mos y (.) que
9. cha::tting and remembering old
platica::ndo y que recordando viejos
10. times and err
tiempos y este
11. (1)
12. E: a:::nd
y:::
13. P: how long has it been (.)
hace cuánto (.)
14. since you last saw her
que no la veías
15. E: ↑u:::y ((giggling))

16. P: a lot
muchísimo
17. E: well let's see >let me see< eh since
pues a ver >déjame ver< eh desde el
18. the year eighty-four
ochenta y cuatro
19. P: u::::(it's been a lot) (.)
u::::(bastante ya fue) (.)
20. [and what
[y qué
21. E: [yes it's already
[sí ya
22. P: what does she (1) what does she tell
qué te::: (1) qué te dice de
23. you:: about how she sees you now and=
de cómo te ve ahora y=
24. E: =((laughter)) [(traide)
25. P: [()
26. E: () (they all told me) that
() (todos me dijeron) que
27. I was a little bit fat
estaba gordita

Without hesitations, in a very straightforward way and after the client expresses and 'and::::' (line 12), the therapist asks 'how long has it been since you last saw her?' (lines 13 and 14). The client answers with an onomatopoeia, 'u::::::::::::y' (line 15) and starts giggling. To this, the therapist does not answer in a formal way 'what do you mean by uy?', but answers interpreting the onomatopoeic expression 'a lot' (line 16). In ordinary conversation, when one faces onomatopoeic expressions like this, the current answer is to try and guess what the onomatopoeia means. This is what the therapist does in this extract.

The participants were relating during the year 2000 and the client goes on saying that she hadn't met her friend Priscila since 1984. This again, is received by the therapist with some surprise 'u::::: it's been a lot' (line 19). Then the therapist asks 'and what does she tell you about how she sees you now?' (lines 20, 22 and 23). This is a way of coming back to therapy issues, this question is not what you would expect to hear

in a normal conversation. The ordinary way would be ‘and how is she? What are her news?’ or something like that.

Thus we are attending here to a move that brings the participants back to the client centred talk. In fact the client answers ‘they all told me that I was a little bit fat’ (lines 26 and 27).

Therefore, we have in this extract a sequence in which first there is informality in the form of a question from the part of the therapist and then the information given by the client is a platform from which to deliver a more therapeutic question. The first question, ‘how long has it been since you last saw her?’ is an ordinary question, the second one, ‘how does she see you now?’ is a more therapeutic one. Informality here is paving the way for a more therapeutic intervention. See following section for more examples on the transition between formal and informal talk.

Extract 5 is the continuation of extract 4. Pete, the therapist, is talking about something Evelyn might have told someone which is related to her being fat (lines 1, 2, 4 and 5). Evelyn confirms the therapist’s statement with a ‘yes’ (line 7).

Extract 5

E: client, P: therapist.

1. P: you explained to hi::m something
tú le:: explicaste algo
2. [related to
[acerca de que
3. E: [no no nothing
[no no nada
4. P: you were rather (.) err yes I’m
tú más bien estabas (.) este sí estoy
5. fat
gorda
6. (.)
7. E: yes
sí
8. P: but you’re not fa:::t
pero no estás gorda:::

9. (1)

10. [()

11. E: [ay but compared to how I was
[ay pero a comparación como estaba

12. [(picture)
[(foto)

13. P: [compared to how you were)
[a comparación como estabas)

14. E: I'm going to bring a picture
te voy a traer una foto

15. P: [maybe
[a lo mejor

16. E: [()

17. P: a- compared to how you were no?
a- en comparación como estabas no?

18. E: () I was fifty ↑four
() pesaba cincuenta y ↑cuatro

19. P: ah well yes (.) and now?
ah pues sí (.) y ahora?

20. E: seventy
setenta

21. P: ah () (.) people who knew
ah () (.) sí lo nota la

22. you beforehand notice it
gente que te conocía de antes

23. E: yes
Sí

24. P: because me since I've me:::t you I
porque yo desde que te conozco::: te

25. see you ()
veo ()

After this, Pete will express a comment that is rather the comment that one would expect from a friend 'but you're not fat' (line 8). The client rebuts Pete's statement with an argument that compared to how she was now she is fat, she supports her argument saying that she is going to bring a picture (lines 11, 12 and 14). This is taken up by the therapist with an echo of what the client is saying, 'compared to how you were maybe' (lines 13, 15 and 17).

What happens next is that the client will say that her weight used to be fifty-four kilograms. The therapist's next turn will be receiving the information about what used to be the weight of the patient and asking what's the patient's weight now. Again, there is no silence by the therapist, there is a receipt of the previous information and at the same time an enquiry, which can be read as being quite colloquial.

At the present time, the client weighed seventy kilograms. Then therapist comments how people who know the patient beforehand can notice that the client has put on some weight, but that he does not notice that, as he does not know the client long time ago (lines 21, 22, 24 and 25). In saying this, the therapist is displaying his understanding about why Evelyn can be saying that she is fat as well as supporting her perception of Evelyn not being fat. Again, when one feels fat, the expected thing to be said to us by a friend is something that helps to boost the moral, 'I don't see you fat'.

So far we have seen how informality in these extracts can be characterised by the production of proper conversational next turns in form and content. What we would need now is to be able to distinguish informal talk from more formal interchanges. In extract 4 above, we saw how contrasting can be therapeutic and informal questions. The purpose of the following section gives the reader more elements to contrast the production of informality with more formal talk.

5.3. Transitions between being informal and being formal

Besides the displays of informality within the sessions, two places where informal interchanges were found are the beginning and the end of the therapy sessions. Extract 6 is the beginning of one session with Fernanda (to see the full version of this extract see appendix).

Extract6

F: client, A: therapist, C: therapist

f3a

9. C: errr this is the place where
este aquí es el lugar donde
10. we work (.)
trabajamos (.)
11. [when we don't work in the
[cuando no trabajamos en la
12. F: [yes I (.) I liked a lot
[sí me (.) me gustó mucho
13. C: [faculty
[facultad
14. F: |(the pl(h)ac(h)e) hhhh
|(el l(h)ug(h)ar) hhhh
15. A: [↑really?
[de ver↑as?

(...)
21. F: that about the books I love it and everything
lo de los libros me encanta y todo
22. (.)
23. C: yes i::: [sn't it?
sí verd [a:::d
24. A: [so how do you see (.)
[pues cómo ves (.)
25. you can [start
puedes [empezar
26. F: [yes no?
[sí no?
27. A: already [with the
ya [con el
28. C: [((laughter))
29. A: [ne::xt one
[siguie::nte
30. F: [I'm going to start (.)
[ya voy a empezar (.)
31. C: [((laughter))
32. F: yes I have two
sí tengo dos
33. [a(h)y(h) ((laughter))

34. A: [(yes you) you: already (did)
[(si ya) ya: (hiciste)
35. that connection of
esa conexión de
36. [and it started her
[y empezó su
37. C: [((laughter))
38. F: [((laughter))
- (...)
43. F: i:::t's one of the cla:::ssics
e:::s de los clá:::sicos
44. A: those you have to read in
los que te dejan leer en
45. [secondary school
[la secundaria
46. F: [and of a:::ll ((h) (h))
[y de to:::dos ((h) (h))
47. A: no?
48. F: ((laughter))
49. (...)
50. A: yes can I borrow it later?
sí luego me lo prestas?
51. (0.6)
52. C: yes su(h)r(h)e ((laughter))
sí cl(h)ar(h)o ((laughter))
53. .hhhh (1) [what's happening Fernanda
.hhhh (1) [qué pasó Fernanda
54. F: [.hhhh hhhhh
55. (.)
56. C: how have you bee:::n eh?
cómo has estado::: eh?

The first thing that is striking of this extract is the number of overlapped talk that the participants are producing (lines 11 and 12, 13-15, 17 and 18, 23-31, 33 and 34, 36-38, 45 and 46). Given the content of the utterances, most of this overlapped talk can be thought of as being affiliative and looking for alignment with what is being said.

The second aspect that is worth noting about this extract is the amount of laughter that is found (lines 14, 28, 31, 33, 37, 38, 46, 48 and 52). As has been noted elsewhere, mutual laughter is a sign of rapport and consensus (Adelsward, 1989).

The overlapped talk is a sign that participants are producing conversational next turns without hesitation and straight away, in an ordinary way. Take for example the way Fernanda overlaps, when Claudia is saying that the place where the participants are now is the place where they usually work, when they do not work at the Faculty (lines 9-11 and 13). Fernanda overlaps saying, 'yes I liked a lot th(h)e pla(h)ce' finishing her utterance inserting particles of laughter (lines 12 and 14).

Studying the case of openings in psychological therapy, Salter (2000) showed that conversational openings could contribute to the accomplishment of practical tasks. We see the participants here orienting to the characterisation of the room in which they are. They are doing this in a very ordinary way.

Fernanda is not the only one who is 'doing being ordinary' in this stretch of talk. The therapists are also engaging in doing ordinary. However, given that Fernanda inserts laughter in her early turns (line 14), we could say that she is the one that is starting the informal interchanges.

The following are aspects of the informality of this interchange. When Fernanda comments on how she likes the place where they are, Arthur, one of the therapists, does a receipt which expresses surprise in the form of a one particle question 'really?' (line 15). That this is a question can be seen in the way Fernanda answers 'yes I er' (line 17). Then Claudia in overlap produces an affirmative particle with the form of a question 'yes [you liked the place]?' (line 18) that does not get a proper answer. It is worth noting that unattended turns like this, are something that can happen in any ordinary conversation.

As the extract goes on, Fernanda carries on orienting towards the place where they are, 'I think it'd be ideal, that about the books I love it' (lines 19-21). Claudia does a receipt of Fernanda's affirmation (line 23), while at the same time showing agreement with Fernanda's comment. This sequence of 'affirmation + agreement'

reminds us when ordinary people are commenting on something, for example, ‘it was a beautiful movie’, and the co participant shows either agreement or disagreement, ‘it was, wasn’t it?’.

In overlap, participants will engage in the talk about the books, Arthur starting the sequence (lines 24, 25, 27 and 29). Claudia’s laughter around here (line 28) can be seen as a way to show affiliation with the talk about the books. It is showing as well that something funny is going on.

Then Fernanda will produce a comment on Arthur’s proposition about starting reading the next book, upgrading Arthur’s ‘you can start with the next one’ to ‘I’m going to start, yes, I have two’ and then laughing (lines 30, 32 and 33). Again Claudia joins the talk laughing in overlap (line 31). Intertwined with this is Arthur’s next comment ‘yes, you already did that connection of, and it started her pro- when Claudia was twelve years old, when they were in secondary school’ (lines 34, 35, 36, 39, 40 and 41). This is somehow funny for Claudia and Fernanda, who laugh then jointly (lines 37 and 38). The laughter in these segments is a sign that the participants are jocking. This goes beyond the talk that traditionally is recommended as being part of the therapeutic ‘rapport’. This is not rapport it is another thing.

Arthur asks if he can borrow one of the books from Claudia (line 50), which makes evident that the books are owned by Claudia and that they are in a room which is a space of Claudia. Note how Claudia only engages in the making comments about the books with laughter, she does not herself volunteers to make any comment on the environment where they are, except for the fact that it is the place where they work. The request for borrowing the book is read in such a way that it is something to laugh about. Claudia expresses ‘yes sure’ and goes on laughing.

Now, as analysts and members of human communities, we easily see that there is a point in which the mundane interchanges stop and more therapeutic talk starts taking place. What are the signs we have in this stretch of talk that mark the transition from informal talk to a more formal one?

There will be a transition to more formal talk when Claudia stops laughing and asks something that can be equivalent to the usual how are you? (lines 53 and 56). This question has nothing to do with the books' talk and in this sense it is treating the previous books' talk as being different from what will follow. As was noted by Salter (2000), this kind of question format is very efficient means of opening the therapeutic conversation.

The in-breath and the one-second pause could be marking the end of something (line 53). They also contrast with the laughter and overlap when doing informality and they can be taken to be transition tokens. See how Fernanda's orientation to more formal talk starts with her in-breath and out-breath on line 54. And see how the therapist's turn with his elongation in 'how have you bee:::n?' can be read as inviting a long turn. Long turns being aspects of formality.

The client's turns present as well aspects of a transition and although she starts her answer to the 'how are you' question with laughter, little by little her turn will include several formal aspects. Within turn pauses, elongated words, repetition of words, and the formulation of problem talk, 'I isolate myself a lot' (line 64), are all signs of a more formal talk (lines 57-58 and 60-64). A talk that seems more thoughtful and hesitant (Atkinson, 1982).

Note how once the transition to formality is done, it is only the client who inserts laughter in her turns, the therapist are not joining in laughter anymore. This can be an orientation to the fact that therapy is a space for the emotions of the clients to be displayed and not the therapists'. Usually, the therapist does not start crying when a client starts crying, in this manner, laughter seems to follow the same case.

The fact that in this extract we can observe in and out-breaths and pauses as signs that more formal talk is coming is treating previous talk as informal. With Claudia's how have you been? (line 56) and the subsequent answer by the client, the paradigmatic case for therapy of the QA sequences is started. These sequences are normally related to formal interchanges.

With sequences of informality inserted now and then in the therapy session, the feeling of horizontality between the participants gets strengthened; arising from the interchanges a feeling of more familiarity and friendship. We can have fun together, we laugh together, the result is an environment of friendliness. The above mentioned aspects of the informal interchange in this extract are a detailed example of how this environment of friendliness can be enacted and displayed by the participants.

The orientation to the accomplishment of practical tasks, can take place as well within the sessions. Take for example extract 7, where the participants start informally orienting towards the environment in which they are. This extract starts with the client abandoning her formal talk when she hears the echo in the room and engaging in informality.

Extract 7

E: client, P: therapist.

- | | | | |
|-----|----|-------------------------------------|-------|
| 1. | E: | eh what (.) like there is echo | [no? |
| | | eh qué (.) como que hay eco | [no? |
| 2. | P: | | [like |
| | | | [como |
| 3. | | there is echo (.) you know what let | |
| | | que hay eco (.) sabes qué déjame | |
| 4. | | me turn down a little the (.) | |
| | | bajarle un poco al (.) | |
| 5. | | volume (.) | |
| | | volúmen (.) | |
| 6. | | () | |
| 7. | B: | a::::llright | |
| | | ah:::: ya | |
| 8. | | (...) | |
| 9. | P: | you know what (it wasn't open) | |
| | | pues fíjate que (no estaba abierta) | |
| 10. | | () | |
| 11. | B: | a::::llright | [() |
| | | ah:::: ya | [() |
| 12. | P: | | [() |
| 13. | | (.) | |

14. P: there is no more echo true?
ya no se oye eco verdad?
15. (.)
16. E: there isn't
ya no
17. P: ([)
18. E: [no no there isn't
[no ya no
19. P: ((laughter)) ()
20. (.)
21. E: yes (.) a::nd it happens that my
sí (.) y:: resulta que mi otra
22. other sister
hermana

In this extract Evelyn cuts off her telling, by mentioning that there is some echo in the room (line 1). Pete then goes out to turn down the volume of the recording machine (lines 2, 3, 4 and 5). The way Pete says that she will turn the volume down is a very ordinary way of responding towards the client's claim on the echo. What gives to the utterance the sense of ordinariness is the expression 'you know what, let me' (lines 3 and 4).

When Pete comes back to the therapy room, he says to the clients in a very ordinary way that the door was not open (line 9). Note again how his utterance is prefaced by a 'you know what' (line 9).

After a QA sequence designed to confirm that there is no more echo (lines 14, 16 and 18), the therapist's laughter (line 19) signals that this has been a funny break from the formal therapy talk. Here the laughter is doing the tasks of marking the break as a funny one and marking that the formal talk gets set again (lines 21 and 22). See how after this, the client will carry on with the telling about her other sister.

Extract 7 shows how informality can be accidental and how the participants can orient within the session, in an informal way, to the practical arrangements of the therapy room. This orientation to the immediate environment is something that Extract 7 and extract 6 share.

Extract 8 is the beginning of a session with Evelyn, which happens to be synchronised with the beginning of the recording, as was the case in extract 6 (see appendix for the full extract).

Extract 8

E: client, B: client's mother, P: therapist.

BEPC (session1)

(...)

4. P: how have you both bee::::n?
cómo han esta::::do?

(...)

10. B: =you are going on ↑holiday like at
=verdad que te vas a ir como hasta

11. the end of April
finales de Abril

12. true?
de vacacion↑es?

(...)

16. B: because Evelyn was saying oy (.) she
porque decía Evelyn ay (.) va a estar

17. is going to be tanned
morenita

18. (.)

19. P: no:: [no::t yet
no:: [todavía no::

20. B: [tanned
[quemadita

21. E: [((laughter))

22. P: |((laughter))

23. B: L((laughter))

(...)

31. B: =a:::y how nice (.) ay yes how
=a:::y qué bien (.) ay sí qué

32. [nice
[bueno

33. P: [April is long now it brings
[que Abril está largo ahora trae

34. five wee::ks °I was having a look°
cinco sema::nas °estaba viendo°
35. E: [↑five
[cinc↑o
36. B: [ye:::::s
[sí:::::
37. E: ↑weeks
seman↑as

(...)
48. P: so you were thinking you were going
así que pensabas que ya me ibas a
49. to find me (.) err::: tanned
encontrar (.) este::: morenita
50. (.)
51. B: ↓yes (.) ((giggling))
↓sí (.) ((giggling))
52. P: that's ↓allright (.) ((laughter))
está ↓bien (.) ((laughter))
53. B: [((giggling))
54. E: |((giggling))
55. P: [(because) I have a colour of=
[(porque) traigo color de=
56. E: =because you're going to Quechúa no?
=porque te vas a ir a Quechúa no?
57. (1)
58. P: I ↑sti::ll don't know i::f I'm going
t↑o:::davía no sé si:: m::e voy a
59. to Quechúa (.) °I'm going to a (.)
Quechúa (.) °me voy a una playa° (.)
60. beach tha*t I know yes
e*so sí sé
61. (0.8)
62. B: [ay how ri::ch
[ay qué ri::co
63. P: [(to a beach) (.) mm hum
[(a una playa) (.) mjm
64. (0.8)
65. B: [how rich
[qué rico

66. P: [uh huh (.) mm hum

67. E: (ay)

68. P: but yes what happens is (.) I need
pero sí es que (.) necesito una

69. a beach
playa

70. B: a(h)y ((laugh [ter))

71. P: [((laughter))yes
[((laughter))eso

72. that (.) I need the sand and the sun
sí (.) necesito la tierra y el sol y

73. and a bit of fresh air
aire fresquecito

74. E: [uh hu:::h

75. B: [mm hu::m

76. P: over here it's rai::ning every-
por aquí está llovie::ndo en todas

77. where
partes

78. E: [mm hu:::~:m

79. B: [mm hu:::~:m

80. (.)

81. P: °but anyway° (.) °we::'ll see° (.)
°pero bueno° (.) °a:: ver° (.) cómo

82. how have you been (.) te:::ll me (.)
han estado (.) cuéntenme::: (.) qué

83. what changes do we have no::w
cambios tenemos aho::ra

84. (1)

85. E: ((laughter)) ((giggling)) what
((laughter)) ((giggling)) qué

86. changes=
cambios=

87. P: =we::ll we've seen that you were
=bue::no quedamos que ya estabas en

88. already in your lessons no?
tus clases no?

Extract 8 in the appendix is the full version of some parts that have been used in other sections of the thesis. In the way it is going to be interpreted here, we can see how same stretches of talk might serve different analytical purposes.

In the way Pete starts his turn, there is an orientation to the immediate environment of the participants, in this case not books or echo, but how to close the door, ‘why should I close so much, true?’ (line 1).

After the sequence that comments on the environment, the therapist will ask the usual ‘how have you both bee::::n?’ (line 4). As was the case in previous extracts, here the expression has a word elongated, which is inviting a long turn. Probably more in the line of formality.

In the way this is answered by Evelyn’s mother, we can see that there is a sociable way of replying, as opposed to the clinical way of answering this question, ‘well Pete, very well, thank you’ (lines 6 and 7). As has been noted elsewhere (Salter, 2000), in the clinical encounters, when asked the canonical ‘how are you?’, clients face the disjunctive of answering this in a sociable or clinical way.

That the therapist might be waiting for a more clinical answer, can be seen in the rephrasing of the question she does later on, ‘how is it going?’ (line 9). If the therapist was not expecting something more of that question, there shouldn’t be any need to re ask the question after the answer the client’s mother has given already.

That the clients are orienting towards informality while the therapist is orienting toward formality can be seen in the immediate change of topic that introduces the holiday talk. In principle, topics like books, doors and holiday can be thought of as being mundane topics. As was the case in previous extracts, here it is the client who takes the initiative of introducing informal talk and the therapist seconds this.

As was the case in extract 6 with the books talk, the holiday talk in this extract is massively surrounded by overlaps (lines 14, 15, 19, 20, 21-23, 32, 33, 35, 36, 43, 44, 53-55, 62, 63, 65, 66, 70, 71, 74, 75, 78 and 79), joint laughter (lines 21-23, 51-54, 70 and 71) and proper conversational next turns.

The mother starts asking if the therapist is going on holiday at the end of April (lines 10-12). In the form of a proper conversational next turn, that is without any pause or hesitation, the therapist answers ‘at the end of April I’m going on holiday’ (lines 13 and 14). This is the first turn in the extract where the therapist is going to display an acceptance to the invitation to do informal talk, talking about her holiday. Evelyn receives the therapist confirmation about when she is going on holiday with a ‘yes’ in overlap (line 15).

Then the mother engages in producing a turn that is an account for the question she asked to the therapist, ‘because Evelyn was saying, she is going to be tanned’ (lines 16 and 17).

As an answer to this account, the therapist will say ‘no not yet’ (line 19), then there will be a general laughter, and the therapist will go on, ‘not yet Evelyn, you see, I leave the last week of April’ (lines 24 and 25). This is received by Evelyn in a very ordinary way ‘ah’ (line 26).

After this, there is a one-second pause (line 27) that could be marking the end of the informal episode. However, the therapist will volunteer a second round of doing informality, expressing that he still has some weeks of work and that April is longer this year as it brings five weeks (lines 28,29, 33, 34, 38, 41 and 44).

It is worth stopping here, to have a look at the way the clients are receiving what the therapist is saying in this second round of doing informality. The mother is qualifying what the therapist is saying about his work as ‘nice’ (lines 31 and 32). After the comment on April bringing this time five weeks (lines 33 and 34), Evelyn does in the form of a question, a news receipt that denotes her surprise at the news the therapist is saying about the length of the month, ‘five weeks?’ (lines 35-37). This is similar to what has been called elsewhere, ‘repeat-receipt’ (Puchta and Potter, 2003). There is no delay in this delivery and furthermore, it is achieved in overlap.

The fact that Evelyn’s answer is a news receipt as well as a question is given by the intonation that shapes her utterance, as well as by the way Pete responds to this, ‘yes this time it came long, it accumulated no?’ (lines 38, 41 and 44). The pauses that are intercalating these utterances are marking the end of this second round on informality and

the beginning of what is again, not starting to do formality, but the third round in doing informality.

This is seen in the way the therapist introduces an extension of the topic of he being tanned the day of the session (lines 48 and 49). After this topic extension, there is a sequence of laughter from all the participants . What will follow is more holiday talk volunteered by the client and followed up by the therapist, regarding where the therapist is going on holiday. (line 56, 58 and 59). The therapist specifies that she is going on holiday to a beach (lines 59 and 60).

The news of where the therapist is going on holiday is received in an ordinary way by the clients, ‘ay how rich, how rich’ (lines 62 and 65). Here, there is a series of um hums uttered by the therapist that could be marking the end of this third round on informality in the same way that pauses have marked it before (lines 63 and 66). One could expect as the following talk, a shift towards more formal talk. However, we face what can be called the fourth round on informality.

This time the therapist will introduce the informal talk. By the things the therapist says, one could imagine an ordinary person talking about what he needs for a holiday, not necessarily a therapist speaking. As it were he says, ‘but yes what happens is I need a beach’ (lines 68 and 69). This is said in such a way, that is followed by laughter from the part of the therapist himself and the mother (lines 70 and 71).

Something that is striking is the way the therapist frames what he is saying as being his ‘needs’ and how he presents a development of the topic about his needs, ‘that yes, I need the sand and the sun and a bit of fresh air’ (lines 71, 72 and 73). Later on in the extract, he can be heard as complaining about the rain, ‘over here it’s raining everywhere’ (lines 76 and 77). To these two turns, the clients produce conversational next turns in the form of continuers (lines 74, 75, 78 and 79). In these sequences of talk, participants have somehow swapped roles, clients are now doing listening, whilst the therapist is doing the speaking.

In extracts 6 and 8 the topic of books and holiday are both, therapists’ related topics. That is, participants are talking about mundane topics in a mundane way, but it is the

therapist's books and the therapist's holiday! This is interesting if one relates it to the theory precept of being public and more egalitarian in therapy.

The lack of more elaboration from the part of the clients as well as the pause that follows (line 80) can be interpreted as signs of the end of the informal episodes. But that the therapist's needs talk is over is clearer when we see his next turn, 'but anyway, we'll see, how have you been, tell me what changes do we have now' (lines 81, 82 and 83).

The way the particle 'anyway' is working here (lines 81-83) is similar to what has been found to be the case for the particles 'so', 'right' and 'well' in therapy talk (Salter, 2000). That is the use of these particles to initiate interchanges marks interaction to follow as separate from what has gone before. In this case, there is a disjunction between the informal and the formal talk.

The transition towards formality is marked by the 'anyway', the between turn pauses and within turn pauses, the repetition of the 'how are you' question and the rephrasing of the question in the therapist's turn (lines 80-84). This transition is treating prior turns as not being therapy.

One aspect of fragments of extract 8 allow us to show in detail, how the therapist is orienting to the moment by moment interaction, tailoring his interventions to this moment by moment way of monitoring the talk in course. To repeat, the therapist's turn is 'but anyway, we'll see, how have been, tell me what changes do we have now?' (lines 81-83) which is part of what marks the transition from informal to formal interchanges.

What follows the anyway, is what we can call the third attempt the therapist is making during this stretch of talk, to obtain a clinical response for the canonical 'how are you?'. In other words, something that is 'therapeutically correct'.

Some could argue that the therapist is privileging his agenda when asking the clients about 'changes'. This is not so. The therapist is doing two things in this turn. The first one is to orient to the preceding locally managed interaction where his question 'how have you been?' did not obtain any therapy relevant answer. As he did not have any answer to this question beforehand, he is now rephrasing the question in the form of

‘what changes do we have now?’. This is not orienting to an *a priori* therapist’s agenda, but to the local event that there is a need to ask the question in another way for it to get an answer.

Secondly, as the therapist’s turn proceeds, there is an orientation to previous talk done where some instances of the client’s behaviour were framed as ‘changes’. As we can see through the client’s repeat receipt question, ‘what changes’ (lines 85 and 86) she is not ready to embark in a talk about changes. Here, the client is not answering the question.

Faced with an unexpected reply to his question, the therapist will ask again ‘well, we’ve seen that you’re already in your lessons no?, whichever you’re taking, painting during the day or something like that no? (lines 87-91). This is again showing how when one question does not get the ‘proper’ expected answer, the speaker tends to repeat the questioning turn presenting a rephrasement of the question.

Note how before the repeat-receipt ‘what changes’ there is laughter from the part of the client, this shows how the client is doing an informal uptake of the therapist’s question. The therapist does not second this laughter, which is similar to the laughter by Fernanda in extract 6, where she is left alone laughing once the formal interchange has started.

The client’s laughter in these extracts is not a sign of rapport or consensus or intimacy, but a display of emotion, in the same way that crying could be. However, laughter is a different feature of speech than crying because, as we have seen in this chapter, laughter tends to be seconded by the therapist in a way that crying hardly does.

Although under the approach of relating to the client from a more egalitarian and open stance there could be room for the therapist’s emotions, it is the client’s therapy and not the therapists’. The lack of laughter by the therapist once the formal exchange is set is exemplifying that therapy is a space for the display of the clients’ emotions.

As it were, once what the therapist means by ‘changes’ is explained, the client can answer, ‘I’ve enrolled painting in the afternoon, in the UPS’ (lines 93 and 94). In other words, in this sequence, the participants are negotiating the meanings that emerge from both sides during therapy sessions. On the one hand the client provides a series of

examples that the therapist is recalling, on the other hand the therapist is framing these activities as changes. They both collaborate in the construction of meanings.

Notice how once the client carries on saying that she enrolled a course of painting in the UPS, she is talking about the activities she has done already under the frame of them being ‘changes’. This is of course a therapy relevant issue.

What follows in the extract 8 is the beginning of the canonical sequences of questions by the therapist and answers by the client that describe much of what is done in therapy. That the clients also ask questions and the way this is managed interactionally will be shown in the following chapter. For the time being, let us comment on the therapist’s receipt and question turn, ‘mmmm mmm hum, what UPS did you enrol?’ (lines 95 and 96).²

In his turn, the therapist is doing two jobs, she is receiving the previous information and asking a follow up question. This is striking because it is possible that an extra amount of

² The therapist’s question ‘what UPS did you enrol’ can be seen as structuring the client’s narrative. It is adding detail to the information given by the client. That therapy is about the small details is something that has been documented in therapeutic literature (Weingarten, 1998). This question reminds me of several of the therapists’ questions during the sessions analysed in this thesis where it was difficult to find a general layout. That is, against other kinds of sessions where one could find the therapist asking standard theory informed questions, in the encounters I analysed I couldn’t find this standardness for the therapists’ questions. See for example the following summarised turns, taken from previous extracts:

Client: we went on holiday
Therapist: where did you go?

Client: I met a friend I hadn’t see for a long time
Therapist: how long has it been since you last saw her?

The standard aspect of the questions I could find was in the perspective from which the question was being asked. That is, in order to make possible the theory claim that every encounter with a client is unique, one has to answer detail questions.

To enrol in one school for painting lessons, might be something that several people do. However, to enrol an UPS and a specific number of UPS is something more specific. To go on holiday is something anybody can do, to go to a specific place is personal. In the same way, to meet a friend one hasn’t seen for a long time can be done by anyone, but the specific time without seen the friend tends towards the specifics of the person.

Constantly in the therapy sessions I analysed, there were these examples of the therapist asking for details that at first sight do not seem therapy relevant. However, reflecting more, the theoretical claim of the uniqueness of each encounter might find its expression in these kinds of looking for detail questions and their answers. On the other hand, they might be responding to what has been called theoretically the curiosity stance from which to relate to a client (Cecchin, 1987).

receipts of the previous turns are characteristic of the therapists turns. It seems that in therapy the therapist is very closely following the client's telling showing this in the amount of receipts he produces during a therapy session. In this vein, continuers in therapy might be doing more than passing the turn, they might be doing the job of constantly receiving previous information and displaying 'I am with you'.

To summarise, informal talk in therapy is produced in overlap, surrounded by joint laughter, centred around an environmental topic or around jokes. It is also featured by swapping the speaking and listening roles and by leaving turns unattended. As we saw in previous sections, it is also characterised by having normal conversational next turns. As markers of the transition to more formal talk we have the in-breaths and out-breaths, several pauses, elongated words and utterances like 'anyway'. As markers of the delivery of therapy talk, we have several within turn pauses, problem centred talk (client centred talk) and long clients' turns. In displaying transitions toward formality and in finally setting up in doing formality, the participants can be said to be treating previous talk as informal.

5.4. Comparing Being Ordinary

What I want to do in this section is to present data from two other sources to compare them with the therapy data we have been presenting. These sources are a different kind of therapy and actual ordinary talk.

Compare the way the therapist is talking about his holiday and needs in extract 8 with extract 9 where Alice is the patient and Susan the therapist:

Extract9

(Taken from Salter, 2000: 99)

1. **Alice:** yo↓u on hol↑i(.)day(.2).h
 2. (.2)
 3. **Susan:** ↑ye↓s (.4) [ha↓ha↓ha]
 4. **Alice:** [>°I'd guessed you'd bin away°<]
 5. (.2)°by the look of ↓you°
-

6. (.8)
7. Susan: (.4) ↑ye↓a ↑ye↓a (.6) one ↑thin↓g em (1.0) >thats
8. binn on my ↑mi↓nd< recenc(.2) since ↑we met last
9. week (.4) tht I think ↓we: need ↓ter(.6) >talk
10. about< before we start ↓ter day ↑i↓s (.8) you
11. ↑sai↓d tht ↓em:(.8) you've ↑go↓t (.4) we↓ll a
12. ↑ve↓ry (.6) real >possibility< of mo:v↓ing
13. (.4)
14. Alice: of mo:v↓ing(.4) ↑ye↓a

Alice here is volunteering a comment on the therapist being on holiday or having been on holiday (line 1). This comment is given what can be said to be a minimal response compared to the way the therapist behaves in extract 8. Susan answers that she's been on holiday and laughs (line 3). Only the client and not the therapist will further elaborate on the holiday topic, 'I'd guessed you'd bin away, by the look of you' (lines 4 and 5). This extension on the holiday topic receives a minimal answer from the part of the therapist 'yea yea' (line 7). And what we see after this is a move from the part of the therapist towards client oriented talk, that is, towards some therapy issues (lines 7-14).

What seems to make different extract 9 from extract 8 might be accounted for the different therapeutic orientations. In extract 9 the orientation is said to be psychological therapy, whereas in extract 8 the orientation is collaborative therapy. The way the therapists talk about their holiday in both extracts let us see a difference in how to deal with moments in which the clients are asking to talk about their therapist's lives. In extract 8 there is a clear attitude of being public (Anderson, 1997) whereas in extract 9 there does not seem to be the same openness about the therapist's life.

This is by no means an indication of which therapy is better than the other. It is only a way of mapping in conversation the way the therapists behave differently when informed by different approaches to therapy. What can be found in extract 8 cannot be converted into a recipe for doing therapy. Rather, it is a way of illustrating a philosophical stance from which to relate to the client, namely a stance where it is a client's right to ask questions and the therapist is allowed to talk about his life.

Now, as a further comparative exercise, compare the way holiday talk is taking place in extracts 8 and 9, with the way it is taking place in extract 10.

Extract10

(taken from Holt data base)

1. L: [Yes.
2. P: =for a few days 'n'en I think she's in: London
3. for a day or two'n then back 'e:[re for two
4. .hhhh Melissa's=
5. L: [Yes
6. P: =coming ho:me 'nd uh
7. (0.5)
8. L: Yes.
9. P: She'll come home .hhh in FACT I think she's
10. staying home then .hh [hh
11. L: [Yes.
12. P: when she comes home on Monday she'll uh I think
13. she's comin' in sometime Mondee 'n uh .hwhh
14. stayin:g over then (.) for the holiday
15. (.)
16. L: [°Ah hu[h.°
17. P: ['r: [.hh 'r not f'the whole holida:y sh[e's
18. .hwhhhh
19. L: [No::.
20. No I g[ather tha[t
21. P: [she's [ehhh[e:h he: he: ↑he:he[.hhhhh
22. L: [he hn [e-heh
23. e-heh e-he=
24. P: =she's havin' three weeks 'n stayin' here one
25. ↓week I
26. P: [think (is it)]eh-heh-he[h
27. L: [Y e : s]Y e s [he-huh he-huh.=
28. P: =Ye:s ye:[s ° y e s y e s °]
29. L: [STILL she'll be here] f'°Christmas°
30. won'[t she.
31. P: [Oh ↓ye:s. Yes[she'll be here °on Chrism
32. L: [↓Mm:.
33. P: over the=
34. L: =[°Ye:s.°
35. P: =[Christmas yes° .hhhhh

Similar features of talk can be said to appear between extract 8 and extract 10, features that do not seem to be present between extract 9 and extract 10. Note for example the number of overlaps in extract 10, which reminds us about the overlaps in extract 8 and indeed in extract 6! Note the amount of laughter that can be seen in extract 10 and compare it to the amount of laughter in extracts 6, 8 and 9.

Without going any further, there seems to be more similarity between extracts 6, 8 and 10 than between extract 6, 8, 10 and 9. What I wish to argue is that informality exchanges in extracts 6 and 8 are more akin to the exchanges about similar mundane topics that can be

found in ordinary talk. Indeed, extract 10 is an interchange that takes place in ordinary conversation.

Summarising, the extracts on collaborative approach to therapy show more similarities with ordinary interchanges than the extract from other kinds of therapy. The extension of the informal interchanges can be bigger in the kind of therapy analysed here than in psychological therapy.

5.5. Informality as therapeutic material

Let us revise extract 11 where the participants engage in talking about the therapist's life. Evelyn will start this interchange towards the minute 45 of the session. She will ask to her therapist if he is married and if he has got any children (lines 2, 3 and 6).

Extract 11

E: client, P: therapist, C: co-therapist.

Session1 min45,

1. ((general laughter))
2. E: listen es (.) I want to know if (.)
oye es (.) yo quiero saber si (.)
3. are you married (.) Pete=
eres casado (.) Pete=
4. P: =no I'm divorced
=no soy divorciada
5. (0.8)
6. E: and have you got children?
y tienes hijos?
7. P: no
8. (.)
9. E: no?
10. P: ((shaking head))
11. E: ah::
12. (.)

13. P: °no I haven't got any children°
°no no tengo hijos°

14. E: °ah::°

15. (0.8)

16. E: [()

17. C: [although::: (.) she adopts
[aunque::: (.) adopta

18. P: although I adopt [(yes of course)
aunque adopto [(sí por supuesto)

19. E: [yes yes that's
[sí sí es lo que
te

20. what I was going to tell you here
iba a decir aquí tienes mucho que

21. you have a lot for (of)
(de)

22. P: eh here Claudia has been adopted for
eh aquí Claudia es adoptada mía

23. me isn't it [Claudia?
verdad [Claudia?

24. C: [I'm adopted
[soy adoptiva

25. (...)

26. P: to- to the people that consult me
a- a la gente que me consulta suelo

27. I don't usually adopt them
no adoptarla

28. B: mm [(mm

29. E: [uh huh

30. (1.6)

31. P: because I have the idea that if I
porque tengo la idea de que si los

32. adopt them (0.6) I prevent them (1.4)
adopto (0.6) no los dejo crecer (1.4)

33. from growing up ↑mm I've that idea
↑mm tengo esa idea

34. (.) no?

35. B: [(mm hum

36. P: [what do you think?
[cómo ves?
37. E: alright
ya
38. (1.4)
39. E: [()
40. C: [have you (.) have you been adopted?
[a ti te (.) a ti te han adoptado?
41. (2)
42. E: ye:::s
sí:::

Without any hesitation and being quite straightforward in his answers, the therapist replies that he is not married and that he has not got any children (lines 4, 7 and 13). Claudia will volunteer the comment that ‘although::: [he is not married] he adopts [people]’ (line 17). This is going to be confirmed by the therapist, ‘although I adopt yes of course’ (line 18).

Similar to what was found in previous extracts, in this extract there are several examples where we see overlapping talk (lines 16, 17, 18, 19, 23, 24, 28, 29, 35, 36, 39, 40). As was the case in the above extracts, the overlaps here are a sign of proper conversational next turns. Evelyn overlaps commenting that the therapist has a lot of something as resources to adopt people (lines 19, 20 and 21). Then the therapist extends Claudia’s introduced topic on adoption, saying that Claudia herself is one person adopted by him (lines 22, 23).

So far the interchange that is being taking place could be seen as any ordinary interchange in which two people are starting to know each other. One person has questions, the other person answers and makes comments as ordinary other party present.

In what follows we will see how this topic of adoption is put back to talking about therapy relevant issues. That is, we will attend at an instance where an informal interchange is transformed into a more therapeutic issue.

The therapist will make the comment that he does not adopt patients because he thinks that if he adopts them he stop them from growing (lines 26, 27, 31-34). To clarify that he does not adopt patients because he does not want to stop them from growing is a move to make therapy relevant the mundane comments on adoption in his life.

Claudia does another move from the informality toward more client centred talk when she asks the client ‘have you been adopted?’ (line 40). To talk about the client’s life occupies great stretches of talk during these sessions, and it could be a major characteristic of therapy talk. That is, one feature of doing therapy talk has to do with talking about the clients’ lives.

What is striking about this extract is the way a mundane topic like the information about the therapist is transformed into a more therapy relevant topic. The therapists are using the information that crops up about the therapist in a way that makes such information therapy important. Also worth noting is the way the digression from client centred talk to therapist centred talk takes place with quite an open mind attitude, which is something that can be seen in the way the therapist answers.

Thus, aspects of informal interchanges can be re-worked in conversation as therapeutic material. Let us not address directly the topic of how through these interchanges we can assist the disruption of the classically assumed asymmetry for institutional talk.

5.6. Disrupting Asymmetry

One of the things that informality is doing in some of the extracts in this chapter, is to disrupt the traditional asymmetry found in institutional talk. We have seen in previous extracts how the participants are interacting in such a way that they can be said to swap roles. In extract 11, the fact that it is the client who is asking the questions leading towards informality displays how the so called ‘asymmetry’ in institutional setting is something that can easily be reverted in this kind of therapy.

In Extract 12 we find another example where the therapist is volunteering some personal information. Reading the extract we find signs of the participants engaging in informal talk, tokens that mark the transition between informality and formality and markers that signal the beginning of the formal talk.

Extract 12

E: client, B: client's mother, P: therapist.

1. E: in the:: how is this
en el:: cómo se llama
2. called
esto
3. (.)
4. B: park road?
5. E: °park road°
6. P: ah you know what it's one of
ah fíjate que es una de
7. the best that UPS
las mejores esa UPS
8. E: rea::::lly?
ah sí::::?
9. P: yes (.) according to what I know=
sí (.) que yo sepa=
10. E: =I didn't know
=yo no sabía
11. P: mm hum mm hum (.) one period of time
mm hum mm hum (.) yo en una época
12. I used to do (.) watercolours (.)
estuve haciendo (.) acuarela (.)
13. so eh I think in this UPS (.)
entonces eh creo que en esta UPS (.)
14. it's the only one (.) I think that
es la única (.) yo creo que
15. ()
16. (.)
17. E: mmm (.) (it was complete) no?
mmm (.) (era completo) no?
18. P: ((nodding))

19. (.)

20. E: ah:::

21. P: well I know that (.) because of what
bueno eso sé (.) por lo que

22. they say
cuentan

23. E: mm::::

24. (...)

25. P: and how is it going?
y cómo vas?

26. E: no >well I just< ()
no >pues apenas< ()

27. star [te:::::d
entr [é:::::

28. P: [↑ah:: so they also have
[↑ah:: o sea también tienen

29. timetables like everybody?
calendario como todo mundo?

30. E: mm hum::::

31. P: ah:: but you've already enrolled
ah:: pero ya te inscribiste

32. E: I've already enrolled
ya me inscribí

33. P: ↑ah we:::ll done
↑ah muy bie:::n

34. E: °I've already [enrolled°
°ya me [inscribí°

35. P: [°mm hum°

36. and what more news Evelyn
y qué más novedades Evelyn

37. E: well what (.) what news are there?
pues qué (.) qué novedades hay?

38. (1)

39. B: °well I don't kno::w°
°pues no sé::°

40. P: there are no more news?
ya no hay novedades?

41. B: ((laughter))

42. E: [()
43. P: [everything is still okay?
[todo ha seguido bien?

The extract is a continuation of some talk shown before. Evelyn is talking about the road in which her painting school is situated, 'park road' (lines 1-5). Then the therapist makes a comment saying that that UPS in park road is one the best painting schools (lines 6 and 7). Evelyn receives the comment with a news receipt token: 'really?' (line 8).

Then the therapist provides something that can be read as being an account for how is it that he knows that that painting school is one of the best. In order to do this, the therapist will disclose information about himself, 'one period of time I used to do watercolours, so I think in this UPS is the only one...' (lines 11-15). And then goes on saying that he knows that 'because of what they say' (lines 21 and 22).

I want to stop a little bit, to make a comment on this last utterance by the therapist 'well I know that because of what they say'. In previous sections of the thesis I mentioned how in cultures like Mexican culture there tends to be a way of transmitting knowledge, that might reflect the importance of oral tradition. This utterance is a sign of how by means of orality knowledge is passed on. The therapist knows what he knows because of what some people say. And in saying this, he is at the same time using orality to pass on some knowledge, as well as the source of the knowledge.

Now, up until now, the sequence can be characterised as being an informal attempt at sharing mutual information. The client is talking about a painting school and where this is, and the therapist is doing elaboration on the topic using his own life. Where is the asymmetry attributed to 'formal' interchanges here? What is the therapist displaying when he shares personal information this way? How is he going to manage to get back to more therapy centred, thus client centred talk and away from therapist centred talk?

The therapist asks a question that seems to be establishing again the QA sequences traditional in therapy, 'and how is it going?' (line 25). But this could be a normal

sequence as well between two friends that are sharing new information. When one is reporting some new event in the own life, it might be natural to receive the question 'how is it going?'. The client answers 'I just started' (lines 26 and 27).

Then the therapist will utter a turn, which is difficult to understand unless we see it as a detail-seeking question, 'ah, so they also have timetables, like everybody?' (lines 28 and 29). Questions like this made me wonder where the question might be coming from? Yes, it could be coming from a detail-seeking stance, but seen isolated, just like this in the talk, they would not seem to have any therapy related sense. However, this is not so. The therapist question is expressing as well surprise at the just learned information that the painting school has schedules like everybody. This is reflecting the position of learning from the client in detail.

Although in the sections where they do informality the participants are not overlapping, in general, the turns can be seen as being proper conversational next turns.

As can be seen, the last turns of the extract re-establish a typical QA sequence and the participants are back to therapy client centred talk (lines 31-32, 36-43). Another sign of formality being there is that the therapist is complimenting the client because she has already enrolled the course (line 33). To compliment the client has been described elsewhere as a therapeutic technique (O'Hanlon and Weiner-Davis, 1989).

Moreover, the professional engages in *being public* disclosing some personal information. In this way, he is disrupting the traditional asymmetry found in institutional talk. Summarising, one could say that whenever the roles of questioner and answerer are swapped there is asymmetry disrupted. Similarly, when the therapist engages in disclosing personal information, be it by volunteering himself or invited by the client's questions, there is asymmetry being disrupted. For another example of asymmetry being disrupted see extract 8, before the transition to formal talk.

We have already mentioned that informality can be found at the beginning of the sessions. One of the things that tends to happen at the beginning of the sessions or at

similar moments is that we find participants greeting each other. This of course is again an instance of displays of informality in therapy talk.

5.7. Greetings and Being Ordinary

Extract 13 is an instance that reminds us of extract 6 and 8. Although it is not the very beginning of a session, it is the moment when Claudia arrives. As we can see, Claudia's arrival will occasion the participants making a pause from therapy talk and engaging in more informal interchanges.

Given the richness of these initial interchanges it is necessary to transcribe long stretches of talk. However, to see the full extract see appendix because what is presented here is fragments.

We will see in the data, that it is not the simple greeting exchange where one person says 'how are you?', the other says 'well and you?' and the former replies 'very well thank you'. These exchanges are rich in details of the way participants engage in greetings and if this was not therapy, one could think that Claudia is arriving to meet some friends. This is so, because of the way the participants greet each other.

Extract 13

E: client, B: client's mother: P: therapist, C: co-therapist. BEPC session1 (when C arrives)

1. P: you (.) you how do you see her
tú (.) tú cómo la ves
2. differently (.)
diferente (.)
3. with the:::s (.) with these reactions
con esta::: (.) con estas reacciones
4. (.) >she says well< (.) if it
(.) >dice bueno< (.) si me
5. happened to me what has happened
pasara lo
6. to my friend (.) I would do
que a mi amiga (.) yo haría

7. somethi::ng
 algo::

8. (.)

9. B: he [lllo:::~:
 ho [la:::~:
10. C: [~hi:::
 [~hola:::
 (...)

15. C: how are you [Betty?
 cómo estás [Betty?

16. E: [oy what a nice
 [ay qué bonita

17. combination (.) you're wearing(.)
 combinación (.) traes (.)

18. m:::~:ua

19. C: °how [are you°
 °cómo [estás°

20. P: [you know what green suits you
 [fíjate que te queda muy bien

21. really well
 el verde

22. E: [ye:::~:~:~:~:~:~:~:
 [sí:::~:~:~:~:~:~:~:
23. C: [°↑ay tha::nk you [very much°
 [°↑ay muchas [gra::cias°
24. P: [rea::lly (.)
 [de ve::ras (.)

 (...)

32. P: no:::~: and the thing is that with rain
 no:::~: y es que con la lluvia se pone

33. (everything gets horrible)
 (todo espantoso)

34. doesn't it?
 verdad?

35. C: (a little (.) [yes)
 (un poco (.) [sí)

36. E: [and with the
 [ly con el

37. baseball (.) ↑a:::~:~:~:~:~:~:~: [:::~:~:~:~:~:~:~:h
 baseball (.) ↑a:::~:~:~:~:~:~:~: [:::~:~:~:~:~:~:~:h
38. B: [la:::~:~:~:~:~:~:~:y yes
 [la:::~:~:~:~:~:~:~:y sí

39. (.)
40. E: (we were also late)
(también llegamos tarde)
41. P: they were also
también ellas llegaron
42. [late
[tarde
43. C: [(how far have you got)
[(cómo van)

(...)
50. C: [()
51. P: [what do we do darling
[qué hacemos querida
52. should we give you a summary
te damos el resumen
53. C: °yes [no:::::??°
°sí [no:::::??°
54. P: [there are lots of news
[hay muchas novedades
55. C: °l(h)↑o::t(h)s°
°mu(h)ch↑(h)a::s°
56. E: [((laughter))
57. C: [((laughter))
58. P: ((laughter)) (.)

(...)
64. P: ↓well (.) we started off talking
↓bueno (.) empezamos hablando
65. abou:::t(.) I do:::n't know how
de::: (.) n:::o sé cómo
66. we ended up in the before and
caímos en el antes y
67. in the afterwards
en el después
68. no? [in
no? [en
69. C: [°uh huh°
70. P: the before and the afterwards
el antes y en el ahora

Before Claudia arrives there is a turn by the therapist, where participants can be seen to be engaging in the canonical QA sequences in therapy talk. He is asking the mother how she sees her daughter differently now that she is having new reactions to events in life (lines 1-7).

Then Claudia arrives. Perhaps because the next turn was anyway the mother's turn, it is the mother who first greets Claudia. The mother and Claudia's greeting sequences last for several turns (lines 9-15). Then Evelyn overlaps making a spontaneous comment on the colour combination Claudia is wearing (lines 16, 17). After saying this, Claudia and Evelyn will greet each other (see the 'mu::::::a' on line 18 which is an onomatopoeia for kissing).

Evelyn's comment on the colour combination Claudia is wearing is seconded by the therapist when he says to Claudia that green colour suits her very well (lines 20 and 21). The therapist's comment is done while Claudia and Pete are greeting each other, thus the Claudia's 'how are you?' (line 19). Claudia will make a receipt of the compliment she is receiving in a normal ordinary way saying 'thank you really much' (line 23). As a way to support the compliment Evelyn and Pete will overlap with expressions that are designed to support the compliment they just did (lines 22 and 24).

After reiterating her thankfulness for the compliment she received (which is something one would expect from anyone receiving a compliment), Claudia offers her apologies for being late (lines 26 and 27) and does a move towards more formal talk using the 'anyway' expression that we have seen Pete using before. Claudia says 'but anyway how far have you got?' (lines 29 and 30). This move treats the previous talk as informal.

In ordinary interchanges one would expect turns without any sign of the others present receiving them. That is when more than three people are engaging in conversation, there tends to be a number of turns without any reply to them. In this case, note how some of Claudia's turns are not getting a proper answer from the participants, thus resembling what tends to happen in ordinary interchanges when there are more than two people conversing (lines 15, 19, 29 and 30).

Claudia's question 'how far have you got?' will not be answered by any of the participants at this point. Different from Claudia, the participants are willing to engage in more informal talk. As it were, they start talking in a quite mundane way about what can be seen to be accounts for why Claudia has arrived late, the rain, the baseball (lines 32-38).

As happened with previous extracts, during the greeting episode here we see a considerable amount of overlap (lines 9, 10, 15, 16, 19, 20, 22-24, 35-38, 42, 43), as well as some laughter (lines 56, 57 and 58). With some parts of the utterances in conversational overlap, there will be more normal conversation comments on being late (line 40 and 41). Then Claudia will make a second attempt to move on to more therapy oriented talk, 'how far have you got?' (line 43). This is where the participants will start to come back to the formal talk, which is more client centred than centred in Claudia.

The therapist will answer to Claudia, 'not very far, we've just started' (line 44). To this, Claudia will answer as any person being late will answer, 'ah, that's good' (line 45). That is, when we ask about how things are once we have been late, we do not want to hear that business at hand has gone very far and if that is the case, then 'it is good' that it hasn't gone so far. The therapist explains that they were talking for fifteen minutes (lines 46 and 47).

From Claudia's re-asking of the question 'how far have you got?' until line 47, the exchange can be seen as an ordinary information seeking and confirming interchange. I am late, I want to know how things are so far, and people tell me how far they have got without me. This is a simple request for information and answer device. No therapy seems to be done here.

Then comes a move where the issues will become more therapy oriented. The participants are facing all a challenge. What to do now, to carry on like this, or to stop considering Claudia was late? The second option is the one that Pete seems to adopt, 'what do we do darling, should we give you a summary?' (lines 51 and 52). Claudia is willing to receive a summary (line 53). The therapist adds 'there are lots of news' (line 54). In what can be said to be a proper news receipt Claudia expresses with astonishment 'lots?' (line 55).

That the therapists are facing a different moment than the usual expected ones is seen in the way participants are negotiating the giving of the summary. First of all the therapist is asking a question he is prefacing with ‘what do we do darling?’ (line 51). This preface might be orienting to the unexpected nature of the moment (namely, what to do when one of the therapists is late?). But what definitely seems to be orienting towards the unexpected nature of the interchange is the therapist’s next turn ‘do you want to give it to her Evelyn?’ (line 59 and 60). In asking this question and in answering to it (line 61) the participants are not only orienting towards the unexpected nature of the interchange, but they are starting to negotiate who should give the summary.

What is agreed between the participants is that the therapist should give the summary (lines 62 and 63). And then we attend to the proper being back to formal talk, ‘well, we started off talking about, I don’t know how we ended up in the before and in the afterwards, no? in the before and the afterwards’ (lines 64-68 and 70). This formal talk by the therapist is marked off with pauses within turns and elongation of some words as well as a marked ‘↓well’.

Although the result of the summary negotiation is a joint achievement, it is worth noting that it is the therapist who offers the opportunity to give the summary to Evelyn. How to carry on with the following summary talk is something that the therapist is putting on the table for Evelyn to have a word in the final decision. The therapist is not saying ‘what should we do darling, should I give you a summary?’. In doing what he does the therapist is reflecting a more egalitarian stance, where decisions about how to speak are something to be agreed between clients and therapists.

Therefore, by means of greeting each other, the participants in these sessions were found to display being ordinary. In doing this, the participants engage in talking about topics as mundane as being late. Joint laughter and overlap were found to be features of this talk, together with the production of proper conversational next turns.

5.8. Being Public

In previous extracts we saw how one of the aspects of relating in an informal way is that the therapist ends up *being public*. Here we show another example where the same is happening. It will be argued that the therapist being public is part of what gives the character of informality to these interchanges.

Extract 14 is showing how in the middle of a session with Evelyn, the therapist receives a telephone call. What is most striking from this extract is that all that happens in the phone call is happening when all the participants are being present, and there was only one detail in the phone call that could be reflecting lack of *being public*, thus being informal.

Extract 14

E: client, B: client's mother, P: therapist.

1. P: thi::s that you're saying me abou::t
esto:: que me dices de:: o que
2. or that you said abou:::t
dijiste de:::
3. how good that he behaved like that
qué bueno que actuó
4. because of being abusive(.)
así por abusivo(.)
5. you would have
tú también lo
6. done it as well?
hubieras hecho?
7. (.)
8. E: ((laughter))
9. ((phone ringing))
10. P: [yes or not?
[sí o no?
11. B: [((laughter))
12. P: must be Claudia (.) let me
ha de ser Claudia (.) déjame
13. (.)

14. P: yes no? (.) therapy centre? (.) yes?
sí no? (.) centro de terapia? (.) sí?
15. (1) yes ↑speaking (.) who's speaking?
(1) sí ella ↑habla (.) quién habla?
16. (.) E::::lsa how are you? (.)
(.) E::::lsa cómo estás? (.)
17. listen Elsa
oye Elsa
18. don't don't hurry too much (.)
no no corras mucho (.)
19. because I was
porque yo me
20. wrong in an appointment and it wa:::s
equivocé en una cita y era::: a las
21. at quarter past three (.) so err
tres y cuarto (.) entonces este
22. they arrived quarter past three (.)
llegaron a las tres y cuarto (.)
23. so I'm a little bit late
entonces voy un poquito colgada
24. (.) uh ↑huh (1) mmm so (.) ah your
(.) uh ↑huh (1) mmm o sea (.) ah va a
25. husband will come (.) ah:::: (.) if
venir tu esposo (.) ah:::: (.) te si
26. I change it fo::::r Saturday wouldn't
te la cambio para:::: el sábado no te
27. it bother you a lot? (.) ()
incomodaría mucho? (.) ()
28. night? (.) at four o'clock (.) ()
noche? (.) a las cuatro (.) ()
29. I do not work later (.)
ya no trabajo más tarde (.)
30. [()
31. E: [((giggling))
32. P: err but () no? (2)
este pero () no? (2)
33. mm hum (.) yes (2) yes? (1) well (.)
mm hum (.) sí (2) sí? (1) bueno (.)
34. anyway as I don't have your new
de cualquier manera como no tengo tu

35. telephone give it to me no? (.)
nuevo teléfono déjame lo no? (.)
36. let's see
a ver
37. (1) uh huh (1) okay (1) uh huh (1) uh
huh (.) °okay°
38. B: { ()
39. P: {yes (.) yes just in case (.) no?
{sí (.) sí por cualquier cosa (.) no?
40. (.) well thank you very much
(.) bueno muchas gracias
41. Elsa goodbye
Elsa adiós
42. ((hangs up the phone)) sorry
((hangs up the phone)) perdón
43. E: no (.) what happens see (.)err
no (.) es que mira (.)este

When the telephone rings (line 9) the therapist was finishing to formulate a question about Evelyn doing something similar to what other person did (lines 1-6 and 10). To this, both the client and her mother respond with laughter (lines 8 and 11). Before the telephone rings then, participants were engaging in formal talk.

But once the telephone rings a very different universe is shown to us. One in which all the participants feel free to be open with only one restriction, not disclosing the telephone number that is given to the therapist.

The therapist starts a normal turn where he expresses that the person who is ringing could be Claudia (line 12). By the end of the telephone call (lines 14-30, 32-37 and 39-42) we can say to have learned a lot from the therapist. We learned the name of the person who was calling, Elsa. We know that Elsa is coming for a therapy and that she is bringing her husband to the session. We know that the therapist is running late because he made a mistake with one of his appointments. We know that Elsa's session will indeed take place not that day, but Saturday in the afternoon as the therapist does not work later. And we know that Elsa has a new phone number. The only thing we do not know is what is this new phone number.

We have seen in previous extracts that one of the ways in which participants do informality is by therapist being public. I want to make the point that it is precisely this stance of being public what is behind the way the therapist is answering the telephone call. The therapist could have said ‘Elsa, hang on a second, I’m going to change telephone as I’m in the therapy room now’. She does not say so, rather she feels free to stay and have a normal telephone call (of the kind therapists and clients have when making appointments) and she is being public in the way she is having it.

We must bear in mind that what the analysts have learned after this telephone call is not only available to them, but was available to the clients at the time. The clients are clearly not paying much attention to the therapist’s call, which is something that is viewable in the video. Here in the transcript we have two turns that display some kind of interaction between the clients, one in which there is giggling and another in which there was something inaudible (lines 31 and 38).

That the call has nothing to do with the therapy is seen in the way Evelyn carries on with her telling after the phone call (line 43). The discretion with which the clients treat the therapist’s phone call is something worth pointing out. And the openness with which the therapist relates in his phone call is something that is important not to forget.

5.9. Where to draw the line between formality and informality?

Let us go now to our last extract, where we find the pictures episode. As was the case with some extracts above, the informal interchange will be started by the client in the beginning turns of Extract 15 (lines 1-6). What the client is starting is a session in which the participants are going to see the pictures Evelyn has brought to therapy, while at the same time keeping doing therapy.

Extract 15

E: client, B: client's mother, P: therapist,
C: co-therapist.

previous discussion about medication min27

1. E: >well see< (.) I >right now< I mean
>pues mira< (.) yo >ahorita< o sea lo
2. what and- ah look (.) by the way
que y- ah mira (.) por cierto
3. ((starts getting out pictures from
4. her purse))
5. so that you see Pete, I
para que veas Pete, te
6. bring you [the last one of
traigo [la última de
7. B: |((laughter))
8. P: |((laughter))
- (...)
16. ((shows pictures to Pete))
- (...)
22. P: are you::: this one?
ésta eres tú:::?
23. E: I(h)am th(h)at o(h)ne Pe(h)te
e(h)sa so(h)y y(h)o Pe(h)te
24. P: (and) as well?
(y) también?
25. E: (I(h)am th(h)at)
(e(h)sa so(h)y)
26. P: a:::y see
a:::y mira
27. E: and look here is another one here
y mira acá hay otra acá
28. is another one ah
hay otra ah
29. I'm going to point out something
te voy a señalar algo
30. [ay sorry
[ay perdón
31. P: [how pre::tty
[qué gua::pa

32. (.)

33. I'm going to show you my brothers
te voy a enseñar a mis hermanos

34. (1.2)

35. E: (look err)
(mira este)

(...)

63. C: he (.) is a brother
él (.) es hermano

64. E: ye:::s
sí:::

65. P: and she is err- (.) ↑Evely::n
y ella es est- (.) ↑Evely::n

66. B: [(laugher))

67. C: [how ↑terrific
[qué ↑bárbara

68. (.)

69. E: .hhhhhh .hhhhhhhh

70. C: ([pretty)
([bonita)

71. P: [that's why
[con razón

(...)

77. C: [uh huh

78. P: [how si:::milar is
[cómo se parece:::

79. (.)

80. B: Aníbal?=
=Aníbal to you isn't he?
=Aníbal a ti verdad?

82. B: a(h)h ye(h)s ((laugher)) .hhhhhh
a(h)h s(h)í ((laugher)) .hhhhhh

83. (1.6)

84. P: Antonio and A [níbal
Antonio y A [níbal

85. C: [what a nice
[qué bonita

86. picture this one Evely::n=
foto ésta Evely::n=

87. P: =very pretty
=muy bonita

88. C: it's beautiful
está preciosa

89. [(look how beautiful)
[(mira qué bonita)

90. P: [is it Acapulco?
[es Acapulco?

91. C: (this one)
(ésta)

(...)

102. C: you look really well
te ves muy bien

103. P: [very well
[muy bien

104. E: [>well< y(h)ou se(h)e ho(h)w
[>pues< ya ve(h)s qu(h)e s(h)í

105. I(h)'m fa(h)t Pe(h)te
e(h)sto(h)y go(h)rda Pe(h)te

106. (.)

107. B: ((laugh [ter))

108. P: [well darling
[bueno querida

(...)

124. P: well compared to the picture yes (.)
bueno en comparación a la foto sí (.)

125. you put on weight
engordaste

This session follows the one that has been shown above, where the participants were discussing about Evelyn having put on some weight. The first thing that has to be noted is the amount of overlap that can be found in the extract (lines 6, 7, 8, 17, 18, 30, 31, 40-45, 52, 53, 56, 57, 59, 60, 66, 67, 70, 71, 77, 78, 84, 85, 89, 90, 93, 94, 103, 104, 107, 108, 110, 111) as well as some turns with laughter (lines 7, 8, 23, 25, 66, 82, 104, 105, 107).

In the beginning, while showing the pictures the clients are carrying on with more therapy talk. Evelyn says that she spoke to Tony from the hospital and that he told

her not to stop taking the medicine (lines 9-15). This information is received by the therapist who does a detail confirming comment, 'Tony is your little friend' (lines 18 and 19). After this, there is more seeing the pictures.

We see in this extract how formal and informal talk are intertwined in a way that makes difficult to define the first half of the extract as only formal or informal. The characteristic of finding informality practically anywhere in the session, strengthens the difficulty of separating informality from formality.

The client's mother will carry on with explaining that Evelyn thought that if she stopped taking medicines then she would need to see Pete more often (lines 36, 37, 39, 40, 43, 44 and 46). What the mother has said will be then repaired by the client 'no, I mean to carry on with the treatment with Pete' (lines 48-51). After this and once Claudia is included in the pictures session by the mother (lines 57-59), we do not find formal talk until the last turn of the extract, where the therapist is bringing us back to therapy client centred talk (lines 124 and 125).

I want to invite the reader here to do the exercise to read only from line 57 to line 102 and from lines 113 to 122 and see what happens. The first thing to notice is that two participants are showing pictures while the other two are watching. But how would we know that the two participants that are seeing the pictures are the therapists? Are they reflecting their role in the way they see the pictures? To what extent are they being ordinary and to what extent therapists? Again, how to separate formality from informality?

We can see practices of putting names to faces in the pictures (lines 60, 61, 63, 65, 72, 73, 75, 113, 115), thus we learn that Evelyn is in the pictures as well as her two brothers Antonio and Aníbal. Putting names to faces is quite a mundane practice when seeing pictures of people one does not know. We also learn that Antonio is the middle brother, Aníbal the youngest and Evelyn the eldest (lines 76, 113, 115, 117, 118, 119). Some of this detail was information volunteered by the clients, some was triggered by a therapist's question.

It is surprising the amount of compliments that are found in this section (lines 31, 67, 70, 85, 86, 87, 88, 89, 91, 95, 96, 99, 100, 102, 103). All the compliments are coming from the therapists. To find compliments to oneself when someone is watching our photos might be something ordinary. However, the amount of compliments here (all of them directed to Evelyn) might be a token of doing therapy while engaging in the informal actions of watching the photographs.

There are three places where the therapist is doing being ordinary in this extract. One is found where he makes a comment on how similar Aníbal is to the mother (lines 78, 81). Another one is when he asks if the place where the characters are is Acapulco (line 90). And another one is found where he receives Evelyn's comment that what she is wearing in the photo is a tunic, 'ah:::: it's a tunic, see how pretty' (line 99). This way of receiving Evelyn's repair on what Claudia called a 'dress' (line 95) is quite mundane. Note how the therapists speak and can do more than questions and uh huhs.

Although this whole extract could be described to be an example of how informal therapy can be, there are still places where therapy talk is found. One place is what we mentioned before regarding the first half of the extract, where the clients were following a therapy relevant topic while showing the pictures. Another place can be found in the very motive for Evelyn showing the pictures. As it becomes clear after reading several times the extract, the reason why Evelyn is showing these pictures to Pete is because she wants to make the point that she has put on some weight, which can be a therapy issue.

Therefore, with this extract we see how difficult it can be at a given moment to separate formality from informality in these extracts. It is difficult to draw a definite line that isolates formality from informality. Rather, these extracts show how the formal and informal episodes are intertwined and make a whole rather than two separate things.

5.10. Ordinary Aspects of Therapy Talk

As an attempt to clarify aspects of the difference and similarities between formal and informal talk, let us do an exercise. Let us reflect on the model for the organisation of turn taking proposed by Sacks et al (1974) for the case of 'conversation', which as it were, is commonly applied for the case of 'ordinary conversation'. How this model of turn taking applies to my data and how it does differ? As can be seen in the data that form the corpus of this work, the following seems to be happening in terms of turn taking:

1. Speaker change recurs, or at least occurs.
2. Overwhelmingly, one party talks at a time.
3. Occurrences of more than one speaker at a time are common, but brief.
4. **Transitions with gap and no-overlap are common, but not the majority of transitions.**
5. Turn order is not fixed, but varies.
6. Turn size is not fixed, but varies.
7. **Length of conversation is specified in advance, but can vary between 50 and 90 minutes.**
8. What parties say is not specified in advance.
9. **Relative distribution of turns can be specified in advance.**
10. Number of parties can vary.
11. **Talk is continuous and discontinuous.**
12. Turn allocation techniques are used.
13. Various turn constructional units are employed.
14. Repair mechanisms are displayed.

(taken and adapted from Sacks et al, 1974).

The instances that are in bold is where the main differences in terms of turn taking can be found. In therapy talk, there are often transitions with gap and silences. However, most transitions in my data were characterised as well by being with a slight gap or a slight overlap.

The length of the conversation traditionally in therapy has been pre-specified, because therapy is considered as being a kind of job. However ordinary can be a therapeutic conversation, this condition will seldom change.

In post-modern therapies as well as in family therapy, the distribution of turns can be specified in advance. This is mostly thinking in terms of the practices of *Milan School of Therapy* (Selvini et al, 1978) *reflecting team* (Andersen, 1991) and the *as if*

way of doing therapy (Anderson, 1997). In these cases, there is a specific time in which the therapists will be allocated a turn during the team practices. Yes, in therapy talk it is clients who have most of the talk, it is the clients' therapy, not the therapists'. However, this does not mean at all that therapists do not talk. As will be shown in chapter 7, therapists listen but they also talk and in the way they talk they display how they listen.

It has to be noted that, although the client might own the majority of turns in therapy talk, turn order and turn size usually vary, especially when not engaging in team activities.³

One thing that might be characteristic of social constructionist approaches to therapy is that what is being said is not specified in advance. This can be so, because there is the theoretical assumption that the conversation unfolds from the specific nature of the specific encounter that is taking place. How the therapist is attending to the way the interaction unfolds moment by moment was shown in this chapter when we talked about the detail and curiosity questions.

In these sessions, the therapist is relating and invites his client to relate in a way that does not require the therapist to be saying specific pre-determined things. Rather, the therapist will be attending to the moment by moment unfolding interaction. In this sense, what will be said in the therapy room cannot be specified *a priori*.

That the number of parties can vary is something that is up to the client and the therapist to determine (Anderson, 1997). Of course, once there is certain number of participants, this number seldom changes during one therapy session. But, in principle, the therapist will ask the client whom she considers important to take part of the conversations between them. Therapy talk is continuous while taking place, but discontinuous once the time to finish has come.

After doing this exercise it is evident that most turn taking principles for ordinary conversation apply to the data that were analysed. What distinguishes the therapy

encounter in terms of turn taking is that there can be transitions with gap and no overlap. That the length of conversation is specified in advance. That relative distribution of turns can be specified in advance, when taking part in team practices. And that talk is continuous and discontinuous. The rest of the aspects of turn taking are similar and in this sense, ordinary conversation is fundamental and a bedrock for therapy talk.

5.11. Overview

What I have tried to show in this chapter falls into the domain of studies done on informality within institutional settings. Although the extracts that form the corpus of this chapter were not at all the majority of examples of therapy talk, they were significant enough to do analysis on them.

It was shown that in collaborative therapy one could find displays of informality at the beginning of the session and during the session. Although there was no space to show how informality arises towards the end of the sessions, there is evidence in the data that they tend to happen as well towards the end of the session.

We have shown in these extracts, that there is a tension between formality and informality. Informality can be found at any point during the session. Examples of how formality and informality are displayed intertwined, makes difficult to isolate either one or the other. One question remains, where to draw the line between formality and informality given the extracts included in this chapter?

Features of talk that were characteristic of doing informality were overlaps, joint laughter and the production of proper conversational next turns.

It was found that the participants do informal talk through displaying therapist centred talk. It was argued that this is a way of the therapist doing *being public*, which is part of the theory that informs the way one should relate to the client in this

³ To appreciate how turn size and turn order change see the session transcribed by Gale (1991) of

kind of therapy (Anderson, 1997). At the same time, by being public the therapist is working in order to disrupt the traditional asymmetry found in institutional talk.

The disruption of asymmetry together with the inclusion of informal interchanges, will foster in some cases the friendliness and familiarity that is felt in the therapy room. This matches with the way clients themselves describe the atmosphere of the encounters in therapy (Anderson, 1997; Mastache, 2000).

Disrupting asymmetry is a way of displaying a more egalitarian stance from which to relate to the client. Through allowing themselves to engage in informal exchanges, the therapists show more of that egalitarian stance when relating to the client. This displays being familiar, being friendly.

It was argued that an ordinary way of relating is part of the philosophical stance from which the therapist relates to the client within the collaborative approach to therapy.

The displays of informality could be initiated by the therapists or by the clients. Similarly the start of formality can be initiated by the therapists or by the clients. This is relevant if we compare these results to other institutional settings in which it is the professional who starts the informal interchanges (Osvaldsson, 2002).

Another thing that was shown in this chapter is how informality can pave the way for a more therapeutic move. This is important as it, again, raises the question of where to draw the line between formality and informality.

Examples from different kinds of therapy and from ordinary talk were compared to some of the extracts shown here. When that was done, the extracts on collaborative therapy appeared to be more similar to the ordinary talk extract than the extract coming from psychological therapy.

Specific discursive markers of the transition between informal and formal talk are between turn pauses, within turn pauses, discourse markers like ‘anyway’ plus a

following therapist's question, the set in motion of QA sequences, and the production of long turns by the clients.

The fact that informal exchanges can be found in several parts during the session accounts for what can be felt about the interchanges as being like talking with a friend. However, it is a going backwards and forwards from doing informality and doing therapy. Although at the end of the day, the client was relating to a therapist, it was important to note in detail to what extent these exchanges can be informal.

It would be interesting for future work to document the differences between this type of therapy and more traditional styles, such as psychoanalytic. One useful tool in this regard might be the types of displays of informality documented here. A further tool could be the types of clients' questions documented in the following chapter.

Chapter 6 Clients' Questions in Therapy Talk

6. Clients' Questions in Therapy Talk

This chapter will be organised in eleven sections. The first two sections cover the work currently available in the literature on questions. The third section is an attempt to provide a concept for the notion of question. Sections 6.4. to 6.11 are the analytic parts of the chapter, in which different uses of the clients questions were found.

6.1. Questions in therapy literature

As Bavelas et al (2000) point out, one can identify two paradigms that lay behind the kind of therapy that is done. These paradigms differ in terms of how they conceive and enact communication processes within the therapy session. The first paradigm is the 'traditional paradigm', and here the communication process is thought of as done by individuals, as being about information transmission and as having the therapist as a great influence on the client. The second paradigm is the 'alternative paradigm' where communication is conceived as a collaborative and reciprocal process and as co-constructive. One can identify with the first paradigm most of the therapies that began before the 1950's and with the second paradigm most of what can be called 'discursive therapies', including Brief Therapy, Milan Therapy, Solution Focused Therapy, Narrative Therapy and, Collaborative Therapy.

It has been a feature of the therapies within the alternative paradigm to record their sessions and to study them. In the process of reflecting about one's own therapy sessions, one can start to develop understandings about several aspects of one's own therapy. As such, leaders within the discursive therapies have developed amongst others, the importance of the notion of questions within therapy.

Most of the therapy literature on questions, if not all, is focused on the questions that are being asked by the therapist. As such, there is literature that points out how the so called *circular questioning* leads towards conducting a systemic session where the

participants end up developing systemic views (Penn, 1982; Selvini *et al.*, 1980). There are typologies of questions like that of Karl Tomm where one finds *reflexive* and *interventive* questions (Tomm, 1987a, 1987b, 1988). There is work showing the role as well as the importance of asking future oriented questions (Penn, 1985). There are models of the kinds of questions that can be asked to facilitate the construction of alternative realities (Sluzki, 1992; White, 1989; White and Epston, 1990). One can find models of questioning in order to train therapists and to teach how to ask questions (Brown, 1997).

There are authors that have written about the therapists' questions in terms of the effects that these can have on clients (Andersen, 1991; Anderson, 1997). Anderson (1997), for example, describes the kinds of questions that are asked within a collaborative therapy session as 'conversational' questions. Such questions aim to nurture the dialogue process, are asked from a 'not knowing' position and they lead to more and more questions.

When addressing the clients' tellings about the process of therapy, Anderson (1997) shows reports from the clients that show how they can be aware of the effects and nature that the therapists' questions can have. Clients describe questions as being 'the right question', as being 'predictable', as being 'explanation shaping', and as being 'conditional' (instances of the last category are found in what Anderson calls rhetorical or pedagogical questions). As it follows, predictable and conditional questions are done from a position of 'knower' instead of a position of not knowing and wanting to learn more about the clients' stories.

Following Bruner's ideas (1990), within collaborative approach to therapy the questions that are specific to a certain local exchange will be maximised and the questions that come from an understanding that is external to the unfolding narrative will be minimised.

Having reviewed some findings about therapists' questions within the field of therapy, let us turn now to the field of discourse studies.

6.2. Questions in conversation and discourse studies

Within the area of discursive studies questions have been studied in several settings. As it is the case within therapy texts, most, if not all, studies about questions in conversation and discourse, have analysed questions as they are asked by the professional within the institutional setting.

In a study carried out about the therapists' questions in therapy, McGee (1999) found how questions can carry what he called *embedded presuppositions*, that is, questions can bring in to the conversation, new ideas without making direct assertions (Bavelas et al. 2000). This study is relevant from the point of view that the so called 'neutrality' that some therapists claim to have, does not and cannot exist.

In a very different arena of research, within the context of news interview, Heritage (2002) has studied the case of negative interrogatives like 'isn't it', 'don't you', 'shouldn't you'. In doing this, he found that this form of interrogative is recurrently produced as a vehicle for assertions from the part of the interviewer. Negative interrogatives are not always understood as questioning in the information seeking sense. They are quite commonly treated as expressing a position or point of view (frequently with hostile content) and they are treated as accomplishing assertions of opinion rather than questioning. As questions, they tend to project an affirmative answer from the part of the interviewer.

Studying the questions that are asked in academic settings between tutors and students, Piazza (2002) conducted a research in 'conducive questions'. That is, questions through which questioners try to push their beliefs and views onto their hearers. A conducive question is the kind of question that conveys a questioner's expectation of and a preference for a given answer as opposed to a question that does not manifest such an expectation or preference. Conducive questions are closed questions, generally seen as controlling and powerful. With the use of these questions, the examiners impose their own interpretation on the evidence. They are questions that are suggestive of a particular answer.

There seems to be a tradition within conversation and discourse studies that might be based on Sacks (1992) comments on questions, that when one asks questions one is somehow in a powerful position. This is evident in the study cited above, where the notion of imposing a perspective by means of asking a question is mentioned. As Sacks (1992) mentions, 'as long as one is in the position of doing the questions, then in part one has control of the conversation'. In other words, the interpretation tradition seems to be directed to what Drew (1992) has noted that usually 'anyone in the position of answering is restricted to dealing with just what's in the prior question'. However, as we will see in this chapter, there are exceptions to this 'rule' of the person asking the questions being in a superior position.

Thornborrow (2001) studied questions in the case of radio phone-in calls, where the relationships between participants were such that the interactional status of the people 'doing the questions' was not accompanied by a correspondingly powerful institutional status. The people participating in the show were guest, caller and host. In her study, the callers are first received off air, thus the starting of the calls has a different structure from other telephone conversational openings, where the caller summons, what follows is a recognising sequence and after that a greetings sequence (Schegloff, 1968 and 1979). In these radio phone-in calls, the host did the summons as his job is to bring the caller to the participation framework where he can, after being identified, ask a question. By means of phrases such as 'you're online', the host summons and the caller responds.

Normally, in two party talk, the person doing the questions would get to talk again after an answer had been supplied. In phone in calls, the next turn is taken by the host and thus the caller, who is the one asking the question, does not hold the power of controlling the conversation, although he or she is the person asking questions (Thornborrow, 2001). In this environment, any subsequent talk by the caller had to be re-initiated via the host. Thornborrow's study also showed how the callers display the change between the roles of caller and questioner, by means of pre question framings such as 'I'd like to ask', 'my question is', 'I work for', etc. Studies like these are important, as they show exceptions to the rule.

In the context of focus groups interactions, Puchta and Potter (1999) identify the use of what they call *elaborate questions*. That is, questions that included a range of components like reformulations and rewordings. The authors identified three functions for such questions, namely that they guide the participants' responses and head off problems where the question is not an ordinary conversation one; they help secure participation; they guide participants to produce a range of relevant responses. On the other hand, they identified that these elaborate questions helped to manage the dilemma between the requirement that talk in focus groups should be both structured and directed to predefined topics and issues and, at the same time, spontaneous and conversational.

Analysing a set of more than a thousand questions in criminal trials, Woodbury (1984) detects that the use that the participants made of questions was strategic. She identifies several kinds of questions used in court. Amongst others: Wh questions, Gramatical yes/no questions, Prosodic questions and Tag questions. Seeing the continuum these questions form, Wh questions would be the least controlling and Tag questions the most controlling. This is so because tag questions essentially lead to agreement or disagreement with the statement that is being tagged. Whereas a Wh question is an open question that asks for an answer that will come more from the background of the answerer. Again, we see the topic of questions related to issues of power.

Given the literature review showed above, several things become clear. There is linguistic literature on the syntax and semantics of questions as well as sociolinguistic research (Woodbury, 1984). There is a considerable work within therapy theory about questions, but there does not seem to be much written about questions and therapy from a discursive analytical perspective. That being so, most of the research done on questions focus on the questions done by the professional, in the case of therapy, by the therapist. But what about such instances where it is the client who is asking questions? What can these examples tell us about therapy? What is the job clients' questions are doing when appearing? How significant can these instances of talk be? To answer these questions is the aim of the present chapter.

6.3. What is a question?

From the point of view that a question is the first part of an adjacency pair (Schegloff and Sacks, 1973) where an answer is the second part and thus projected by the first turn, there is an analytic problem. Namely, everything that requires an answer in discourse could be considered to be a question. But then, if everything can be a question, then nothing is a question.

Sometimes other kinds of things that are not questions do want an answer. For example, some of the participants' utterances are intercalated by the suffix 'no?'. Once the tag ending 'no?' is inserted it is usually followed by an answer from the other speaker. Although these utterances have a question-like quality given by the inserted 'no?', they are not always questions.

Given this analytical problem, there was a need for establishing criteria with which to identify questions, so that not everything that has an answer would be a question. However, our first criteria to identify a question was that of utterances that when stated in the first turn in the form of a question, *required an answer* or put the person in the second turn in a position where she was expected to give an account or a reply. Utterances in the form of questions that if not answered in the second turn, would allow the first speaker in the third turn to ask for a reply, saying things like 'I asked you a question' (this never happens in my data).

The second criteria were statements that have a *Wh form* in English and the equivalent form in Spanish, such as, when, where, who, whose, how, why, which, what, whom. Statements like these which, not only require an answer, but also are a *grammatical question* or have *prosody of question*, will be considered questions.

It is important to note, that there are instances where the Wh form is explicit, but at other times it can only be found implicitly. There are several questions that do not have the Wh form explicitly, but the fact that they can be translated into a Wh form, together with the features already mentioned, makes them a question. As examples of this, see extracts A and B, where the Wh form is implicit in the therapists' questions.

Extract A

(6) Ex4. (m2a)

1. M: and err and although
y este y aunque
2. [there was a lot of traffic
[había mucho tráfico
3. C: [and is this something
[y esto es algo que
4. you u::sually d- do?
normalmente:: ha- haces?
5. (0.3)
6. M: (what?)
(qué?)

Extract B

H: consultant therapist, S: client, Jane, therapist.
(taken from Anderson, 1997:49)

1. H: let me begin by telling you what I
2. know about you
3. (...)
4. S: I don't know anything about you
5. (...)
6. H: is there anything in particular you
7. would like to know about me?
8. S: no

In extract A the therapist is asking 'and is this something you usually do?' (lines 3 and 4), and the client's answer reads 'what?' (line 6). In extract B, the therapist is asking 'is there anything in particular you would like to know about me?' (lines 6 and 7) and the client answers 'no' (line 8). The first thing we can say about these extracts then is that they contain a question that projects an answer. Both questions are grammatical questions and they contain implicit Wh formulations. Translating the questions into a Wh formulation, question in extract A would read 'and is this, which you're talking about, something you usually do?'. Whereas the question in extract B would be 'is there anything in particular which you would like to know about me?'.

Sometimes there are Wh words that appear in a sentence which is not a question: 'I couldn't know why that was happening...', 'I didn't know what to do to sort it

out...’, ‘I sat down to see what was happening...’. These cases will not be considered as questions. Question format doesn’t always mean question force, in other words it doesn’t always mean an utterance that is asking for an answer.

Let us start now presenting the main findings around instances found in the data of the clients asking questions.

6.4. Questions about the therapists’ lives

Within CA literature, questions have been traditionally regarded as being part of the adjacency pair question/answer (Schegloff and Sacks, 1973). Being part of an adjacency pair means that, in conversation, there seems to be a normative orientation, by which the participants tend to produce both items sequentially together. That is, every time a question is asked, an answer will be expected. In extract 1 we see instances of these adjacency pairs taking place. The participants are found interacting in the beginning of the session.

Extract1

(BEPC 3a, 00.11)

P: therapist, B: client’s mother, E: client.

1. P: how have you both bee::::n?
cómo han esta::::do?
2. (0.6)
3. B: we::::ll Pet::::e (.) very we::::ll (.)
bie::::n Pet::::e (.) muy bie::::n (.)
4. thank you
gracias
5. (.)
6. P: how is it going?=
cómo les fue? =
7. B: =you are going on ↑holiday like at
=verdad que te vas a ir como hasta
8. the end of April
finales de Abril

9. true?
 de vacacion↑es?
10. P: at the end of April I'm going on ho
 hasta finales de Abril me voy de vaca
11. [oliday.
 [ciones.
12. E: [ye:::s
 [sí:::

We can see the participants taking part in what can be called greetings' episode in therapy talk. This episode starts off with the therapist asking 'how have you both been' (line, 1) to which the client's mother answers 'very well thank you' (lines 3 and 4).

What follows the greetings episode is a question by the mother about the time the therapist is going on holiday: 'you're going on holiday like at the end of April, true?' (lines 7-9). This question is worth commenting for several reasons. First of all it follows under the category of a tag question (Woodbury, 1984), that is a statement which becomes a question not only because of the intonation (which is entirely interrogative in the Spanish original), but because of the tag ending, in this case 'true?'.

The question itself is making reference to a previous conversation, surely there is a previous occasion in which the clients got access to the information about the therapist's vacation. This reference to a previous conversation is obvious if one contrasts the way the question is asked here with the question one may ask without having any previous background. That question then would be 'when are you going on holiday?'. The fact that, in therapy, amongst other things, we are constantly making reference to other past and future conversations is well described by Anderson (1997).

So, the question can be read as being a means of confirming previous information. But the question is not a trivial one, it's a question about the therapist's life. What is the kind of atmosphere the participants are in, such that clients feel the freedom to ask questions. Moreover, as the question is about the therapist's life, what therapeutic stance might allow this to happen? What will be argued in this chapter is

that a more democratic way of relating to each other, in which the participants can talk about their lives in a more relaxed way than in traditional therapies, is taking place in these therapeutic encounters. Such a democratic or horizontal stance is well documented in what has been identified as postmodern therapies.

Of course there is an orientation within this and some of the following extracts towards the unexpected nature of these phenomena such as clients asking questions. In the case of extract 1 one can see that the therapist, although not refusing to answer at all, restricts her answer to a repetition of the question 'at the end of April I'm going on holiday' (lines 10 and 11).

What will be argued is that in the case of México City, and probably in the whole world, the collaborative way of relating in therapy is quite a new one. Therapists are starting to relate to their clients in ways that have been informed by constructionist therapy texts, and are inviting their clients to relate this way. The unexpected nature of the phenomena discussed in this chapter is prevailing in most of the examples. However, what is noticeable is not only how the participants orient towards the clients questions, but the way they carry on, even when this is probably new for most people.

Extract 2 is the continuation of extract one, where the topic of the therapist's holiday gets more talked about.

Extract2

(BEPC 3a, 00.11)

E: client, P: therapist, B: client's mother

1. E: =because you're going to Quechúa no?
=porque te vas a ir a Quechúa no?
2. (1)
3. P: I ↑sti::ll don't know i::f I'm going
t↑o::davía no sé si:: m::e voy a
4. to Quechúa (.) °I'm going to a (.)
Quechúa (.) °me voy a una playa° (.)
5. beach tha*t I know yes
e*so sí sé

6. (0.8)
7. B: [ay how ri::ch
[ay qué ri::co
8. P: [(to a beach) (.) mm hum
[(a una playa) (.) mjm
9. (0.8)

In this sequence of therapy talk, the client asks the question ‘because you’re going to Quechúa no?’ (line 1). Again, this is a question according to the Spanish prosodic nature of it, but also because of the tag ending no? Again, the client is making reference to previous conversations or otherwise the question would have been worded as ‘where are you going?’.

The fact that what is normative for therapy is not to talk about the therapist’s life but to talk about the client’s life is oriented to by the therapist in two ways. First, there is a one second pause (line 2), and second, the therapist’s answer is not given with much more detail and is restricted to repeating the client’s words. However, the therapist answers the question and discloses information that can be quite personal, namely, ‘I still don’t know if I’m going to Quechúa, I’m going to a beach that I know yes’ (lines 3-5).

Further on in this session and before starting to talk about issues that can be more *therapeutically correct*, the therapist will say that she *needs* a beach. The aspects of this subsequent talk as well as their implications were discussed in chapter 5.

What is clear from the extracts we have seen so far is that the questions that are being asked are about the therapist’s life and that the therapist is answering. Extract 3 is another example where the client, in the minute 45 of the same session we have been reviewing, asks other questions about her therapist’s life:

Extract3

(BEPC3amin45) E: client, P: therapist.

1. E: listen es (.) I want to know if (.)
oye es (.) yo quiero saber si (.)
2. are you married (.) Pete=
eres casado (.) Pete=
3. P: =no I'm divorced
=no soy divorciada
4. (0.8)
5. E: and have you got children?
y tienes hijos?
6. P: no
7. (.)
8. E: no?
9. P: ((shaking head))
10. E: ah::
11. (.)
12. P: °no I haven't got any children°
°no no tengo hijos°
13. E: °ah::°
14. (0.8)

The questions the client is asking have what has been called 'prefaces' to the question. We can see this in the utterances 'listen (.) I want to know if' (line 1) and in the 'and' on line 5. The questions the client is asking are, again, quite intimate. 'Are you married Pete?' (line 2) and 'have you got children?' (line 5) are answered by the therapist in a very straightforward way (note the latching on lines 2 and 3, and the absence of any pause before answer on line 6).

On the one hand, the therapist is displaying openness, as he does not restrict himself to say 'no, I'm not married', but in the answer he gives he mentions the category he falls into, 'no, I'm divorced' (line 3). On the other hand, again, the therapist in the lack of detail with which he answers displays the fact that these are questions that are not *therapeutically correct*. However, as was noted before, he is answering.

In the three examples seen so far there is an invitation by the client for the therapist to disclose personal information. This is different from the times when the therapist does therapeutic *self disclosure* in that when she or he does that, it is usually not invited by the client, but the therapist would be volunteering herself to do the disclosure. Besides that, when therapeutic *self disclosure* occurs it is conversationally packaged in a very different way.

These examples are more similar to what Anderson (1997) describes as ‘being public’, which is an attitude that includes for the therapist sharing not only professional but personal information as well. Based on the interviews she carried out with clients about the process of therapy, Anderson routinises in her way of doing therapy the possibility for the client to ask questions to herself. In doing so, she is institutionalising and making normative something that has not been this way in other approaches to therapy. Extract 4 shows an example of an exchange of this nature that Anderson had with a client:

Extract 4

H: therapist, C: client

(taken from Anderson, 1997:104)

1. H: I have been asking you a lot of
2. questions, so I'm wondering if you
3. have any questions you would like to
4. ask me?
5. C: I'm a bit curious about what you do
6. in Texas
7. (...)
8. H: okay?
9. C: that's very interesting
10. H: anything else you want to know?
11. C: I think that's okay, I see this as a
12. possibility to learn more about
13. myself and to see what's happening
14. around me

In this extract the client is invited by the therapist to ask questions. This is different from the previous extracts, in the sense that in my data clients volunteer to ask questions, although, as we will see, they also get invited by the therapist. So, clients can get invited by the therapist to ask questions or they can volunteer. Extract 4 shows similarities with previous extracts when the client asks about therapist's personal information ‘what you do in Texas’ (lines 5 and 6). Again, it should be

noted that the therapist answers (although the only part of the answer that is accessible from the book is the okay on line 8).

To summarise, one of the questions clients can ask to the therapist is about the therapists' lives. When asking a question the client can be invited to do so, or just volunteer. Although there are aspects in the talk that might be an orientation to the unexpected nature of being with a client who asks questions, it has to be pointed out that the therapists are answering. In answering questions about their lives, therapists are displaying aspects of the philosophical stance, such as being public.¹ This being public is different from the instances found where the therapist is doing self-disclosure. However interesting, to analyse self-disclosure was beyond the scope of this research.

6.5. Questions about the therapists' points of view

The following two extracts are part of María's sessions. They both take place during the last session of the treatment during the second half an hour. So, if the first three extracts in the previous section are examples of clients' questions at the beginning and in the middle of the session, extracts 5 and 6 are instances of clients' questions towards the end of the session and, moreover, in the very end of the treatment.

Extract 5 is very long, but it needs to be so for us to understand the dynamics of the client's questions when they are asking for the therapist's point of view.

Extract 5

M9b M: client, C: therapist

1. M: (°ah°) (3.4) °I think so ye::s° (0.8)
(°ah°) (3.4) °creo que sí::° (0.8)

¹ As a personal story, I remember being in therapy when I was training as a therapist. I remember I was with a psychoanalytic-oriented therapist. One day I asked him 'what is your approach to therapy? where did you study?' The answer I got was 'I won't answer that to you, because it is something you can find out for yourself'. Compare this 'being closed' with the instance we are presenting here where the therapist is being public.

2. °i::t's° (.) (true I mean that you
°es::° (.) (cierto o sea que me
3. listen to me) (2.6) (well) and you
escuchan) (2.6) (bueno) y tú me
4. said to me tha:::t (.) (that you
dijiste que::: (.) (que ibas a
5. would start to see to) (vilagen) (.)
empezar a ver a) (vilagen) (.)
6. becau:::se I was seeing that (.)
porque::: veía que (.)
7. well I (in my:: dependence) (.)
bueno yo (en mi:: dependencia) (.)
8. he would marry
se casaba con
9. that ide:::a (.) a:::nd that idea was
esa ide:::a (.) y::: esa idea era
10. °li*ke° (0.8) what would move you:: on
°co*mo que° (0.8) lo que te:: movía a
11. to do certain ↑things no? (1)
hacer ciertas c↑osas no? (1)
12. but °I'd like you° to tell me
pero °sí quisiera° que tú me dijeras
13. (.) how you see me (.) I mea::n (.)
(.) cómo me ves (.) o sea:: (.)
14. I:: ca::me so to say e*::: (.)
yo:: vine:: digamos e*::: (.)
15. looking for how I see me (.) and that
buscando cómo me veo yo (.) y eso
16. (is what I'm doing) (0.6)
(es lo que estoy haciendo) (0.6)
17. I think that what I take with m-
creo que lo que me llev-
18. is a richness that you (.)
es una riqueza que tú (.)
19. that you've gi:::ven to me no?
que tú me has aporta:::do no?
20. (.) °yes° (.) I mean what I was
(.) °sí° (.) o sea lo que yo
21. looking for when cam- wh:::en I came
busqué llega- a::l llegar a

22. here I've found it
aquí lo encontré
23. (.) I mean °yes° (.) you gave me
(.) o sea °sí° (.) sí me diste
24. ↑tha::t (that I came looking for)
↑e::so (que yo venía a buscar)
25. (1) but I'd like to know-
(1) pero quisiera saber a-
26. °you° you as a therapist (.)
°tú° tú como terapeuta (.)
27. which is your (idea about)
cuál es tu (impresión de)
28. this ki::nd, of err
de este ti::po, de este
29. work that we've done
trabajo que hemos hecho
30. (2.6)
31. C: .hhhh well (.) althou::gh (.)
.hhhh pues (.) a pesar de que:: (.)
32. I'm sure (.) tha::t (.) °the
estoy convencida (.) de que:: (.) °el
33. kind of therapy° (.) tha I do::: (.)
tipo de terapia° (.) que ha:::go (.)
34. ↑works and (.) and that (.) because
funcion↑a y (.) y que (.) porque
35. it wo:::rks (.) I do:: it (2.6)
funciona::: (.) lo ha::go (2.6)
36. to be honest (.) I'm surpri::sed
sinceramente (.) estoy sorprendi::da
37. (3.8) I think what we::'ve it's
(3.8) me parece increílb
38. incredible (.) what we've
lo que:: (.) lo que
39. ↑achie:::ved (.)
logra:::m↑os (.)

The client starts talking about reflections she has made about the process of therapy. This is something that can be characteristic of the endings of therapy. She says to the therapist 'you listen to me' (lines 2 and 3). She recalls something the therapist must

have told her at the beginning of the sessions, ‘you said to me that you would start to see to’ (lines 3-5). She is sharing with the therapist her reflections about her process ‘because I was seeing that in my dependence...’ (lines 6-11). And finally she starts asking the question about the therapist’s point of view ‘but I’d like you to tell me how you see me’ (lines 12 and 13).

The ‘but’ (line 12) and the ‘I mean’ (line 13) are significant here, in that they are going to be the means of two contrasting speech acts. One is the client’s view on herself, and the other is the therapist’s view on the client. The way the question is packaged and developed is illustrative in this sense.

After first asking the question, the client says ‘I mean I came looking for how I see me and that is what I’m doing (...) I take with me a richness that you’ve given to me (...) I’ve found what I was looking for when I came here (...)’ (lines 13-24). These are again prefaces to the second part of the question, which is ‘but I’d like to know you as a therapist which is your idea about this kind of work that we’ve done’ (lines 25-29).

To summarise, the client is packaging her question in the following way: (1) I see myself and the process of therapy in this way, (2) but I don’t know how you see myself and the process of therapy. She is asking two questions in one, the first question is ‘how do you see me’ (line 13), and the second is ‘which is your idea about this kind of work’ (lines 27-29).

After she finishes her questioning turn, it follows a 2.6 seconds pause. This pause could be displaying the therapist’s orientation towards the unexpected nature of the previous stretch of talk, which includes a question to her. Or it could be attending towards the difficulty of the question the client is asking. The question the client is asking could fall into what Tomm (1988) has described as ‘reflexive questions’. However, Tomm’s description is for questions that therapists ask and here we are analysing clients’ questions. The question María is asking does not refer to given and known facts like the questions Evelyn was asking about going on holiday or the therapist’s legal status. María is asking a question whose answer might not be ready

as a given and know fact, but might need to be built up on the way, while talking. In other words, a question that in order to be answered would need to be thought twice.

It is picking up the second part of the question, ‘what is your idea about this kind of work’ that Claudia starts replying, ‘Although I’m sure that the kind of therapy I do works, I’m surprised, I think that it’s incredible what we’ve achieved’ (lines 31-39). Claudia is sharing the achievement in the therapy session with María, thus empowering María. Claudia’s answer is quite long, and only the fragment that was relevant was transcribed here. But it has to be noticed that Claudia is not displaying any so called *resistance* to answer the question, she is answering. Later on, in data that are not shown here, the therapist states her actual view on María, describing her as intelligent, strong, etc.

Extract 6 will start with the continuation of Claudia’s answer on how she does see María. She says ‘I see you very well, which doesn’t mean that all is pink colour, I also see that there are parts in which you can have the feeling, that sometimes are not so good, I’m happy to see that it’s not always depression, I’m really happy’ (lines 1-10).

Extract6

M9b M: client, C: therapist.

1. C: °I see you very well° (0.8) that
°te veo muy bien° (0.8) no
2. doesn’t mean (.) that I feel that all
quiere decir (.) que sienta que todo
3. is pink colour (.) I also see::
está color de rosa (.) también ve::o
4. (.) that there are pa::rts (.) in
(.) que hay pa::rtes (.) en las
5. whi:::ch (.) you can (.)have a series
que::: (.) puedes (.) tener una serie
6. of fee:::lings (0.8) °that sometimes
de sentimie:::ntos (0.8) °que a veces
7. (.) (I think) aren’t so good
(.) (pienso) que no son tan buenos

8. for you° (2) °eh:::° (.) I::'m happy
para ti° (2) °eh:::° (.) me:: alegra
9. (.) to see that it's not always (.)
(.) que ya no sea siempre (.)
10. depression (1) °I'm really happy° (1)
depresión (1) °me alegra mucho° (1)
11. a:::nd (3) °I don't know if (.) °you
y::: (3) °no sé si (.) °deseas
12. want to ask another° (.)
preguntar otra° (.)
13. °another thing°
°otra cosa°
14. (.)
15. M: in your view (1) what do you think
en tu visión (1) qué crees (.)
16. or what (.)do you:: see
o qué ves tú::
17. or what did you do (.) that is
o qué hiciste tú (.) que me
18. keeping me stu:::ck (.) to be a::ble
está atora:::ndo (.) para pode::r dar
19. to take the ste-
el pas-
20. or that ha:::s kept me stu:::ck (1)
o que me ha:: atora:::do (1)
21. to take the ste- in the same way that
para dar el pas- así como están estas
22. there are these things (.)
cosas (.)
23. of richness in me (.)
de riqueza en mí (.)
24. C: °uh huh°

Next we will see Claudia inviting the client to ask more questions, 'I don't know if you want to ask another thing' (lines 11-13). What will be argued is that in engaging in clients' questions in interaction, therapists and clients are institutionalising, making normative, something that might not be so in other kinds of therapy and in other institutional environments. They are creating a different normativity for the

case of therapy, that in which it is a *client's right* to ask questions about the therapy, about the therapist, and about the process of therapy. What is the therapeutic stance that lies behind this?

That María is asking about the therapist's point of view, becomes evident in the way she prefaces the question to follow, 'In your view, what do you think or what do you see that is keeping me stuck' preventing her from 'taking the step' (lines 15-21). In other words, she is asking what is the therapist view not only in the things that are 'richness' in her, but in what is preventing her from taking the step, what is keeping her stuck (lines 21-23). The tape ends up here, and all we can see is that María is about to continue framing her question and Claudia understands that María's turn is not over yet by means of the continuer 'uh huh' (line 24).

A similar situation, where the clients are asking questions about the process of therapy can be seen in Anderons' (1997) transcripts of therapy teaching sessions where she was an invited therapist:

Extract 7

H: consultant therapist, S: client, Jane: therapist.

(taken from Anderson, 1997:49)

1. H: let me begin by telling you what I
2. know about you
3. (...)
4. S: I don't know anything about you
5. (...)
6. H: is there anything in particular you
7. would like to know about me?
8. S: no
9. H: I really don't know what brought the
10. two of you together, what you and
11. Jane have been talking about, what
12. your expectations are for today?
13. S: So what is your specific question?
14. seems like you asked me a lot of
15. questions (...) which one do you want
16. me to answer?
17. H: why don't we start with your coming
18. here today?
19. S: I love the process of therapy. I
20. think it's fascinating. So I was
21. curious to find out what that entails
22. and even though I've been working
23. with Jane for a short time I respect
24. her and admire her work so much that
25. if she thought I'd enjoy coming and

26. that it would be interesting and
27. helpful, then I give that a lot of
28. credit. I thought I'd be good at it
29. (...)

Extract 7 is taking place when the therapy session is starting with the therapist saying 'let me begin by telling you what I know about you' (lines 1 and 2). The client then expresses that she does not know anything about the therapist and that there is nothing in particular she would like to know about the therapist (lines 4-8). This is an illustration of the therapist holding multiple and contradictory views and perspectives when doing therapy (Anderson, 1997).

After the therapist asks a question, the client will volunteer herself to comment/ask 'what is your specific question? seems like you asked me a lot of questions (...) which one do you want me to answer?' (lines 13-16). The fact that the client is volunteering in the interaction to ask this question is relevant to the kind of atmosphere that can be felt in the therapy interchange. That the client is asking/commenting about the process of therapy is found in the references she makes towards the therapist's 'specific question', asking 'a lot of questions' and asking which one she wants 'to be answered'.

It should be noted that the therapist answers, and she answers by means of a question/invitation to start talking about the client coming to the session that day (lines 17 and 18). After that, Sabrina will start answering the therapist's question, stating why she attended the session (lines 19-29).

It is worth recalling here how in extract 4, Anderson and her client engaged in a conversation about the process of therapy as well, where she asks 'I'm wondering if you would have any questions you would like to ask me?' (lines 2-4) and 'anything else you want to know?' (line 10). The process of therapy from a conversational perspective (Anderson, 1997) is the conversation per se, that is why these questions are interpreted as asking about the process of therapy.

When clients ask questions about the therapists' points of view, the questions can be about the therapists' view on the client or on the process of therapy. IT has to be

highlighted that whenever these questions are asked, they get specific answers from the therapists.

6.6. Questions about the clients' lives

Let us turn now to another speech environment where the clients tend to ask questions. This is characterised by clients asking questions that are not straightforwardly addressed to the therapist and questions that are about their lives.

Extract 8 shows the speech trajectory that María follows before getting to ask a question.

Extract8

Ex117 (m4b) M: client, C: therapist.

1. M: what I don't know is how I would do
lo que no sé es cómo lo haría
2. it (0.4) I mean for the*:: (0.6)
(0.4) o sea por e*::l (0.6)
3. because I don't know () that
porque yo no sé () eso
4. so (.) I would like to know (.)
entonces (.) yo quisiera saber (.)
5. C: [uh huh
6. M: [(and so I said it to you) (0.8) so
[(y te lo dije así) (0.8) para
7. that (.) like (when) it got switched
que (.) como que (cuando) se apagara
8. off (.) I had those resources of
(.) yo tuviera esos recursos de
9. being able to sort it ou::t (.) and
poder resolve::rlo (.) y
10. that's what I still don't
es lo que todavía no
11. manage to see
alcanzo a ver
12. C: °uh huh°

13. M: I mean what was different (.) what
o sea qué pasó diferente (.) qué
14. had to happen so that this could
tuvo que suceder para que
15. happen
esto pasara
16. C: I think tha:::t () (.) I said
yo creo que::: () (.) yo dije
17. (3.6) what's this (.) what happens is
(3.6) qué es esto (.) es que
18. that (.) tha::t question is very
esa (.) e::sa pregunta es muy
19. po::tent (.) is very po::werful (.)
pote::nte (.) es muy podero::sa (.)
20. what was different (.) so that it
qué pasó diferente (.) para que
21. ha::ppened (.) () so that it
pasa::ra (.) () para que
22. occu:::rred
sucdie:::ra
23. (2)
24. M: [()
25. C: [(what I understand is) that you
[(lo que entiendo es) que
26. still don't (know) it
todavía no lo (sabes)
27. (2.6)

María starts saying 'I don't know how I would do it, I would like to know and so I said it to you, [how] when it got switched off I had those resources of being able to sort it out' (lines 1-9). In other words, María does not know what has happened that suddenly she has resources to cope with difficult moments ('switched off'), that is something 'I still don't manage to see' (lines 9-11).

Her question is further on worded as 'what was different, what had to happen so that this could happen' (lines 13-15). Understanding that 'this' refers to her being able to cope with difficult moments. In asking this, María is enquiring about her

own life. What has happened in her life so that there are moments in which she is able to cope with obscure circumstances.

The way the therapist answers to this question can be seen as a way of not answering. The therapist is not providing arguments about what can be different in those moments of the client's life. Instead of that, she makes comments on the question, 'I think that, what's this, that question is very potent, is very powerful, what was different so that it happened, so that it occurred' (lines 16-22). Making comments on the question the client has asked is quite different from answering that question.

Even when expressing something similar to an answer to the question the client is posing, the therapist restricts herself to rewording some of the clients previous utterances 'what I understand is that you still don't know it' (lines 25-27). This is making reference to the client's previous 'I don't know how I would do it', 'I don't know that', 'I'd like to know', 'I still don't manage to see'. In a way, if the therapist is quoting the client's utterances to answer her questions, then she can be seen as not giving a proper answer.

Why then this reluctance to answer this particular kind of questions? Within collaborative approach to therapy, there is a belief that the therapist is an expert on conversation and the client is an expert on her life (Anderson and Goolishian, 1992; Anderson, 1997). So, if the client is asking about what happened that she sometimes can cope with difficult situations, we are in the land of the client's life. The therapist is not an expert on the client's life that's why she wants to learn about the client's life. So, this is an instance of the theory assumption that clients are considered to be the experts on their lives and how this can be enacted in therapy talk.

Note as well how the therapist displays reluctance to answer a question that was not directly asked to her. In a way, the questioning the client is showing can be seen as a rhetorical device in displaying problem talk (see section 6.10 below and chapter 2 above). This is different from addressing a question directly to the

therapist, as was the case in sections 6.4 and 6.5, where the therapists actually answer the questions.

As it were, the therapist's understanding about what could happen that María could sort out difficult situations is limited by the client's telling. So, the 'what I understand is that you still don't know it' isn't only rewording the client's words, but it is displaying that the therapist's understanding, and thus the answer to the question, on the client's life can not go beyond the client's telling. And in case it did, the question might have been worded in a different way, it might have been a question asking straightforwardly for the therapist's point of view.

Extract 9 is another example where the therapist can be seen in the surface as not answering the client's question. This stretch of talk is taking place after the reflecting team (see chapter 1 above).

Extract9

Questions 5a Clients asking questions to the therapist EME tape18 (set23), session 6, post reflecting team E: husband, M: wife, S: daughter, X: therapist Ar, Y: therapist I, Z: therapist M, C: therapist C. T: therapist, B: film maker.

1. T: ↑so
↑bueno
2. (3)
3. E: () ((laughs))
4. (7)
5. E: () ((laughs))
6. (6)
7. E: well well eh (2) I'd like to know
bueno pues eh (2) yo quisiera saber
8. if I'm behaving in the right way
si estoy actuando correctamente
9. (.) or not (1) really=
(.) o no (1) verdad? =
10. T: =in::: (.) in what a- in what sen-
=en::: (.) en qué a- en qué sen-
11. E: in:: (1) in having said to Mandy
en:: (1) en haberle dicho a Mandy

12. that I wasn't going to move a
que no iba a mover un

13. finger (1) I mean that there hasn't
dedo (1) o sea que no ha habido

14. been any change in her
un cambio en ella

15. (2)

16. T: >well< (.) err::: (.) I don't know
>no pues< (.) este::: (.) no sé

17. (.) that question (0.8) I(h) would
(.) ahora sí que esa pregunta (0.8)

18. like (.) well (.)
a m(h)í m(h)e gustaría (.) ahora sí

19. to a::::sk it to you
que(.) preguntá::::rsela a usted

20. E: ((laughter))

21. T: if you think that you a::::re (.)
si piensa usted que está:::

22. behaving well when saying to
(.) actuando bien con decirle a

23. Mandy (.) I'm not going to move a
Mandy (.) no voy a mover un

24. finger (.) if you don't (.) eh:::
dedo (.) si tú no (.) eh:::

25. (.) how do you say it (.) you
(.) cómo se dice (.) no:::

26. do::::n't apply (.) to her the
le:: (.) aplicas el

27. corresponding punishment to her at
castigo correspondiente en

28. that moment to Sandra
ese momento a Sandra

29. E: mm hum (1) yes I feel that I am
mjm (1) sí yo siento que sí estoy

30. right (0.8) that I am
en lo correcto(0.8) que yo estoy

31. right
bien

32. T: you think that you are (.)
usted piensa que está (.) en lo

33. right
 correcto
34. E: mm hum
35. T: mmm (.) and yourself Mandy with
 mmm (.) y usted Mandy con
36. regard to (.) what the::
 respecto a lo que(.)
37. team comments
 comenta el:: el equipo
38. M: it's like (...)
 es como (...)

As a matter of routine when doing therapy with reflecting team, after the team has expressed their ideas, clients will be asked by the therapist about their own ideas over the therapist's ideas in the reflecting team. As such, the '↑so' (line 1) in the therapist's turn at the beginning of this post reflecting team talk does not need more words, for the clients to understand that it is their turn at talk.

Ernest then starts asking 'I'd like to know if I am behaving in the right way or not, really' (lines 7-9). To recap a point that was previously made, there are signs in talk, whereby the participants are orienting to usually non normative nature of clients asking questions. In this instance, there are 16 seconds (lines 2, 4 and 6) before the client starts speaking, and once he speaks, his question would be prefaced by 'well, well, eh' followed by a 2 second pause (line 7). This is displaying the unpreferred nature of clients asking questions.

The therapist's answer to this question is a quite 'repaired' turn where she asks another question 'in, in what a-, in what sense-' (line 10). In this accidentally way of delivering her question, the therapist could be orienting to the non-therapeutically correct nature of the question the client has posed.

Then Ernest clarifies in what sense he wants to know if he is behaving or not in the right way: 'in having said to Mandy that I wasn't going to move a finger' (lines 11-13). The therapist's next turn is giving an 'I don't know' answer. As has been noted by Hutchby (2002), one aspect of the utterance 'I don't know' can be seen as displaying resistance to talk from the part of a child in child counselling.

The reason why the therapist is *resisting* answering is that she would prefer to know what are Ernest feelings regarding his question: ‘well, err, I don’t know, that question I would like to ask it to you’ (lines 16-19). The therapist then completes her question quoting the client’s words and telling, ‘if you think that you are behaving well when saying to Mandy I’m not going to move a finger if you don’t apply to Sandra (the clients’ child) the corresponding punishment’ (lines 21-28).

Why is the therapist bringing the client’s question back to the client by means of another question? What is the argument of this section is that this is doing giving the expertise on the client’s life back to the client. That this is an awkward and new situation for both client and therapist is displayed by the client’s laughter on line 20 and by the accidental way in which the therapist utters her turns.

Again, it should be noted that the client isn’t asking about the therapist’s opinion straightforward. He is asking the question a little bit like in the air. Again, it is a question about the client’s life in which, it is assumed, he is the expert. Again, in the markers of dispreference displayed in the extract, participants are showing their initial ‘difficulty’ in relating from a different way. However, as was the case with extract 8, participants engage in the interaction and, in so doing, they are institutionalising and making normative a new way of relating, that in which the therapist is not an expert in the clients lives.

6.7. Questions checking for information and the no? particle

Another kind of questions that clients can ask in therapy talk are questions whose purpose can be said to be ‘checking’ for information in general. Extract 10 is the continuation of the session with Evelyn that has been discussed above.

Extract10

Ex1 (BEPC 3a, 00.11) E: client,
B: client’s mother, P: therapist.

1. P: I ↓still ↓have a few weeks
t↓odavía m↓e ↓quedan unas semanitas

2. of work
 de trabajo
3. (no?maititetelo)=
4. B: =a:::y how nice (.) ay yes how
 =a:::y qué bien (.) ay sí qué
5. [nice
 [bueno
6. P: [April is long now it brings
 [que Abril está largo ahora trae
7. five wee::ks °I was having a look°
 cinco sema::nas °estaba viendo°
8. E: [↑five
 [cinc↑o
9. B: [ye::::s
 [sí::::
10. E: ↑weeks
 seman↑as
11. P: ye::::s (this time it came) long
 sí::: (ahora vino) largo
12. B: uh hu::h

The participants are still engaging in the holiday talk previously cited. In doing so, the therapist makes a general comment on the month of April: ‘April is long now it brings five weeks I was having a look’ (lines 6 and 7). To this general information, Evelyn replies ‘↑five ↑weeks’ (lines 8 and 10). The rising intonation she uses gives us a prosodic clue to interpret this utterance as a question. This question is looking for some reiteration of what the therapist has previously said. And the way it is prosodically adorned can make us interpret the utterance as if Evelyn was making a comment ‘really?’. The fact that this is a question checking for information is oriented to by the ‘yes’ answers that the client’s mother and the therapist give to the client’s question (lines 9 and 11).

There are other examples where the question made by the client is about information regarding general aspects of the environment. Extract 11 is such an instance.

Extract 11

Ex2 (BEPC 3a, 03.59) E: client,
B: client's mother, P: therapist.

1. E: a::::nd (.) and then (1) err my other
y:::: (.) y luego (1) este mi otro
2. ↑brother (.) eh what (.) like there
herman↑o (.) eh qué (.) como que hay
3. is echo [no?
eco [no?
4. P: [like
[como
5. there is echo (.) you know what let
que hay eco (.) sabes qué déjame
6. me turn down a little the (.)
bajarle un poco al (.)
7. volume (.)
volúmen (.)
8. ()
9. B: a::::llright
ah:::: ya

The client is talking about her brother and suddenly her talk gets interrupted by herself in asking a question about something that can be heard in the immediate environment, 'what, like there is echo no?'. The therapist responds to the client's general information enquiry, commenting on the volume and on the necessity to turn it down (lines 4-8).

That the client is asking a question is seen in the way she constructs the question. She starts with a 'what?' and then adds the ending tag 'no?' to her statement. It will be argued that in this case, the particle no? is giving to the utterance the quality of being a question.

The no? particle in Spanish is a particle that could be thought of as being comparable to the tag questions in English. Traditionally, suffixes and prefixes have been linguistically complicated. The rhetorical use for tag questions falls into different approaches, which makes of them a controversial arena for study. The

controversial character of the study of these particles might explain a reluctance within CA to enter that area of study.

Tag questions don't seem to be discourse with any semantic meaning in them. In that sense, it hasn't been clear if they can have an identifiable function in speech for themselves or if they are only an 'add ups' to the speech that is being delivered. Although the same could be thought of for the case of 'continuers', in the sense that they are not particles in speech with a clear semantic content, the placing of continuers in conversation is more obvious, which makes their study more approachable (Schegloff, 1981).

The *no?* particle is one that can also be found in English language, yet, it seems to be more pervasive in Spanish than in English.

In several cases in Spanish language it is difficult to find a pattern for the way the particle *no?* is working. Maybe this is the case with similar particles in other romance languages. Yet, in reviewing my therapy sessions there was one case in which some pattern for the *no?* particle started to appear suggested.

The first thing that became evident is that it is placed at the end of one turn, after a statement was being made. As can be seen in extract 11 the client says 'what, like there is echo *no?*'. Together with the statement that is being accompanied by a *no?* ending particle, what was observed for the recipient was that there was either no response or there was a confirmation of what was being projected by the statement. Observe how in our present extract the answers that follow are 'yes' answers, thus the *no?* projects an affirmative response.

The recipient's response makes the *no?* as being something requiring agreement. There are examples in Spanish Language, where the *no?* particle meets a disagreement. Being that the case, the quality of being a question is more evident for the tag ending *no?* When this happens, the *no?* makes a statement that requires a normative 'yes/no' answer. Making the *no?* a particle that requires either agreement, disagreement or no response to it (maybe the no response could be taken as displaying tacit agreement).

To illustrate the way the no? particle makes the statement into a question, take the following continuum of asking the same question with different formats:

1. ¿is there echo?/hay eco?
2. ¿isn't there echo?/no hay eco?
3. there is echo no?/hay echo no?

This way of presenting the same question, gives us a projection from a clear question format, passing by a question asked in a negative way, ending with the statement that becomes a question given the no? particle.

The first two cases can be thought of as inviting for a more varied set of responses, than the third one. Apparently, in the third way of putting the question, the suffix least the opportunity to deny, making it a powerful projector for agreement. Agreement tokens are massively surrounding these cases of no? either in overlap or in second turn positions. Putting the question this way, might be seen as closing down the options of response to agreements.

However, there are cases in which there can be a disagreement. When this happens, there seems to be an account in speech for that lack of agreement. See the following three examples where the answering options are either the agreement or a negative response with an account:

- A: you're going to stop smoking no?/'vas a dejar de fumar, no?'
B: yes/sí.
B': no, because I like smoking/no, porque me gusta fumar.
- A: you payed the cheque no?/ 'pagaste el cheque, no?'
(I hope you payed it/espero que hayas pagado el cheque).
B: yes/sí.
B': no, because I didn't have time/no, porque no me dio tiempo.
- A: you've lost five pounds weight no?/
'has bajado diez kilos, no?'.
B: yes/sí.
B': no, it looks like, but only five/
no, parece pero no, solo cinco.

The statement + no? particle speech question formulae is not the most frequent kind of construction used in the sessions. Yet it happens. Given that the no? ending

massively projects agreement, there is a tendency to think that the *no?* particle makes the statement an assertion confirming question such that it is difficult to reject it. However, if one sticks to the statement as a statement one can think that its rhetorical force gets weakened because it is given a question quality. In extract 11 above this is seen in that the question, ‘what, like there is echo *no?*’ could have a negative answer was there no echo in the environment and the noise was different.

Another interesting thing to note is that when it projects agreement, the *no?* can be paraphrased as ‘is this so?’/es así? or ‘isn’t it?’/no es así? or ‘isn’t it true?’/no es cierto? Sometimes the *no?* is like saying ‘listen to what I’m saying to you’.

As an important cultural footnote, in Spanish Mexican Dialect, judgements have to be done in a very careful way. Mexican culture is the daughter of a conquered and conqueror cultures. The situation of having been conquered has been hard. There are some traces of this cultural feature in talk, like the ‘order me/mande?’ or ‘you order me/mande usted?’.

There are books about how to say ‘no!’. When saying in mexican culture it is preferable not to do it in a straightforward way. Imperative cannot be used in Mexican as in Argentinian or as in Spanish. As a cultural feature of mexicans, there is a tendency to avoid complete ‘negation’ or to impose or say something straightforwardly. Thus, part of the Spanish Mexican Dialect tendency goes towards softening affirmations. In this view, the *no?* softens an affirmation.

This digression about the *no?* tag ending is relevant as the culture of *no?* might be characteristic of Spanish Mexican Dialect, maybe even of the dialect of México City, because in other linguistic communities in México the use might not be so prevalent.

But let us go back to where we were and carry on with the instances when clients are asking checking for information questions *no?* Extracts 12 and 13 will introduce a question device used by the client when checking up if she actually had or not said something to the therapist before. In extract 12 the client is cutting off her telling by introducing the device ‘I don’t know if I told you but’ (lines 1-4).

Extract 12

Ex3 (BEPC 3a, 12.21) E: client, P: therapist.

1. E: no because in fact I mean I
no porque de hecho o sea n:::::o
2. do:::::n't know if I've told
sé si te
3. you m- (.)
pliqué m- (.)
4. [but for example (.) he rang me up
[pero por ejemplo (.) me habló
5. P: [((nodding head and changes
6. seating position))
7. E: Anton
8. (1)
9. P: ((sha [king head))
10. E: [Anton
11. (.)
12. E: Anton >it's [er he's< he's eh the
Anton >se [des< es eh la
13. P: [((nodding head))
14. E: first person with whom I've
primera persona con la que
15. ha::d sex
tu::ve relaciones
16. [(0.8) a::nd errr
[(0.8) y:: este
17. P: [((bigger nodding head))

When someone in any kind of conversation says something similar to 'I don't know if I told you but', the recipient does not know what the content of 'that what I might have told you' is. Here the therapist is orienting to this unknown character of the issue by means of nodding and changing position (lines 5 and 6).

The answer to the client's question can not be given until she has clarified what she might have told to the therapist. The complete phrase would be 'I don't know if I told you but Anton rang me up' (lines 4 and 7). Once the proposition is completed, then the therapist can answer, as it were, she says no in a non verbal way, shaking her head (line 9). Once the answer to the question is given, then the client can proceed to

give more details of this person she is talking about, ‘Anton is the first person with whom I’ve had sex’ (lines 12-17).

In extract 13 a similar thing happens where the client is talking about something that gets interrupted by the device ‘I’ve already told you no?’. Evelyn’s telling is ‘and so, it happened that he already left cutlami and now it happened that he was going out with the teacher that has given first lessons to me, that who I couldn’t stand’ (lines 1-10).

Extract 13

Ex5 (BEPC 3a, 24.20) E: client,
P: therapist, C: co therapist.

- 1. E: and so err (0.6) I mea::::n
y entonces este (0.6) o sea::::
- 2. >so< n:::: (1.4)
>pues< n:::: (1.4)
- 3. it happened that >right
resultó que >ahorita<
- 4. now< err he already left (.) left
este ya se fue de (.) de
- 5. left (cutlamí) (.) and err::: (0.6)
de (cutlamí) (.) y este::: (0.6)
- 6. and no:::w (.) it happened
y ahora:::: (.) resultó
- 7. tha::t he was go::::ing out with the
que:: andaba::: con la
- 8. tea::::cher that err:: (.) tha(h)t
maestra::: que este:: (.) qu(h)e
- 9. (h)has given lessons first to me (.)
(h)a mí primero me dio clases (.)
- 10. °that° that I couldn’t stand her (.)
°que° que me caía mal (.)
- 11. yes I (.) ↑ye::s I’ve
sí les (.) ↑sí::: ya
- 12. already [↑told
les llegué a [de↑cir
- 13. C: [ye:::s

14. E: you no?
no?
15. P: mm hum
16. E: ye::s no?
sí:: no?
17. C: the trouble with this teacher
la dificultad con esta maestra
18. no? [it was
no? [fue
19. E: yes

Before continuing her narration, however, Evelyn cuts off the telling and introduces the device ‘I’ve already told you no?’ (lines 11-14). Again, here the no? is giving the statement a sense of question and co-occurs with an agreement by Claudia (line 13).

The answer to the question is somehow ‘yes [it’s about] the trouble with this teacher no? it was’ (lines 13 and 17 and 18). Again, the no? by Claudia is co-occurring with an agreement by Evelyn.

Summarising, what this section aimed to present are instances of questions that lead to checking information. It has to be noted that there is no major interpretation over the fact that the client is asking questions to check up information. The therapist in each case takes the question at face value and answers it. Extracts 12 and 13 show the way the devices ‘I don’t know if I told you but’ and ‘I’ve already told you no?’ work as means to check if something was already said or not. In the case of extract 12 the client had not told the therapist and in the case of extract 13, the therapist confirms that the client had already talked about that.

Now why is the client in need to check whether she has already told or something? What is suggested here is that the structure of her narrative will vary according to having told something before or not. She might not want to repeat herself. In any case, she is displaying that she has forgotten what she has and has not said, and she is challenging the therapists’ memory.

6.8. Questions checking for understanding

Amongst the questions that clients ask in therapy talk, there are the questions that are checking for understanding. These are different from the questions checking for information in the sense that they require a further elaboration from the part of the therapist than a yes/no or a confirming answer.

Extract14

Ex120 (m4b) M: client, C: therapist.

1. M: what I was telling you ()
esto que decía yo ()
2. °are evidences°?
°son evidencias°?
3. C: uh hu:::h
4. M: °something like that? (.) when you
°algo así? (.) al
5. say [e- evide::nces
decir [e- evide::ncias
6. C: [()
7. M: [()
8. C: [when I say evidences
[al decir evidencias
9. I mean that (.)
me refiero a que (.)
10. you've already taken the picture of
tú ya le tomaste foto a
11. that that l(h)i::ght reflex
ese a ese reflejo de l(h)u::z
12. .hhh you've vi::deotaped it
.hhh ya lo videa::ste
13. already (.) you now have witnesses I
(.) ya tienes testigos o
14. mean you've already spoken with José
sea ya hablaste con José
15. (.) José is like a wi::tness of that
(.) José es como un testi::go de eso
16. (.) it's obviou::s I mean (.)
(.) es evide::nte es decir (.)

In extract 14 the client is asking to the therapist, ‘what I was telling you are evidences, when you say evidences’ (lines 1-6). One can easily guess that what was not audible in the tape was something like ‘when you say evidences you mean...’ . This is even more so when we see the way Claudia is prefacing her answer, ‘when I say evidences I mean that’ (lines 8 and 9).

The fact that the answer from the therapist requires further elaboration on the corresponding topic is evidenced by the components of her answer. As she said, ‘I mean that you’ve already taken the picture of that light reflex, that you’ve videotaped it, that you now have witnesses’ (lines 9-13). All of these components are re-elaborations of what the participants are referring to as ‘evidences’. Thus, these kinds of questions look for adding more meaning, and in so doing, they foster understanding.

In extract 15 Claudia is offering what can be called in family therapy a reframing, making reference to the way María is explaining things. As she says to María, ‘you manage to explain it in such a way that is harmonic’ (lines 1-3).

Extract15

Ex115 (m4b) M: client, C: therapist.

1. C: to beha::ve (.) but that you manage
actua::r (.) sino que logras
2. to explain it in such a way that it's
explicarlo en una forma en la que es
3. harmo::nious (0.6) it doesn't doesn't
armó::nico (0.6) no no no
4. doesn't connote you- you don't
te connota- no lo connotas como
5. connote thinking as not u::seful
que el pensar no te si::rve
6. (1.2) but thiking pu:: (.) putting
(1.2) sino como que el pensar te::
7. the wa::y to you (.)
(.) te puso el cami::no (.)
8. for what follows (.) and which is to
para lo que sigue (.) y que es el

9. beha::ve (.) and that brings me back
 actua::r (.) y eso me remite a
10. to a way of:: (.) of conceiving
 una forma de:: (.) de concebir
11. things which is very harmo::nic (2.4)
 las cosas muy armó::nica (2.4)
12. () it's very abstract what I'm
 () es muy abstracto lo que estoy
13. sa::ying (.) bu::t it's above all
 dicie::ndo (.) pero:: es más que nada
14. (.) a feeling I think (.)
 (.)una sensación creo (.)
15. °I think so yes°
 °creo que sí°
16. (1.8)
17. M: °as if there wasn't anymore one
 °como si ya no hubiera una
18. (separation)°
 (separación)°
19. C: uh huh (2) but a:: a coupling
 ajá (2) sino un:: un acomplamiento
20. °rather than° (.) e-
 °más que° (.) e-
21. to be thinking of::
 estar pensando en::

What follows then in Claudia's turn is an elaboration of what she means by harmonic, 'you don't connote thinking as not useful, but thinking putting the way to you for what follows, which is to behave, and that brings me back to a way of conceiving things which is very harmonic' (lines 4-11). Claudia then orients to the difficulty of what she has just said, as it needed more elaboration.

Then comes María with a question for understanding that will require more elaboration on the topic by Claudia, 'as if there wasn't anymore one separation', she asks (lines 17 and 18). What follows this question is an answer that is elaborating more on the new way to understand 'thinking', 'as a coupling rather than' (lines 19 and 20).

When the client asks using the particles ‘as if’, we hear efforts to grasp and understand what the therapist is saying about the new way of seeing ‘thinking’. This attempt to foster understanding on something that was previously said, is also seen in the instance where she asks ‘when you say... you mean’ in extract 14.

A similar feature of the client checking for understanding can be seen in Drew’s data, when he compares different *formulations* in different institutional settings, including therapy.

Extract16

Brenda: client, Laurel: therapist.

(taken from Drew, 2001)

1. Brenda: Well hhm I’ve been ah:m, hh .k
2. better: with her. (.) u-lately.
3. Then I had been (.) in a long
4. ti-ime. (0.2) .p.hh (0.9) e-Oh:
5. Go:d but that couldn’t I mean
6. if that ever created a problem
7. like I’m having no:w.
8. (1.7)
9. Laurel: May not create a problem: it
10. might make it possible for a
11. problem to come ou:t
12. (12.1)
13. Brenda: You mean she could’ve always
14. felt like this
15. (0.4)
16. Laurel: Mmhm
17. (26.4)
18. Brenda: .pl .hhhhh (0.6) mYou know
19. Sam’s been very upset about
20. this. ‘N he: (0.4) s-aid that I
21. shouldn’t have sent her to
22. school when I did. (1.5) And
23. that’s probably what cuased it.

As the author comments (Drew, 2001) Brenda’s formulation on lines 13 and 14 is an ‘understanding check’ of what Laurel has said in the previous turn. Unlike our data, the therapist here does not carry on her answer with a further elaboration on the topic. This further elaboration on the topic is then characteristic of my data. Laurel carries on with a minimal ‘Mmhm’ and a big silence follows that response. This is when informing the reader about the kind of therapy that is being done is needed!

We do not know from Drew's paper what was the kind of therapy they were doing in his extract. However, we do know that the responses from the therapist that foster understanding through more elaboration on the topic inquired, come from collaborative therapy. What is this telling us about the kind of therapy that is being done?

I guess one obvious answer to this question is that part of the business the participants are engaging in, has to do with *understanding*. By means of a pair sequence question/answer they are negotiating understanding. And it should be noted that the therapist is not refusing to provide material for fostering this understanding, she is answering. It should be highlighted as well how in these examples the questions that are getting answers are questions directly asked to the therapist.

To sum up, the way the therapist orients to the clients' questions gives us the conversational information needed to put a question on the category of 'checking for understanding'. In collaborative therapy, the therapist orients to these questions providing reframings or things that exemplify what was said before the question was asked. If there were a sequence in this, as a more CA focused analysis might want to develop, the sequence would imply a statement by the therapist, a client's question, and an elaboration by the therapist. In engaging with each other this way we find displays of the negotiation for understanding.

6.9. Questions in inserted sequences

A conversational environment in which clients' questions were found as well is as being part of what is called in CA terms *inserted sequence* (Schegloff, 1968).

When commenting on adjacency pairs (such as questions and answers) Hutchby and Wooffitt (1998: 40) point out that there is a difference between the *serial* nature of talk and its *sequential* properties. Which means that the *preferred* next turn, or expectable second part, need not be the next one in the series of turns, whereas it will be the next in the sequence *per se*.

In describing the properties of adjacency pairs, Levinson explains that strict adjacency does not necessarily occur but that there frequently are insertion sequences ‘in which one question-answer pair is embedded within another’ (Levinson, 1983: 304). The insertion can but need not always be a question/answer sequence. As the author comments, there can be embedded a notification of temporary interactional exit and its acceptance like, for example, in extract 17:

Extract17

(taken from Levinson, 1983: 304 and 305)

1. B: U:hm (.) what's the price now eh with
2. V.A.T. do you know eh
3. A: Er I'll just work that out for you=
4. B: =thanks
5. (10.0)
6. A: three pounds nineteen a tube sir

Extract 17 shows how interactants are in a stand by from the interaction by means of an inserted sequence. B's question about ‘the price with VAT’ (lines 1 and 2) does not get actually answered until there has been an interactional exit/acceptance. The inserted sequence can be seen on lines 3 and 4, where A is ‘working that out’ for B and B is starting to wait. What will be illustrated in this section, however, will be cases when the insertion consists of another question/answer pair.

6.9.1. Say it again sequences

One analytic job consisted of identifying question/answer inserted sequences within bigger QA sequences. Extract 18 is an example of this.

Extract18

Ex4. (m2a) M: client, C: therapist.

1. M: and err and although
y este y aunque
2. [there was a lot of traffic
[había mucho tráfico
3. C: [and is this something
[y esto es algo que

4. you u::sually d- do?
 normalmente:: ha- haces?
5. (0.3)
6. M: (what?)
 (qué?)
7. C: to take no- tha-
 anote- qu-
8. if you're on the street
 si vas en calle
9. for example in a car or
 por ejemplo en co::che o
10. °in a minibu::s
 °en pece::ra
11. [or in°
 [o en°
12. M: [I usually don't do it
 [generalmente no lo hago
13. C: °ah right::°
 °ah ya::°

The first element in the sequence is María's telling which will be interpellated by Claudia's question on lines 3 and 4. María is talking about how on her trip to the museum she was in the minibus taking notes of important places for her. Before the overlapped question, María is thus giving us some details of her trip, 'and although there was a lot of traffic' (lines 1 and 2).

After Claudia's overlapped question, 'and is this something you usually do?' (which is the first pair in the QA sequence), María will reply with another monosyllabic question 'what?' (line 6). This 'what?' is the first pair part of the inserted sequence. Then Claudia will reply, 'to take notes if you're on the street in a car or in a minibus' (lines 7-11). This is the second part, the answer, in the QA inserted sequence, where the client asks the question. After Claudia has replied, then María provides us with the answer to the first question that was asked to her, 'I usually don't do it'. This is the second part of the QA original sequence in our analysis. To summarise, sequence and embedded sequence are as follows:

1. Q1, question by the therapist.
2. Q2, question by the client.

3. A2, answer by the therapist to Q2.
4. A1, answer to Q1 by the client.

A similar sequential pattern is found in extract 19, where Claudia and Allan, the therapists will be facing a delay by the client in answering Claudia's Q1 'and what other word?' (line 1).

Extract19

Ex100, (m4a) M: client,
C: therapist, A: co-therapist.

1. C: and what other word?
y qué otra palabra?
2. (1.4)
3. ((traffic noise))
4. A: you don't obey?
no obedece?
5. M: pardon?
perdón?
6. A: you don't obey
no obedece
7. [he told you too?
[también te dijo?
8. M: [you don't obey
[no obedece
9. (1.2)
10. M: °he told me like that
°así me dijo
11. what happens is that you don't
es que no
12. obey- that you e are very stubborn
obede- es que ustede es muy necia
13. (.) you don't obey ()°
(.) no obedece ()°
14. (.) ((lau [ghing))
15. C: [°uh huh°
16. M: .hhhh and
.hhhh y

In this extract, after Claudia's question, there is a considerable pause of 1.4 seconds. Given this pause, Allan's turn can be interpreted as giving a candidate answer (Pomerantz, 1988), but this is done with the prosody of a question. Thus Allan is providing a candidate answer by means of a question, 'you don't obey?' (line 4).

The whole stretch of talk is about María telling about how her first music lesson was, and what the music teacher was telling her towards the end of the lesson. Therefore, Claudia is enquiring about what words the music teacher was telling María. Allan's question/candidate answer will be met by another monosyllabic question from María, 'pardon?' (line 5). It is not until Allan has answered this question, 'you don't obey he told you too?', that María will provide an answer that will confirm Allan's answer on line 4. María confirms/answers, 'you don't obey' (line 8).

It is worth noting that we are meeting a case here where the embedded sequence within Allan's question/candidate answer sequence is on the other hand a set of QA sequences embedded in the QA sequence where Q1 is Claudia's question 'what other word?' (line 1) and A1 can be found when María carries on 'he told me like that what happens is that you don't obey that you are very stubborn' (lines 8-13). In fact, with this answer, María is providing more of the words the teacher said to her.

So far, we have identified embedded sequences within bigger sequences Q1A1. The embedded sequence in these data has the peculiarity of containing a question from the client. But it is not enough to identify sequences within sequences. One must try and find what is the social action that certain speech acts are performing (ten Have, 1999).

In trying to find out what these inserted sequences (and as we have seen, inserted sequences within inserted sequences) were doing, we identified that one thing that was happening is that the therapist is asked to somehow say again what she/he uttered before. Thus, the turns A2 in the preceding extracts, to some extent are rewording what was said in turns Q1. This might be done because the client might have not heard in a clear way what was said, as in extract 18, where turn Q1 is produced in overlap.

6.9.2. Answers to 'think twice' questions

Another environment in which we observed inserted sequences was that when the therapist is asking questions that do somehow need more time to be answered. We call these questions, 'think twice' questions. The way the client is going to deal with these questions is by initiating what has been identified as inserted sequences.

Extract 20 is part of the session we have been analysing with Evelyn. It takes place some turns after the holiday chat we have reviewed above.

Extract20

Ex1 (BEPC 3a, 00.11) E: client, P: therapist.

1. P: °but anyway° (.) °we::'ll see° (.)
°pero bueno° (.) °a:: ver° (.) cómo
2. how have you been (.) te:::ll me (.)
han estado (.) cuéntenme::: (.) qué
3. what changes do we have no::w
cambios tenemos aho::ra
4. (1)
5. E: ((laughter)) ((giggling)) what
((laughter)) ((giggling)) qué
6. changes=
cambios=
7. P: =we::ll we've seen that you were
=bue::no quedamos que ya estabas en
8. already in your lessons no?
tus clases no?
9. that (.) (whichever you're taking)(.)
que (.) (las que estés llevando)(.)
10. pai::nting during the day or
pintu::ra en el día o
11. something like that no?
algo así no?
12. (.)
13. E: I:::'ve enrolled painting in (the
m:::e inscribí a pintura en (la
14. afternoon) (.) in the UPS
tarde) (.) en la UPS

The end of the therapist's holiday chat and the beginning of a more therapeutically correct talk is found in the therapist's 'but anyway, we'll see' (line 1). Then the therapist re-asks the question 'how have you been' (line 2). This question will be followed by a more therapy-like question, 'tell me, what changes do we have now' (lines 2 and 3). This is the kind of question that needs to be thought of twice before answering.

Compare this question to the following hypothetical ones: 'tell me, how old are you?', 'tell me, what is your surname?', 'tell me, how many brothers and sisters do you have?'. The question 'tell me, what changes do we have now?' has an answer that is not given and known in the same way as do these hypothetical questions. What changes do we have now is not only a therapeutically correct question, but it requires the client to think back and do a search for the things that happened during the week that can be labelled as 'changes'.

The fact that the answer needs to be thought twice is corroborated by the 1 second pause that follows the think twice question as well as by the client's Q2, which is part of the inserted sequence. Evelyn echoes 'what changes?'. This question can also be read as 'what do you mean by changes?'. The therapist will reply instantiating what changes could be, as it were she answers, 'well, you're already in your lessons, painting during the day or something like that' (lines 7-11).

It is not until the therapist provides an answer to the 'what changes' question, that the client will deliver A1. She has now identified what can be instances of changes and has had some time to think of her answer.

Extract 21 contains another example where Evelyn will face a think twice question. The therapist asks, 'so now that we're in this issue of beforehand and afterwards, how do you see yourself before this therapy and afterwards' (lines 1-9)

Extract21

Ex4 (BEPC 3a, 15.15) E: client, P: therapist.

1. P: >so< now that we're in
>entonces< ya que estamos en esta
2. this issue of
cuestión de
3. beforehand and ↑afterwards
antes y des↑pués
4. E: [(nodding head)]
5. P: [(nodding head)] .hhhh e am:::: (4)
6. how do you:::: (.) see yourself (.)
cómo te:::: (.) te miras (.)
7. befo::re [(this therapy
a::ntes [(de:: esta terapia
8. E: [(nodding head)]
9. P: and afterwards
y después
10. (2.4)
11. E: how do I ↑see my self
cómo me mir↑o
12. P: °mm hum°
13. E: that's ↑befo::re having the therapy
o sea ↑a::ntes de tener la terapia
14. ↑befo::re starting with ↑you
↑a::ntes de empezar contig↑o
15. P: mm:: ↑hum (.) a:::nd now
m::↑jm (.) y::: ahora
16. (1)
17. E: >well< something li::ke
>pues< así como:::
18. a little bit lo:::st
desubicado::na

As it happened with extract 20, the think twice question will be met by a long 2.4 pause, which will be followed by the first pair part Q2 of an inserted sequence. The client echoes the therapist, 'how do I see myself?' (line 11). The therapist answers A2, 'mm hum' (line 12). The client asks Q3 which is another inserted sequence,

‘that’s before having the therapy, before starting with you?’ (lines 13 and 14). The therapist provides A3, ‘mm hum (.) and now’ (line 15).

After the series of inserted sequences seen above, there will be another 1 second pause, before the actual delivery of A1, ‘well, something like a little bit lost’ (lines 17 and 18). This is again a feature that displays how a client can deal with think twice questions.

Extracts 22, 23 and 24, further illustrate, not only the robustness of the inserted QA sequences in these therapy sessions, but how this can be a way of dealing with the special questions the therapists can ask. But let us consider one of these extracts by one.

Extract22

Ex12. (m2a) M: client, C: therapist.

1. M: >but like one of those times<
>pero de esas veces<
2. when I am very strict (0.2)
como que soy muy exigente (0.2)
3. if one thing goes wrong
por una cosa que salió mal
4. the others °are going
las demás °van a
5. to go wrong°
estar mal°
6. C: =°mm hum° =°when did you
=°mjm° =°cuándo te
7. realise this?°
diste cuenta de esto?°
8. (0.5)
9. M: that I was very strict
de que era muy exigente
10. [and >that<?
[y >que eso<?
11. C: [uh huh
12. M: almost when my ↑daughters

- casi cuando nacieron
13. were born [I started
mis hij↑as [me empecé
14. C: [↑mmm
15. M: to realise that (0.2) that
a dar cuenta de (0.2) de
16. >that sometimes< I am
>que a veces< soy
17. very negative
muy negativa
18. [and sometimes I
[y a veces me
19. C: [°and what happens
[°y qué pasa cuando
20. when you realise that?°
te das cuenta de eso?°
21. M: °that I'm ve-° (0.2)
°de que soy m-° (0.2)
22. tha::t I'm >I'm very
de que: >soy muy
23. negative?<
negativa?<
24. C: that you're very strict
de que eres muy exigente
25. and tha- sometimes if one thing
y qu- a veces por una
26. goes (.) then a::ll the
cosa (.) ya to::das
- [others °will go wrong°
[las demás °están mal°
27. M: [in the beginning I denied it.
[al principio lo negué.

Extract 22 could have been split up into two extracts, however, for the sake of preserving its beauty, we transcribed, notated and translated the whole. In the first turn of the extract, the client is narrating an example of an incident that paradoxically illustrates how she can be strict with herself (lines 1-5). Making things go wrong if one thing goes wrong is, for the perplexity of the analyst, a way the client exemplifies how she is strict with herself.

Claudia seems to be orienting towards the bit of the narrative where the client describes herself as being strict. Claudia asks, ‘when did you realise this?’ (lines 6 and 7). What follows is a 0.5 pause and then the Q2 part of the inserted sequence comes, ‘that I was very strict and that’ (lines 9 and 10). This again, seems to be an orientation to a think twice question and to the awkwardness of some of the questions that are asked in therapy.² Claudia then provides the A2 in overlap, ‘uh huh’ (line 11).

María is a client that in several parts of her narrative constantly uses expressions such as ‘I realised’, denoting a pervasive feature of self-analysis. It will be argued that the awkwardness of the therapist’s question is responding towards something therapeutically relevant. In asking ‘when did you realise that’, the therapist is putting a date to an occasion in María’s life that was marked by an *insight* on a feature of character. Moreover, this feature of character, being strict, might be something that, according to the way María talks about it, might be problematic for her.

In fact, María’s A1 will contain an element that will date her realisation, ‘almost when my daughters were born’ (lines 12 and 13) as well as display the conflictual character of being strict, ‘I started to realise that sometimes I’m very negative’ (lines 13-17).

Another Q1A1 sequence will be started next in overlap when Claudia asks in present tense (as opposed to the past tense in ‘when did you realise’) ‘and what happens when you realise that’ (lines 19 and 20). María will use again the device to face a think twice question, she starts inserting Q2 ‘that I’m very negative?’ (lines 21-23). Claudia will answer A2, ‘that you’re very strict and that sometimes (notice the emphasis here) if one thing goes then all the others will go wrong’ (lines 24-27). Finally, María produces in overlap her A1 ‘in the beginning I denied it’ (line 28).

In extract 23 Claudia starts asking an awkward question, demanding from the client to step back and reflect on herself as a case, as being an expert.

² Although it has to be noted, that in the Spanish version of this extract, the pause and the inserted

Claudia asks Q1 ‘how do you see that, as a case, a case like yours’ (lines 1-5). Facing this think twice question, María inserts Q2 ‘the same? me?’ (line 6). Claudia replies A2 ‘[a case] where you already detect yourself=’ (lines 7 and 8). María inserts Q3, ‘=as if someone comes and says that to me?’ (lines 9 and 10). Claudia answers A3 ‘yes’ (line 11). María inserts Q4, ‘what would I say?’ (line 12). Claudia replies A4 ‘[a case where] you yourself detect, well, something that facilitates not to get caught by that feeling is to have a title, I want to know how you do judge it’ (lines 13-18 and 20 and 21).

Extract23

Ex23 (m2b; first line from m2a) M: client, C: therapist.

1.

C:

and how do you see that (.)

y y tú cómo lo ves eso (.)
2.

°how do you see it err°

°como lo ves este°
3.

(...)
4.

() as a case (.)

() como caso (.)
5.

a case like yours=

un caso como el tuyo=
6.

M:

=the same? ┌(me?)-

=igual ┌(yo)-
7.

C:

└where you already detect

└donde ya detectas
8.

yourself=

tú=
9.

M:

=as if someone comes and says

=como que alguien viene y me
10.

that to me?

dice eso?
11.

C:

yes (.) ┌or you yourself

sí (.) ┌o tú misma
12.

M:

└what would I say?

└qué diría yo?
13.

C:

you yourself de ┌tect

tú misma detec ┌tas
14.

M:

└uh huh

sequence here might be an orientation to the ambiguity of ‘this’ in ‘when did you realise this’.

15. C: well (.) e::rr (0.2) something that
bueno (.) e::ste (0.2) algo que
16. facilita (.) not to let yourself
facilita (.) no dejarse
17. (.) get caught (.) by that (.)
(.) atrapar (.) por esa (.)
18. feelin- tha:t ↑feeling
sensac- e:sa sensaci↑ó:n
19. M: °uh huh°
20. C: °is to have a title° (0.3)
°es tener un título° (0.3)
21. °I want to know how you do (judge) it°
°quiero saber cómo lo (juzgas)°
22. (1.5)
23. M: °we*ll I° (0.6) °see the (pros) >I
°bue*no yo° (0.6) °veo los (pros)
24. mean<° on the ↑one ↑hand (0.4)
>o sea<° por ↑un ↑lado (0.4)
25. °if it isn't (a typical curricula)
°si no es (un currículo típico)
26. I would say no well what happens
yo diría no pues es que
27. is that a title
un título
28. isn't going to give you (.)
no te va a dar (.)

It is after this series of inserted sequences begun by the client, that answer A1 to the think twice question Q1, will start being delivered. We can see again, as in previous extracts, a 1.5 second pause preceding the answer. María then proceeds, 'well, I see the pros, on the one hand if it isn't a typical curricula I would say...' (lines 23-28).

In extract 24, Claudia is asking about occasions in which María has felt in a certain way, badly, and that has not prevented her from being with her daughter. In other words, Claudia asks Q1 'have there been times in which you have detected that that happens and that that hasn't prevented you from being with your daughter, from speaking to your daughter?' (lines 1-7).

EX50. (m3a) M: client, C: therapist.

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Following this María inserts Q2, ‘that it hasn’t prevented me?’ (line 8), to which Claudia answers A2, ‘uh huh’ (line 9). Then María inserts Q3, ‘that I can be with her anyway?’ (lines 11 and 13). To which Claudia replies A3 ‘that you can be with her in spite of that feeling’ (lines 14, 15 and 18). It is in overlap that María will provide A1 in a series of three consecutive ‘mm hums’ (lines 16, 17 and 20).

In this extract, María again faces the difficulty of the question³ through a series of inserted QA sequences.

As we can see in these examples, the clients’ inserted sequences are marking the therapist’s questions as questions that cannot be answered straightaway. The pauses that precede the clients’ inserted sequences are marking too some difficulty in answering the therapist’s questions. Given that these questions cannot be answered straightaway, inserted sequences are a good rhetorical device to give more time before answering.

6.9.3 Changing the topic

Another job that inserted QA sequences by the client can do is changing the topic of conversation. Let us go back to Evelyn’s sessions and see how in her insertions she can do changing topic.

Extract25

Ex5 (BEPC 3a, 24.20) E: client, P: therapist.

1. P: ↓what ↓e::lse (0.6)
↓qué ↓má::s (0.6)
2. [(do you see
[(ves
3. E: [what else
[qué más

³ Note how it would be difficult to create a recipe of the questions one should ask as a therapist, out of all the examples included in this section on inserted sequences. In the view of the analyst, this reflects the fact that in this kind of therapy the therapist has to work on the stance from which she relates to the clients. Note how the therapist’s questions can be said to fit in the particularities and peculiarities of the moment by moment interaction with the client.

4. P: in yourself) as a pe::rson
en ti) como perso::na
5. (1)
6. E: and err::: (2) and >so< I mean for
y este::: (2) y >pues< o sea por
7. example (.) also I mean
ejemplo (.) también o sea:::
8. li::ke (.) I yes I::: told you
así como:: (.) sí sí::: les comenté
9. about Mo::zo no::?
de Mo::zo no::?
10. (.)
11. P: m::: hum
12. (0.6)

In extract 25, the therapist is asking Q1 ‘what else do you see in yourself?’ (lines 1-4). It is in overlap that Evelyn will ask Q2 ‘what else?’ (line 3), being the therapist’s response A2 ‘as a person’ (line 4).

In a similar vein to the extracts we saw before, after the therapist’s question and the inserted sequences, there comes a pause of 1 second. The only difference with the extracts shown above is that in this case, there won’t be an answer A1 by the client. Instead of this, the client carries on with another narrative ‘and err, I mean, for example, I told you about Mozo no?’ (lines 6-9). It will be argued that in so doing, the client is using the inserted QA sequence device to change the topic and avoid answering.

Her following narrative will be interrupted by her with a question of the kind ‘I’ve told about no?’. Note how this change of topic and avoiding answering is met by the therapist with providing an answer (see mm hum on line 11) to the question that is emerging in the interaction, ‘I’ve told you about Mozo no?’. In this way, the therapist is displaying her orientation to the moment by moment interaction. One can wonder what her behaviour would be, were she a believer in the so called therapeutic resistance.

The fact that the client in extract 25 is putting on hold the continuation of her narrative to check for information about having or not told something, leads us to the next section. We have seen the device ‘I’ve told you no?’ used several times in these extracts. Part of what is argued in the following section is that in inserting sequences like ‘I’ve told you no?’ or similar ones, we get as a result a move to structure the clients’ narratives.

6.9.4. Structuring the clients’ narratives

In the following two extracts, what was found was that QA sequences can be traced in the environment of the clients’ narratives. In these cases, the client herself can introduce the insertions, or the therapist can introduce them. In anyway, what I will try to show, is how in these cases, the insertion work is in favour of structuring and shaping the unfolding narrative.

Let us revise extract 26, which we have quoted before for other purposes. Here Evelyn is telling a story of a lad that was going out with the person who was previously her teacher. As she says, ‘it happened that right now he already left (cutlamí) and now it happened that he was going out with the teacher that has given lessons first to me, that I couldn’t stand her’ (lines 1-10).

Extract26

Ex5 (BEPC 3a, 24.20) E: client,
B: client’s mother, P: therapist, C: co-therapist.

1. E: and so err (0.6) I mea::::n
y entonces este (0.6) o sea::::
2. >so< n:::: (1.4)
>pues< n:::: (1.4)
3. it happened that >right
resultó que >ahorita<
4. now< err he already left (.) left
este ya se fue de (.) de
5. left (cutlamí) (.) and err::: (0.6)
de (cutlamí) (.) y este::: (0.6)

6. and no:::w (.) it happened
y ahora::: (.) resultó
7. tha::t he was go:::ing out with the
que:: andaba::: con la
8. tea:::cher that err:: (.) tha(h)t
maestra::: que este:: (.) qu(h)e
9. (h)has given lessons first to me (.)
(h)a mí primero me dio clases (.)
10. °that° that I couldn't stand her (.)
°que° que me caía mal (.)
11. yes I (.) ↑ye::s I've
sí les (.) ↑sí::: ya
12. already [↑told
les llegué a [de↑cir
13. C: [ye:::s
 [sí:::
14. E: you no?
no?
15. P: mm hum
16. E: ye::s no?
sí:: no?
17. C: the trouble with this teacher
la dificultad con esta maestra
18. no? [it was
no? [fue
19. E: [yes
[sí
20. C: the time when you weren't very
el periodo en el que no estaba muy
21. sure i*f (.) if you repeated the
seguro si* (.) si repetías el
22. cou::rse (.)
cu::rso (.)
23. B: [mm hu::m
24. C: [or if you fi::nished it
[o si lo termina::bas
25. B: mm hu:::m
26. E: yes (.) [or
sí (.) [o

27. C: lor if you went
 lo si te regresabas
28. back to the begi::ning
 al princi::pio
29. P: uh:: huh
30. E: uh huh (.) yes (.) so eh (.)
 ajá (.) sí (.) entonces eh (.)
31. it happened that they're going out
 resultó que andan ellos
32. no? (.) and err:::
 no? (.) y este:::

At this point in her narrative Evelyn stops herself to ask and insert Q1, 'yes, I've already told you no? (lines 11-14). What follows this is a detailed answer A1 from Claudia and a minimal answer A1 from the other therapist, 'mm hum' (line 15). Then Evelyn produces a Q2 with the monosyllables 'yes no?' (line 16). What follows in the sequence is Claudia's detailed answer A2, 'the trouble with this teacher, it was the time when you weren't very sure if you repeated the course, or if you finished it or if you went back to the beginning' (lines 17-28).

It is after these inserted sequences of QA that Evelyn will carry on with her main narrative, 'yes so eh it happened that they're going out no? and err' (lines 30-32). What are these inserted sequences that begin with the client asking questions doing here? It is assumed that they are helping the client remember if something was already said or not, in order to specify more in the narrative, or to carry on. Once the therapist clarifies that the client had already mentioned details about the characters of her story, then the client is not in need anymore of making a parenthesis in the interaction to provide information the therapists already have. In this sense, the sequences have a direct impact on the form and content of the narrative.

Next extract should be seen as a contrast to extract 26, as it is mainly the therapist who is doing the inserted sequences. María is talking about her recently started music lessons. As she says, this fact has an exceptional character in her life, 'I am surprised to see how I'm doing things that I could've done before, that I didn't do because of many reasons, and yet now so quickly I'm doing them no?' (lines 1-7)

Extract27

Ex89. (m4a) M: client, C: therapist.

1. M: it's a week which means that (.) what
son ocho días o sea que (.) yo lo que
2. I say is (.) I am surprised to see
digo (.) me sorprende ver
3. (.) how I'm doing thi::ngs (.) that
(.) cómo estoy haciendo co::sas (.)
4. (.) I could have done before (.) that
que(.) yo pude haber hecho antes (.)
5. I didn't do because of many reasons
que no las hice por muchos motivos
6. and yet now so quickly (.)
y sin embargo ahora tan rápido (.)
7. °I'm doing them no?°
°las estoy haciendo no?°
8. (1)
9. C: [°are you talking
[°estás hablando
10. M: [it's been hhh
[hace hhh
11. C: about the° (.) the le::ssons
de las° (.)las cla::ses
12. M: (sorry?)
(mande?)
13. C: how long is it going to take?
cuánto van a durar?
14. [()
15. M: [it takes two weeks (.)
[duran dos semanas (.)
16. one week °in the afternoon°
una semana °en la tarde°
17. () (.) [by the way
() (.) [para esto
18. C: [everyday?
[todos los días?
19. M: yes everyday ()=
sí todos los días ()=
20. C: =from monday to:: [to friday?
=de lunes a:: [a viernes?

21. M: |to friday (.) by
|la viernes (.) para
22. the way the:: yesterday's experience
esto el:: la experiencia de ayer
23. was very interesting because (.)
fue muy interesante porque (.)
24. well:: the man (t↓iplically) is
pues:: el señor (t↓ípicamente) está
25. ↓used to teach (.) and err(hhh)
acostumbr↓ado a dar clase (.) y
26. (.) at the end of the lesson
esthhhe (.) al final de la clase
27. I asked him
le pregunté

For some reason, for Claudia it is not clear what María is referring to specifically. So she asks, 'are you talking about the lessons?' (lines 9 and 11). Claudia's question is produced in overlap with María's intent to carry on with her narrative 'it's been' (line 10). It might be that María's Q2 say it again, is orienting to the overlapped talk.

There is no direct answer to Claudia's question 'are you talking about the lessons?' and the participants carry on the talk on the basis that María, indeed, is talking about the music lessons. Thus, the question Q1 that Claudia is initially asking can be seen as being a rhetorical question that is asking María to stop a little bit the narrative.

In putting a temporal stop to María's narrative, Claudia asks Q3, 'how long is it going to take?' (line 13). María replies A3, 'it takes two weeks, one week in the afternoon' (lines 15 and 16). That Claudia is in an attempt to stop the narrative can be seen in that she carries on asking questions; 'everyday?' is Q4 (line 18). To this, María replies A4 'yes everyday' (line 19). Then Claudia again inserts Q5 'from Monday to Friday?' (line 20) which gets a repeat as a response from María, 'to Friday' (line 21).

That client and therapist here have two very different agendas can be seen in that the client is displaying attempts to carry on with the narrative, while Claudia is looking for some detail of the narrative. The first time the client shows a willingness to

abandon the parenthetical talk, given by QA sequences, is when she produces a 'by the way' (line 17) which is overlapped with Claudia's turn.

It is after this parenthetical talk that the attempts of the client to continue with her narrative will succeed. As we can read she says 'by the way, yesterday's experience was very interesting because the man...' (lines 21-27).

Why is Claudia inserting these four questions in the talk? 'Are you talking about the lessons?', 'how long is it going to take?', 'everyday?', 'from Monday to Friday?' are all questions that are asking for details of topic, time and schedule. In doing this, Claudia is adding detail to the 'unique outcome' (White and Epston, 1990) that the client can be seen to be narrating. This way, Claudia is thickening the event of the music lessons, that is qualified by María as exceptional, when she underlines its surprising character and how interesting it was.

In extracts 26 and 27 we can see how different the job of structuring the narrative can be depending on who is doing the job. In both cases the participants use inserted sequences to provide structure to the narrative. However, whereas the client can be checking information in order not to repeat herself, the therapist job is more sophisticated. By means of her questions in inserted sequences, she is giving temporality to a topicalized event.

In both extracts presented here, we have examples of inserted sequences not so much within other sequences, but within the clients' narratives.

To summarise this section, conversational appeals for giving structure to the narrative being told by the client can be observed both in the clients' and in the therapists' inserted sequences. In the case of the client, checking if she has or not told a given information is having a direct impact in the content to be included in following turns. In the case of the therapist, the inserted sequences are doing the job of asking the client to make clear what is the topic and time of the narrative.

6.10. This is what I'm asking

In the last two sections of this chapter I will try to give the results of an analysis done over examples of clients' question that could not be found to fall into any of the patterns above mentioned. The only thing that these examples have in common with the rest is that they are instances in which the client is asking questions. My aim in these sections is to describe what interaction job are doing the questions that are asked by the client.

Extract 28 starts with María asking a question. Her question, which is part of her narrative, is prefaced with 'this is what I am asking' (lines 1 and 2). Once prefaced, the question in her narrative arises, 'why those people saw in me those things [good things] that are in me, maybe not completely, but they saw some of that which I always say I don't have' (lines 4-12).

Extract28

Ex116 (m4b) M: client, C: therapist.

1. M: thi(hhhh)s is what I am (.)
hhhhesto es lo que yo estoy (.)
2. a::sking
pregunta::ndo
3. C: [()
4. M: [why:: those people
5. [por qué:: esas personas
6. saw in me (.)
vieron en mí (.)
7. those things °that ()° (.)
esas cosas °que ()° (.)
8. that are in me (.) that maybe not(a)
que hay en mí (.) que tal vez noa
9. completely (.) but yes they saw
totalmente (.) pero sí vieron
10. so::me °of that° (.)
a::lgo °de eso° (.)
11. which I always say that
que yo siempre digo que

12. °I don't ha::ve° (.) () (.)
 °no te::ngo° (.) () (.)

13. °I sti::ll do::n't sort it out°
 °toda::vía no:: lo resuelvo°

14. hhhh

15. (1.6)

16. M: hhhh

17. (1.8)

18. C: °ye::s there I think tha::t (.)
 °sí:: yo pienso ahí que:: (.)

19. this that (.) () about
 esto que (.) () de

20. ((clears her throat))

21. (.)

22. doing a search of all the music
 hacer una investigación de todas

23. schools no?
 las escuelas de manejo no?

24. [o::r
 [o::

25. M: [mm hum

26. C: at least (.) if not (.) all of them
 por lo menos (.) si no (.) todas

27. (.) se:::veral no? (.) and that's it
 (.) va:::rias no? (.) y ya

28. to have everything ready ()
 tener todo listo ()

29. (1) eh:: () I mean (.) that on
 (1) eh:: () o sea (.) que por

30. the other hand also (↑)
 otro lado también (↑)

31. °to do a search of music schools
 °hacer una investigación de

32. (↑)
 escuelas de música (↑)

33. (.) no?°
 (1.4)

34. M: °yes° (0.8) but (.) >then< I always
°sí° (0.8) pero (.) >entonces< siempre
35. stopped there (.) I mea::n °(err)°
me quedé ahí (.) o sea:: °(este)°
36. (.) on:: (.) on sea::rching on having
(.) en:: (.) en investiga::r en tener
37. the information (.) like I a::lways
la información (.) como que sie::mpre
38. missed (.)or I miss taking the ste::p
me faltó (.) o me falta dar el pa::so
39. °to other ↑things°
°a otras c↑osas°
40. C: uh huh (1) °uh huh°

In short, María's question seem to be 'why other people can see in me good things that are in me, that are me, and I can't?'. The funny thing is that she is not addressing this question to anyone in particular, it is simply something 'she is asking'. It is interesting to see how she gives answer to the question when she says 'I still don't sort it out' (line 13).

What comes after the question is an intervention by Claudia, where she starts commenting on the search María did about all the music schools. And after this María carries on with what we can call 'moaning talk', expressing how she always stops when getting information and she always misses taking the step to other things (lines 34-40).

So the question in this case is part of the moaning talk. María has presented two problems and one of these is put into words in the form of a question. In this sense, the problem about not knowing why she is not able to see good things in her contrasts in form with the problem of always missing to take the step to do other things. This is so, because the second problem has the properties of a statement. Therefore, the question format is used to express something that is problematic for the patient.

This way, María's question is a rhetorical device similar to that we saw she was using in section 6.6. It is a rhetorical device that helps and gives shape to her problem talk.

As a summary of this section, consider how clients can ask questions that carry on information related to problem talk. When doing so, the question is not directly addressed to the therapist, and therefore doesn't get a proper answer from the therapist. Rather, the question in this case seemed to be a rhetorical question that helps give the problem narrative a question format. It might be a feature of problem talk to be expressed by means of a question. The rhetoric of 'this is what I'm asking' might be giving here a special stress to what otherwise could be a simple statement like 'I don't know yet that I can't see good things in me'. The remark on the client 'asking' something is an orientation to what clients do when they are in therapy. They are constantly questioning aspects of their lives, constantly asking and finding answers. Therefore, this way to put the problem orients to the fact that therapy might be a place to ask questions and to find answers.

6.11. Struggling for understanding

This section presents another stretch of talk that didn't fall into any of the patterns so far described. In the previous section the question that was found was part of the client's current problematic talk, in other words, part of her presentation of a problem for therapy. In this section, the client's questions have a more dialogical form, in the sense that they are part of QA sequences between the participants.

The whole version of extract 29 has been included in the appendix. Here we show only fragments of it that are relevant for the argument in question. The extract starts with Claudia's long turn where she is struggling to verbalise a metaphor for the client. Claudia expresses that there might be no problem in having blackouts, that having blackouts might be natural, but that the important thing is to see what are the resources María has, like the emergency plant, to overcome those blackouts (lines 1-23). She constructs this idea making reference to previous talk by Allan, the co-therapist.

Extract 29

Ex120 (m4b) M: client, C: therapist.

1. C: the emergency plant (0.8) it isn't
la planta de emergencia (0.8) no es
2. (0.6) it isn't e- within the idea
(0.6) no es e- en la idea
3. that (.) there are rea::lly bl- no
de que (.) rea::lme::nte sí:: hay a- no
4. (.) do I make myself clear (.) it's
(.) me explico (.) es
5. within the idea that (.) that (.)
en la idea de (.) de que (.) de
6. rea::lly what resources can you have
ve::ras qué recursos puedes tener
7. like the ele::ctric power
como la pla::nta de
8. pla::nt (1) in case there is a
lu::z (1) por si hay un
9. blackout (2.6) I mean I sta::y a
apagón (2.6) o sea me quedo:: un
(...)
24. M: it's like () no? (.) >I don't
es como () no? (.) >yo no
25. bother< so much that someone will:::
me preocupo< tanto que alguien me
26. will will rape me on the street (.)
vaya:: a::: a violar en la calle (.)
27. but what do I do if someone
sino qué hago si alguien
28. °() rapes me on the street?°
°() me viola en la calle?°
(...)
40. C: may:::be
a lo mejo:::r
41. (.) err:: (1.6) precisely because the
este:: (1.6) precisamente porque el
42. problem isn't (.) isn't that they
problema no es (.) no es que me
43. ra::pe me in a given moment
vio::len en un momento dado

44. () (.) no? (.) but what am I
() (.) no? (.) sino qué voy a
45. going to do (.) because ↑maybe there
hacer (.) porque a lo mej↑or hay
46. are certain ↑streets (.) that I'm not
ciertas c↑alles (.) que no voy a:::
47. going to::: try::: (.) may:::be (.)
procura:::r (.) a lo mejo:::r (.)
48. there are certain hou::rs in which I
hay ciertas ho::ras a las que no voy
49. won't () alo::ne (.) on the
a () so::la (.) en la

(...)
70. M: °is it (.) more or less (.) it's (.)
°es (.) más o menos (.) es (.)
71. you mean tha::t (.) more or less
quieres decir que:: (.) más o menos
72. li::ke (.) like the resources
como:: (.) como los recursos
73. I've discovered when ()
que descubrí cuando ()
74. (.) like to pray:: like the
(.) como el hacer oració::n como el
75. [()
76. C: [°uh huh°

María's next turns are about trying to find a different metaphor than the one Claudia is expressing. María wonders if what Claudia is saying is similar to the problem not being being raped or being scared of being assaulted on the street, but what to do in that case (lines 24-36). Claudia extending on the understanding of María's metaphors meets María's question. As it were, she engages in expressing what can be called measures of prevention for the case of being raped (lines 37-69).

The case of not worrying about being raped is quite an extreme one, this can be compared to what elsewhere has been called extreme case formulations (Pomerantz, 1986). In this way, what Claudia is saying about preventing measures can be taken as softening the extreme case, by focusing on instances of what can be

done to prevent that from happening. What comes next is another question-like expression by María, where she asks ‘is it more or less you mean, like the resources I’ve discovered like to pray’ (lines 70-74).

By means of questions, the client in this extract is probing the therapist in order to reach an understanding in her own terms. This is different from the cases we saw in section 6.8, where the clients’ questions are only checking and not struggling for understanding. María’s understanding transforms the initial metaphors into ‘the resources’ the client has discovered and in ‘what can be useful’ (lines 79-82). From there, the client is no more using extreme case formulations, but states that in order to know about what can be useful, she would need to know when she is feeling well and when she is feeling bad (lines 83-87).

It is after this episode where the client is trying to reach understanding on the therapist’s metaphors that she can carry on with her own narrative (lines 90-95). So, by means of questions, the client is deconstructing the therapist’s metaphors in order to reach an understanding in her own terms.

Struggling for understanding is something that is characterized by the use of questions from the part of the client, which in turn call for more elaboration or reformulations from the therapist. These questions are more than a simple check for understanding in that they are rich in formulations offered in the questions. These questions and the answers they produce are an example as well of how participants negotiate meaning in therapy talk. It might be interesting to see if clients use these questions whenever a therapist’s talk tends to be rather abstract or when the metaphor is not clear enough.

6.12. Overview

This chapter has been concerned with questions in therapy talk, in particular it looks at questions when asked by the client. After doing a literature review, it became evident that there is not much work on questions and therapy. The work that is available in this field comes from the therapy literature and it covers

typologies of questions, rather than looking at the way questions work within therapy interactions. Within the field of conversation and discourse studies, there is work on questions, but the arena of questions and therapy does not seem to be covered by this work. Similarly, there is no literature covering the case in which clients as opposed to professionals ask questions. This research report is illuminating in that sense.

Several instances of questions were found as part of the client's contribution to therapy talk. It was found that clients can ask questions about the therapists' lives and points of view. When asking questions, clients can do so either invited by the therapist or volunteering. Inquiring about the therapists' points of view can include asking for their views on the client or on the process of therapy.

When asking questions about the therapists' lives, clients do receive an answer, as opposed to the instances where they ask questions about their own life. In answering clients' questions, therapists are displaying being public, which is part of the philosophical stance in CAT (Anderson, 1997). One of the reasons why the therapist can not answer some of the clients' questions is that they are asked in an indirect way. In these cases, in not answering the clients' questions, therapists are displaying an aspect quite important in CAT, which is that the clients are the experts in their lives. However, questions about the clients' lives can get an answer if they are addressed directly to the therapist.

Clients' questions that are checking for information and understanding were discussed. Clients were found to ask questions as well in inserted sequences. When doing this, the inserted sequence can be doing several jobs. The jobs of 'say it again', 'answering think twice questions', 'changing the topic', and 'structuring the clients' narratives' were found to be done by means of inserting QA sequences.

Two cases were found not to fall under any of the patterns above mentioned. In one case, the client is exposing a problem in the form of a question, thus the question is a useful device to display problem talk. In the other case, the questions by the client were displaying struggling for understanding the therapist's metaphors in the

client's own terms. The richness in talk of this struggle for understanding makes it different from the cases where there is checking for understanding.

Aspects such as pauses, repaired turns, markers such as 'well' were found to be displaying the non preferential nature for the clients asking questions. However not preferred though, there are enough examples here to make clear that clients asking questions that get answers might be starting to be a normative feature of some kinds of therapy.

This chapter shows how active the clients can be in therapy talk, as opposed to the commonly sustained myth that they are passive subjects, limited to tell their story to the 'expert', who then knows more about their lives than they do. It would be interesting to compare the frequency and type of clients' questions with other types of therapeutic encounter. This chapter has gone some way towards facilitating this kind of endeavour.

Chapter 7 Active Listening in sequences of Therapy Talk

7. Active Listening in sequences of Therapy Talk

This chapter takes as a starting point a clinical category called *active listening*. The chapter has four major sections. The first one will cover a literature review on the notion of listening in general and active listening in particular (sections 7.1). The second section describes what active listening is not in conversation (sections 7.2). The third section will present the analysis of active listening as found in sequences of therapy talk (7.3 to 7.10). And the fourth section will cover some concluding comments (7.11).

Active listening has proven to be a relevant category in therapy literature, but it hasn't always been analysed in terms of how it gets displayed in talk. This study aims to deepen our understanding on the interactional aspects of listening in therapy.

7.1. Active Listening in the Literature

When doing research on talk or on discourse, it is usually taken for granted that what we study are the spoken words. Even when talking about what is implied, not said or repressed, the starting point seems to be the words (Billig, 1999). It follows that many studies done on talk and discourse may have been inspired by what speakers say when they are in a position of speaker. As Goffman signals though (1981), when a conversational exchange takes place we can consider not only the position of speaker that the participants have, but also their position as listeners.

Once it is accepted that there can be such a thing as a position of being a listener, one can start wondering about the features in talk that could allow us to notice someone in that position. A first level of observations about the signals that listeners can give could be their silence. If someone is taking part in a conversational exchange and is listening, he or she might be silent. In other words, it might be that the first way one can make

listening visible is to note the participants' silence. The fact that silence is something that can be given a label, a category, and thus something which can be interpreted as 'visible', can be found in the conventions that exist in fields like conversation analysis and music. In the conventions that exist for transcribing talk in Conversation Analysis, silence is given 'numbers' and in music, silence is given symbols that mean the 'number' of beats or half beats etc.

On a second level of observations about the signs we can have from listeners, there is work suggesting that speakers and listeners can be considered as equal co participants in conversations. Here, small particles such as uh huh, oh, mmm, yeah, right and mm hum have been considered as 'listener talk' (Gardner, 2001). This listener talk can be giving information about the stance a listener is taking (e.g. bored, sympathetic) when one stops and notices their prosodic and phonetic features.

A third level in which listening can become evident to us is where doing listening goes beyond the small (and yet very potent) talk above mentioned. It is in this level that the present work is placed.

On a fourth level of understanding, several degrees of listening can be grasped through the way it is used within the literature. Ranging from the more general writings on listening to more specialized versions of it, one finds several interesting ways in which listening is used and conceptualized. It is with this fourth level of understanding that this writing begins.

7.1.1 Common sense notions of listening and hearing

To talk about different notions of common sense regarding listening, it is worth following Billig's (1987) distinction between the restricted and unrestricted common senses. As he puts it:

‘A distinction must be made between two senses of the concept of ‘common sense’. There is an anthropological, or restricted sense, which confines particular versions of common sense to particular communities or audiences. Then there is an unrestricted use, which implies that there is a common sense to which all audiences subscribe.’ (Billig, 1987, p231).

Attending to this distinction, we shall start first with the unrestricted notion of common sense that can be attributed to listening.

In common sense terms, we usually find that a distinction is made between ‘listening’ and ‘hearing’, with more value given to ‘listening’ than to ‘hearing’. Listening can be defined as ‘to pay attention to what someone is saying or to a sound that you can hear’ or as ‘to consider carefully what someone says to you’. On the other hand hearing is defined as ‘to know that a sound is being made, using your ears’ or ‘to be told or find out a piece of information’ (Longman Dictionary of Contemporary English, 2000). In common sense terms one can say that ‘to pay attention’ or ‘to consider carefully’ are terms that refer to more complex (usually assumed to be cognitive) processes that are going on than when one perceives a sound and when one is getting informed.

An important point here is that, in contrast to the assumptions underlying ‘dictionary definitions’ for CA/DA/DP, words do not possess some kind of unified meaning – they take their meaning from the context in which they are uttered, as well as the wider socio-cultural contexts. This gets us away from the notion that it is simply theorists/individuals who are making certain assumptions. However, part of the literature review requires presenting what different theorists mean by listening.

Although common sense seems to privilege listening over hearing, not everybody has worked under the same assumptions. And some people give to hearing the importance that listening can have for others. In Levin’s (1992) work on women who have been battered, for example, the researcher gives to the notion of ‘hearing’ a treatment that we commonly find for listening:

‘Hearing is more than listening. *Hearing is a process involving a negotiation of understandings*. This process can involve one’s own voices (internal dialogues), or multiple people’ (Levin, 1992, p.48).

For this researcher, hearing has a relational character and listening is described as being non-dialogical, passive:

‘...the differences between what I consider the mutual intersubjective nature of hearing, and the passive, non-dialogical process of listening...’ (Levin, 1992, p.51).

Another place where the notion of hearing is understood differently is in Stanley’s (1992) historical review of the concept of listening. We find this when the author is talking about how Aristotle recovers the importance of the notion of ‘hearing’ for the development of thought and intelligence.

The previous observations contrast with what we find in common sense terms, where listening is normally what is given more value. What is striking here is how for some people ‘hearing’ works as ‘listening’ for others.

However, in contexts like therapy the idea of ‘listening’ can be easily dismissed. In folk terms it is not unusual to find expressions like ‘is that all the work the therapist is doing, just listening?’ or, ‘if it just means listening to someone’s problems, anyone could do therapy!’.

To expand this point, take for example the way Shorter is quoted in Stanley’s (1992) historical review of the notion of listening. What Shorter is supposed to be doing is to be defending listening in front of the massive presence of ‘history-taking’ procedures within the medical field:

‘Shorter points out that “listening is the main kind of informal psychotherapy the family doctor is able to conduct,” that listening is a crucial ally for the doctor in helping his patients cope with psychological distress and mental disorders.’
(Stanley, 1992, p.1630).

What we see in this extract confirms the notion that, within the common sense of therapeutic communities, listening can be devalued. At the same time that this text is valuing listening as being worth in front of the cold history taking procedures, as a psychotherapeutic practice, listening is being reduced to being *informal* psychotherapy. Of course another interpretation of this is that listening is informal here because the doctor in his surgery is doing it as opposed to the therapist doing it. However, one has to consider too the cases of doctors who are therapists themselves.

Another time when listening is commonsensically devalued within therapeutic communities is when it is compared to the so called ‘therapeutic interventions’. Listening is somehow less than a therapeutic intervention. The dismissal of the notion of listening can be thought of as an echo of the fact that, culturally speaking, we tend to attribute more value to the ‘doing’ over the ‘not doing’ or being passive. The idea of passivity is one often associated with ‘listening’. What will be discussed in this chapter are the forms that listening can adopt when thought of as active, as a way of ‘doing something’.

7.1.2. The notion of listening in the general social scientific literature

The notion of listening seems to have been explored and used in several fields such as therapy and counseling, music, education, teaching and learning languages, media studies and social sciences. In fields like these, listening is given several different meanings.

One meaning that commonly appears for listening in the literature is as part of what simply takes place in a conversational exchange, where some participants will be listening while others are speaking, and vice-versa. As an example of this, take the study reported by Delph-Janiurek (2000). The author is taking a conversational approach towards the study of power relations and gendered talk between students and instructors. He is arguing that authority and respect are things that have to be earned by the instructors, by speaking in ways that the students would consider legitimate. When commenting about the state of the art regarding these issues, he says that:

‘in much of this work there is a neglect of the role of language, and more particularly the everyday conversational activities of talking and listening’ (Delph-Janiurek, T., 2000. pp.83-84).

Here listening, as well as talking, is part of something that happens everyday in our conversations. It is a taken for granted part of conversational activity. Delph-Janiurek emphasizes bodily behavior as part of what can display listenership in gendered talk. This way, instructors and students talk and bodily display listenership. Even in the when not talking, students can signal their participation bodily displaying attentiveness (Delph-Janiurek, 2000: 88 and 90).

The results of a program carried out with children with cancer presented by Balen (2000) stress the importance of listening by paying ‘close attention’ to the children’s ‘voices’. Balen reports that children listened to in this way said that it had encouraged them to feel more self-sufficient. This is an example of a study where the notion of listening is closely associated with ‘giving voice’ to certain people.

In reports like Levin’s (1992) study on women who have been battered, ‘hearing’ is highlighted as a ‘research methodology’. Here we also find a treatment of ‘hearing’ as ‘giving voice’, in her case, to women who have been battered. This ‘giving voice’ to them, listening to them, allow them to be considered within the research literature as more than statistics:

‘Without a narrative or story format for women who have been battered to be heard, they would simply be reduced, by statistics, to labels and categories of language. These can keep us distanced from the people that are pained, hurt, and jeopardized by the battering. Not hearing, not connecting with the human suffering through the personal reports of women who have been battered can keep us detached.’ (Levin, 1992, p.45).

Thus we find that listening is also used to refer to a way of studying within the social sciences field. One instance in which listening is used as a metaphor for studying in an anthropological way is found in Silverstone et al. (1991), who studied the use of information and communication technologies in British families. They wanted to understand the role of information and communication technologies in articulating the ‘long conversations’ that families have, as well as engaging with and ‘listening to’ those conversations.

Another place where we find listening as a means to ‘give voice’ is in the feminist appraisal of the notion of ethics. When considering who should be contributing to the dialogue around ethics, Hunter (2001) stresses ‘learning how to listen’ as one way to give voice to those from marginalized communities.

Hunter’s work suggests that under this feminist approach to ethics, listening is something that can be strategically guided towards achieving some purpose, in this case, giving voice to excluded voices. The notion of listening as something that can involve a priori strategies before it gets actually done, is a common one within some contexts of clinical and educational psychology.

Delph-Janiurek (2000), for example, when explaining the ‘feminine polyphonic interaction’ between teachers and students, refers to the activity of ‘evaluation’ as something that might be taking place ‘while’ listening to the student:

‘Although instructors may be relatively silent, this does not necessarily equate with passivity; students are still subject to their evaluatory surveillance.’ (Delph-Janiurek, p.90, 2000).

Listening can also have the meaning of being a skill or ability. Within the field of teaching and learning second languages, for example, listening is considered as one of the typically identified four skills that have to be trained when one is learning a second language. The other three skills being: speaking, reading and writing (Sydney and Kneale, 2001)

When thought as a ‘social skill’, listening has been treated as something that can be taught in such a way that can promote better relationships amongst people. In this sense, there are manuals and books that have been written to promote the improvement of listening (Bolton, R., 1979, Burley-Allen, M., 1995). One can say that such books are considering listening as part of the social skills that any of us has at hand to relate in a sociably accepted manner.

Within the literature of listening as a social skill, typologies of listening are often developed. For example, good listening can be associated with ‘empathetic listening’ (Burley-Allen, 1995), with ‘reflective listening’ (Bolton, 1979), or with ‘active listening’ (Mortimer, 1983). Interestingly, these notions are explained in the context of different utterances. For example, reflective and active listening is described as using some kind of formulation or paraphrasing, but also as expressing one’s own points of view on what has been said (Mortimer, 1983, Bolton, 1979).

The notion of ‘active listening’, although often mentioned in manuals about social skills, isn’t always shown in terms of how it gets done conversationally. For this more conversational focus we can turn to studies of communication. Here we also find the notion of listening as something that can be active rather than something done by a passive ‘speaker in waiting’. Bavelas et al. (2000), for example, have carried out two experiments in which they aimed to show the active role of the listener when speakers

are engaged in the business of producing a narrative. They identified two kinds of listener's responses. They used the term 'generic listener response' to refer to expressions such as 'mm hum', 'uh huh' or noddings, which do not convey any narrative content. By contrast, the term 'specific listener response' was used to signal those responses that were connected to what the narrator was saying at a specific moment. Examples of the latter were 'looking sad', 'gasping in horror', 'giving an appropriate phrase'. Although both types of listener responses are thought to be part of the active role a listener can have, it is through the specific responses that the listeners could be thought as co-narrators of the story:

'...specific responses permit listeners to become, for the moment, co-narrators who illustrate or add to the story. To do so, they must track the narrative very closely.'

(Bavelas et al., 2000, p. 944, 2000).

Bavelas et al., found that the 'specific responses' where the listener adds something to the narrative that is being told, thereby becoming a co-narrator, occur later in the telling:

'...listeners who have never heard the story before cannot plausibly make specific responses until they have enough information. In addition, specific responses serve an important function closer to the end of the story, where they can enhance the drama by illustrating the appropriate reaction to the events. At the climax of such stories, the listener can become a co-narrator.' (Bavelas et al., p. 947, 2000).

As the authors of this report acknowledge, their 'generic'- 'specific' distinction is similar to Goodwin's (1986) distinction between 'continuers' and 'assessment'.

Bavelas et al. (2000) seem to advocate a moral position towards listening when they talk about and show what a 'good listener' consists of. Through giving specific guidelines to the subjects in one of their experiments about what to listen to, they showed how the

final story changes if the listener is paying attention to the words as opposed to the meaning of the story.

They found that participants who were able to listen to the meaning of the stories being told were more ‘in sync’ with their narrator. When they were prevented from that role by the experimental condition, this affected the narrator’s contribution, as the listeners were less able to make their contribution to the narrative being told.

Studies like the above mentioned are important in that they empirically show the active role of the listener. The sense in which ‘active listening’ is understood here is one in which the activity consists in the listeners’ responses having a direct and moral ‘effect’ on the story that is being told by the speaker:

‘No matter how good the story plot is, a good listener is crucial to telling it well.’ (Bavelas et al., p. 947, 2000).

Beyond the general social sciences literature on listening, as mentioned before, one of the fields in which the notion of listening seems to have a special importance is the field of therapy.

7.1.3. The notion of listening in Therapy Literature

As with several notions in therapy, the first clinical mention of listening can be traced back to Freud’s writings. In his *Recommendations to Physicians Practising Psycho-Analysis* (Freud, 1912), Freud advises practitioners on how to handle and deal with the abundance of material produced by the patient:

‘The technique, however, is a very simple one. (...) It consists simply in not directing one’s notice to anything in particular and in maintaining the same ‘evenly suspended attention’ (...) in the face of all that one hears. (...) to put it

purely in terms of technique: ‘He should simply listen, and not bother about whether he is keeping anything in mind’ ‘. (Freud, 1912, pp.111-112).

This seems to involve the notion of ‘hearing’ (in its common sense sense!) in that it seems some extra cognitive effort would be required to ‘keep things in mind’. Does this imply that the therapist’s unconscious will hang onto the important stuff so the therapist shouldn’t be consciously worried about it?

As Anderson (1997) notes, the idea of listening can be a taken for granted one in the field of therapy. For Anderson, this taken for granted character implies that at some point it might become naïve to write about listening. It is interesting to explore the senses of this ‘taken for granted’ quality can have regarding listening within the therapy literature.

Christopher Dare et al (1995) compared the clinical and empirical research approaches towards the understanding of anorexia nervosa. They suggest that the perfect metaphor to refer to the clinical approach is one that includes the notion of listening: the listening heart.

In the historical review of the concept of listening presented by Stanley (1992), we can find one of the clinical senses that listening has had, as an activity that focuses on collecting information and understanding:

‘...the healer who has mainly listened (...) in so doing, has acquired the data needed in order to plan a helpful endeavor. (...) talking has clearly been an important aspect of the sufferer’s activity in informing the healer about his ailments and difficulties (...) complementarily, the healer’s listening has been a crucial element as well.’ (Stanley, 1992, p.1624).

‘One way or another, what is involved is a profound listening. The healer truly *hearkens* to the sufferer-that is to say, the effort is to hear *and* to know or understand.’ (Stanley, 1992, p.1628).

Three different descriptions made by the author, make us think of three different senses in which the notion of listening has been taken for granted. In the first one, listening is the obvious complement of speaking, thus it is taken for granted:

‘The emphasis on the therapeutic value of talking had always implied a meaningful listening as a complementary activity...’ (Stanley, 1992, p. 1625).

In the second one, the importance of listening is overlooked or forgotten, as not too much is said about it:

‘*Very* little is said about the listening aspect of these encounters and processes. It seems to have been quite taken for granted in the written accounts left to us.’ (Stanley, 1992, p. 1624).

In the third one another aspect in the process of healing has been given more attention. The author explains how historically ‘seeing’ has received more attention than ‘hearing’, in this sense, listening has been taken for granted as being less important than seeing:

‘For the most part, though, listening seems to have been taken for granted; and the predominant emphasis continued to be on seeing or looking as the means of obtaining information about and coming to understand suffering persons’ (Stanley, 1992, p. 1625).

In an attempt to go beyond this taken for granted aspect related to listening, Stanley asserts that listening is so essential that ‘the talking cure’ should be renamed ‘the talking and listening cure’ (Stanley, 1992, p.1629).

As Anderson (1997) suggests that ‘listening’ starts to be more talked about in the therapy literature, once its association with the notion of ‘empathy’ is established. This is important because it gives us another meaning under which listening has been understood, as ‘empathetic listening’.

As a related but different approach to therapy, there is the field of counseling. Within this field, the notion of listening appears also to be an important one. Cowie and Sharp (1996), for example, when developing a proposal in which peers in schools can eventually do the job of counselling each other, consider listening as an important notion. They think of listening in terms of a ‘skill’ that is part of the ‘qualities’ that a peer counselor must have. In doing this, they describe the following:

‘In a counselling conversation the counsellor is concentrating entirely upon the client’s situation. (...) listens very attentively, without interrupting (...) the counsellor will summarise what the client has said and check that s/he has understood correctly. This “reflecting back” (...) can help the client (...) to clarify the nature of the problem and to identify possible solutions. (...) Active listening combines two sets of skills: attending and reflecting.’ (Cowie and Sharp, 1996, p.54).

Here the notion of listening implies several things: doing summaries, to check that one has understood correctly, to reflect back, and to be active. Going forward in their exposition, the authors display a series of exercises, which aim to promote this general kind of listening. When doing so, we find that ‘to reflect back’ consists of having the counselor peer repeating in an almost verbatim way what the client has said:

‘The counsellor reflects back as accurately as possible, and without comment, what the client has said.’ (Cowie and Sharp, 1996, p.55).

The summary implies paraphrasing what the client has said, where the re-phrasing is understood in terms of simply ‘using different words’, like finding synonyms.

Somehow, the notion that in doing this the counsellor is checking that s/he has understood correctly stays implied.

7.1.4. Active Listening in Counselling Literature

The notion of active listening as opposed to passive or other kinds of listening is the one that is going to be mainly explored in the therapy conversations in this chapter. In the context of counseling the notion of active listening is aiming towards something. The repetition or paraphrases of words done by the therapist aim to facilitate the client in finding and formulating the solution for her problem:

‘... through having the opportunity to be listened to and to have the account of the problem reflected back through paraphrasing, the client will have begun to formulate their own solutions. (Cowie and Sharp, 1996, p.56).

Similarly, in some models of couples’ therapy (Stanley et al., 2000) there is evidence that couples are being taught active listening as a strategy, and that those who are taught it show measurable benefits in their patterns of interaction and communication with one another. Active listening is thereby framed as a model to train people to communicate in a different way. To paraphrase then becomes a strategy a formulae for good communication.

7.1.5. Listening as targeting a priori therapeutic goals

There are instances in the literature where listening is treated as part of a broader therapeutic strategy, which would be achieving certain therapeutic goals dictated by the theory. Examples of this are psychoanalytical approaches to therapy.

In the study discussed by Torhild Leira. (1998), the author is reporting the treatment of a 4 year old child, where the process of the formation of a certain kind of psychic structure in the child is achieved partly 'through listening in a specific way, i.e., looking for form in the clinical material' (p.1097). In this case, 'the special manner of listening from the analyst' is part of some 'analyst's quality of presence' that aids to the formation of the 'psychic structure' (p.1108).

The notions of 'insight' and 'interpretation' are taken-for-granted notions in psychoanalytic approaches to therapy. This explains why listening in cases like the above get by without any kind of interactional explanation. Yet, it is noticeable, how the author tends to include in the narration of her case, devices like: 'the analyst's attention has been focused', 'to recognise any kind of expression', 'listening beyond the symbols', 'I realised that', 'I thought of this', 'I was wondering'. Devices like these refer us to the individualistic and cognitive focuses that are traditionally identified with psychoanalytical approaches.

Thus although this psychoanalytical text is not so explicit in terms of 'how to do' that listening, it shares with other approaches to counseling the orientation of listening in order to achieve a specific goal.

One important feature of this psychoanalytical approach is that listening is expressed as something that can be guided by theoretical information. Listening involves 'looking for' some kind of 'clinical material' in order to achieve the therapeutic goal of promoting the formation of a psychic structure.

Another psychoanalytical understanding of the notion of listening can be found in Lichtenberg's (1999) proposition of abandoning a 'structural theory' and adopting a clinical perspective that would include notions of systems and communication. In his exposition, we find the idea of 'listening for' when relating to the patient:

‘... I will consider how listening for needs and intentions (motivation) aids the analyst’s understanding of the patient’s communications.’ (Lichtenberg, 1999, p.724).

The author stresses the importance of ‘theory as a background to listening’, invoking a relationship between the notions of listening, understanding and interpreting. As we saw with Stanley’s historical review, listening has been often related to understanding. In Lichtenberg’s text we find expressions that are rather individualistic and cognitive: ‘analysts can appreciate’, ‘the analyst is listening attentively’.

So far, we have seen not only two examples where the notion of listening is expressed in individualistic terms, but also examples where listening is purposeful in terms of pursuing some given a priori therapeutic goals in the theory we read.

As has been described elsewhere, when the activity of therapy tends to follow a priori goals, when the agenda of the therapist is mostly informed by theory assumptions, the resulting process can be qualified as being ‘educational’ towards the client (Gergen and Kaye, 1992).

7.1.6. Active Listening in Constructionist Therapy Literature

It is worth turning now towards other therapeutic agendas, where the notion of active listening as opposed to passive listening has been considered. This involves approaches to therapy that claim not to be educational in the sense before mentioned, but that are moving towards a different way of doing therapy.

As an instance of these kinds of therapy, we will concentrate on the Collaborative Approach to Therapy (Anderson, 1997). The reason why I concentrate in this approach to therapy is twofold. On the one hand it is an approach to therapy that considers the

notion of listening as something active. On the other hand, it is the kind of therapy that is being done in the extracts analysed for this thesis.

Under this approach to therapy, listening is part of an attitude that the therapist takes when interacting with her clients. An attitude which, it is claimed, ends up being shared by all the participants in the therapy room.

According to Anderson (1997), this attitude is also described as a ‘reflective listening position’ that will bring with it several things. It will start to make ‘inner dialogue’ possible; it will also promote amongst the participants (not necessarily group therapy) a feeling of wanting to add to and to expand the story being told in therapy, rather than a feeling of wanting to correct or interrupt each other.

The relevance that is given to ‘talk with one person at a time’ allows the therapist and, eventually, the other participants to give full attention to each telling during the conversation. As we saw in previous sections, the notion of ‘attention’ is one that can be related to listening.

As Anderson comments, the ‘reflective listening position’ is part of the ‘dialogical conversation’ that ideally would take place in therapy. And the resulting content of the talk isn’t necessarily new, but ‘the pieces of the content of the talk are usually arranged differently’ (Anderson, 1997).

One of the distinguishing features of this ‘reflective listening position’ is that it works in favor of the ‘shared inquiry’ that takes place in therapy, allowing the therapist to free herself from ‘previous understandings’ that could close her ears to the client’s actual telling.

It is interesting to note that what the notion of *previous understandings* has traditionally meant for constructionist therapists refers to ‘models of therapy’ (Hoffman, 1990).

In the context of having a therapy conversation with a sense of mutual exploration and shared inquiry (Anderson, 1997), listening is described as being part of the sequence ‘asking-telling-listening’ performed by the participants in the talk. This sequence, it is said, leads to a ‘conversational process characterized by shared inquiry’. Listening here is considered as something that contributes to the achievement of the conversational process as ‘shared inquiry’.

The listening that is part of the reflective listening position is considered by Anderson as ‘responsive’ and ‘active’. Inspired by Shotter’s (1995) ideas of conversation being a social event in which participants are ‘responsive’ to each other, listening is considered by Anderson as being part of the conversation, thus responsive too.

For Shotter listening is responsive in that listeners are actively preparing themselves to respond to what they are hearing (Shotter, 1995). One of the things that will be argued in this writing is that when active preparation to respond to what is being heard becomes visible as utterances in talk, we can then see active listening.

When characterizing more broadly her notion of listening, Anderson talks about a ‘responsive-active listening-hearing’. This concept is closely linked to the attitude or ‘philosophical stance’ that a therapist doing therapy under a collaborative approach is supposed to take.

As part of this ‘philosophical stance’, this kind of listening requires doing therapy with a genuine posture of interest and openness to another person’s ideological base. It involves showing, communicating or demonstrating ‘respect for’, ‘having humility toward’, ‘believing that what a client has to say is worth hearing’; it involves ‘attending considerately; it implies indicating as a therapist, that you want to know more about what’s being said by the client (Anderson, 1997: 153). When defining the notion of listening, Anderson comments:

‘I define *listening* as attending to, interacting with, responding to, and trying to learn about a client’s story and its perceived importance’ (Anderson, 1997, p. 152).

A similar notion where listening is considered as something ‘active’ is found in Levin’s (1992) research on women who have been battered, where ‘hearing’ is considered to be her research methodology. The interesting point here is that the position of being an active listener or hearer is one that the researcher can adopt:

‘The researcher-hearer is actively and personally involved. She has her own way of hearing, which reflects what she responds to and what she questions. She has her own way of asking questions, which reflects her personal style and relationship with each participant. She, as the researcher-hearer, has created the context and the process within which each story is shared.’ (Levin, 1992, p.38)

As we saw with some studies in communication, for Levin the process of storytelling is a shared process, ‘involving both the speaker and the listener’. These notions are important not because they are new, but because they talk about the process of storytelling giving the listener a special and visible place in their theoretical explanations.

The notion of listening not only appears in therapy’s theoretical explanations as being relevant, but it is also important when clients are speaking and reflecting about the process of therapy. As has been noted, when reported by clients, the most common factor of unsuccessful therapy is ‘not to be listened or not to be heard’ (Anderson, 1997). On the other hand, when reporting the elements that might be into play in order for therapy to be successful and useful, clients report ‘having been heard or listened’ as an important element of a successful therapeutic process (Mastache, 2000).

The relevance of directing research towards the notion of listening is established not only by the personal interest of the researcher, but also by what (given the theoretical

reports of therapists and the reports by clients) has been noticed as a crucial notion that describes what happens in therapy.

7.1.7. Listening as a Relational Concept

As has been noted within the literature, listening has been traditionally understood as a form of knowing, gaining clinical information. For the most part it has been described as a passive position related to understanding. Traditionally, if someone has found a feature of ‘activity’ as associated with the notion of listening, the ‘active’ part of it is described as occurring in a listener’s head (Anderson, 1997). Listening, as with other terms like ‘repression’, ‘understanding’, ‘feeling’, etc., is usually understood as something individual, something that takes place inside the individual.

In the field of social sciences there are areas in which people are working towards the relational redefinition of several of the notions that have been considered in individualistic terms for the last 400 years (Gergen, 1994). Listening could be one of those concepts that have been traditionally thought of in individualistic terms, but that could be understood in relational terms when studying the way it gets displayed in talk.

Although the focus of this writing is on therapy talk, the notion of listening as a relational concept that can be found in conversation, might be relevant for study in any kind of conversation. As an example of an approach where the notion of listener or hearer is not part of the therapy field, take Goffman (1981), when he describes his notion of ‘footing’. In doing this, the author proposes that speakers as well as hearers can take different positions when talking to each other. For example, there are hearers who are ‘ratified participants’ in the conversation and hearers who are not and that yet, could be listening to the conversation. The latter kind of hearer is called a ‘bystander’. Goffman also mentions social encounters where the hearer could be an ‘audience’ rather than a partner in conversation.

Interestingly, Goffman notes how one can find differences in the expressions of the speaker according to the kind of recipient, as well as differences in the listener's behavior according to the positioning they have. For example, when the listener is an 'audience' comments by them are rarely expected (Goffman, 1981). Although in a very subtle way, these notions already suggest that 'listening' is something that can be visible, expressed, found in utterances.

If, as was previously suggested, listening is something that can be 'responsive' or 'active', we might start to wonder about the ways it gets 'displayed' or shown by the participants in a conversation. As it has been reviewed in the theoretical part of this chapter, general comments are made about how active listening can be displayed in conversation. Those comments essentially refer to doing 'reflecting back', 'paraphrases', doing 'repetition of words'.

Some other forms in which it is suggested that this kind of listening can be displayed, when being in accordance with the 'philosophical stance' adopted in doing collaborative therapy, are by responding to the clients by 'asking questions', 'making comments', 'extending ideas', 'wondering', 'sharing private thoughts' (Anderson, 1997).

In the sense that 'responsive-active listening-hearing' is linked to relating to the client from a 'learning perspective', in which we want to know more about the said and the unsaid, some phrases are mentioned that are said to prevent 'assuming understanding', thus 'assuring hearing what the client means'. Some examples of these phrases are: 'so that I am not misunderstanding, are you saying...?', 'is that similar to...?', 'does that mean...?', 'a moment ago you said... did you mean that...?' (Anderson, 1997).

This chapter will therefore examine the ways in which active listening can be displayed in therapy talk. And to look for the forms that active listening can acquire in actual sequences of therapy talk. In adopting an interactional conversational approach to the study of talk, we wish to bring interactional clarity to the notion of active listening. In doing this we will be situating in actual sequences of therapy interaction what otherwise

seems to rest as single and isolated statements uttered by therapists, as suggested in the general literature.

This kind of interactional clarity can be reached when applying frames of analysis like Conversation Analysis and Discourse Analysis to recordings of actual therapeutic interaction. From a conversation analytical perspective, it could be argued that whenever therapists and clients speak, they are doing something (ten Have, 1999). If listening is considered as part of what happens during a conversation, one must be able then to find cases where the participants are ‘doing’ listening.

If the notion of listening can be thought of as being responsive and, thus, as an activity, then it can be taken or responded to by others in some ways. When this happens, the idea of listening acquires a relational dimension. Listening becomes something that happens between individuals and not something that happens inside the individual.

7.2. What Active Listening is not in conversation

Before going through examples where we can find the features of ‘active listening’ displayed in sequences of talk, it would be interesting to consider what ‘active listening’ would not be. This section will cover examples of what AL is not in conversation. We will present the case of instances where a straight listening is taking place. And we will explain how AL is different from following the client in conversation.

7.2.1. Straight Listening

In medical talk as well as in data from other kinds of therapy we found examples in talk where given the health professional’s utterances, something more like ‘straight listening’ is taking place.

As have been noted in conversational studies, ‘okay’ markers, together with particles like ‘yeah’, ‘alright’, ‘well’, ‘now’ and ‘so’ can have a similar function in conversation (Condon, 2001). Amongst other functions, they can mark an ‘adequate receipt’ of the previous answer in a third turn position and signal moving onto a new topic (Beach, 1995). Although the use of these particles could vary within different contexts of talk, this seems to be the case at least in Medical Talk. To illustrate this, let’s see the following example:

1. D: Hello?
2. P: Hi=
3. D: =I’m Doctor Wilkensen
4. P: My name’s (Dawn)
5. D: Pleased ta meeche
6. P: °Me too°
7. →D: Ya visited the E R en- (0.8) they said no
8. we- wanna send you over here
9. P: Yeah
10. ?: Huh huh huh
11. →D: O:kay.
12. ?: Uhuh
13. →D: What’s happenin to you

(example taken from Beach, 1995 p.271, D is the Doctor and P is the Patient).

The extract quoted above is part of a medical interview exchange where the ‘okay’ takes place in the third position (line 11), receiving the answer (line 9) to a question previously posed (lines 7 and 8). What comes immediately after the ‘okay’ proposes a change in topic. The participants talk about the place that the patient has come from (the ER) and the fact that the patient has been sent ‘over here’. The patient acknowledges this, and then comes the okay, and the topic is changed to an enquiry about what has been happening to the patient.

The extract above is useful for us for two reasons. First, it illustrates a common conversational use that has been found for the particle ‘okay’. Okay as a receipt, okay as the receipt of an adequate answer, okay as prefacing and marking a change in topic. Secondly, there is a conversational context in which active listening gets done, and if

the speaker isn't giving anything to be listened to in an active way, then we don't find a display of active listening. This is an example where the conversational environment for active listening to happen isn't present.

Another thing that Beach (1995) notes about the okay, is that it closes down unsolicited patient elaborations, while moving towards the topics that are clinically relevant. Although Beach's observations are based on medical talk, a similar conversational event can happen within some kinds of therapy. To illustrate this, let's see the following extract taken from a session of cognitive behavioral therapy, where C is the client and Int is the therapist interviewer¹:

104. C .hh because erm (1.6) I see ↑black (.) ness, I (reelice)
 105. .th'I've seen< blackness:. really.
 106. (.3)
 107. Int >.pt<=o [kay
 108. C [and maybe it's cos I been thinking about
 109. ↑something els::e.
 110. (.6)
 111. C an=ah'=I thought that ↑if I saw blackness it might be
 112. ↑epilepsy or somethin' like that. (.) .hh
 113. Int [°↑oright°
 114. C [c's it ↑happens a lot of the ti:me.
 115. Int okay
 116. (.)
 117. C [(you know)
 118. Int [o↓kay=h. ↑let's ↑↑put ↑that on the agenda for ↓now, and
 119. take a little=bit uv'time in the session (.) for you to
 120. describe your symptoms to me, .hh and then maybe we could
 121. meet with (.4) h yer- °who's yer° psychiatrist, (.) No [rma?
 122. C [er (.)
 123. No, doctor (.7) (Kanees:)
 124. (.7) °doctor Kanees°
 125. Int right (.) and maybe the three of us could meet up and
 126. dis↑cuss (.) that, (.) sounds like that's something really
 127. sensible for us to dis↑cuss.
 128. (.)
 129. C mm.
 130. Int .h anything ↑else that you'd like to put on °today's
 131. agenda.°

¹ The data in this extract were taken from Charles Antaki's data.

Unlike the previous example, the conversational context here is such that there is something to be listened to. The client here is saying something that could be listened to by the therapist in a different way than she actually does.

Several things are worth mentioning. Firstly, this is not medical interview data, it is therapy data. This is important because, as we can see, the okay, although marking the end of a topic development, is not cancelling the possibility of talking about such a topic. The therapist is offering the option of, later on, taking ‘a little bit of time in the session’ for the patient ‘to describe your symptoms to me’, and qualifies the topic as ‘something really sensible for us to discuss’ (lines, 119, 120, 126, 127).

When the therapist is saying ‘let’s put that on the agenda for now’ (line 118), she is momentarily cancelling the talk about the patient’s own diagnosis of epilepsy. Only ‘for now’, implies they can talk about that later on, when the time for the patient to describe her symptoms to the therapist comes. This is different from plainly closing down a topic not clinically relevant, which is something that can happen in medical talk (Beach, 1995). Rather than completely cancelling a topic, here the okay is marking the move to a different topic.

The therapist seems to have an agenda, which might explain why she moves away from the talk about the client’s self-diagnosis on epilepsy. That agenda seems to consist of prioritizing the things to be discussed during the day and, as a second step ‘describing the symptoms’. Thus, the client’s descriptions of seeing blackness, of noticing that this happens a lot of the time and of thinking that this might be epilepsy (lines, 111, 112, 114), are not convenient for the time they are uttered. The talk about the symptoms is secondary to constructing an agenda. Here we can clearly see how the therapist’s agenda is given privilege over the client’s agenda.

The fact that there is an agenda for the therapist, which tend to differ from the patient’s agenda is a feature that could be shared between medical interviews and some modernist approaches to therapy. The fact that the professional’s agenda is privileged

over the client's agenda is also shared amongst modernist directive approaches to medical and therapy encounters. In other approaches to therapy, one would not find sequences like the quoted before.

What is interesting about the two extracts included in this section is that they exemplify, first that there is a conversational context in which active listening can take place, the client has to actually say something that becomes a candidate to be listened to or not. Second, they exemplify what active listening is not.

These are not examples of active listening, because there is a change of topic that is giving privilege to talk about what is in the professional's agenda. What is set as the next topic comes from the interviewer's agenda, an agenda that is far from what the client is talking about especially in the second example. In this sense, although what the client is saying is received by means of okay expressions, it is not being listened in ways that therapists listen in other therapy talk settings. In the case of these cases of 'straight listening', something like what Levin (1992) comments can be happening:

'Professionals seem to only listen to, and hear their own story, their own theories, their own voices, and their own colleagues. We find it hard to be open to dialogues in which we hear others voices, whether they are clients, research participants, or other professionals. This is probably due to our attachment to knowledge, and investment in knowing, which therefore makes it unlikely that we will want to explore other possible explanations or alternatives' (Levin, 1992, p.45)

The analysis that will be presented in this chapter includes examples of therapy talk in which this straight listening is not taking place, what we will try to show is how another kind of listening is being displayed. One which would imply displaying that one has been listening in an active way.

7.2.2. Active Listening versus Following the Client

When the therapist is listening to the client, we can find a contrast between occasions when the therapist is simply ‘following’ the telling of the client or being silent, and other occasions when she is doing something. Listening as ‘following’ what the client is saying can be found in the abundant small particles one can find in therapy sessions as coming mostly from the therapist, particles such as: ‘uh huh’, ‘mm hum’, ‘mmm’ (see Appendix for an instance of the canonical mm hums and uh hus in therapy talk). As was mentioned in previous sections of this writing this has been called elsewhere ‘listener talk’ (Gardner, 2001).

Within conversation analysis, these kinds of utterances have been described as ‘continuers’ (Schegloff, 1981) or tokens that display ‘passive reciprocity’ (Jefferson, 1984) of what has been said by the previous speaker. As has been noted, the most common usage of these particles is to exhibit an ‘understanding’ and acknowledgement that an extended unit of talk is underway by another speaker. Thus, at the same time that the receiver is showing reciprocity of what is going on in the conversation, he is as well giving the floor to the current speaker, so that he can continue speaking.

Besides this conversational function and within the context of the topic of listening, one can also find for these continuers and reciprocity tokens that they are displaying that the listener, the therapist, is ‘being following’ what the speaker, the client, is saying. It is possible that the amount of small particles of talk one finds in therapy talk is really huge compared to other contexts of talk. These small particles, together with silences are displaying a kind of listening where the therapist is essentially saying ‘I am following you’. This can be compared to what clients report as being important for therapy to work, in what they say about ‘feeling accompanied’ by the therapist, in other words not feeling alone (Mastache, 2000).

This ‘I am following you’ can be compared to instances of AL that consist of the therapist expressing more than continuers in therapy talk. The extracts that follow are

presented according to the chronological time in which they happened during the sessions and, given the nature of AL, in every instance more than one extract was needed.

7.3. Active Listening and Challenging

This section as well as the following ones will present the analysis of AL as found in actual sequences of therapy talk. An aspect that showed to be recurrent in our examples of AL is that the therapist was doing the job of challenging the client, this section explores the shapes this challenging work can take.

Extracts 1 and 1(1) are part of two different moments during the same session where Fernanda is narrating a difficult situation lived at her workplace, involving a quarrel with another employee. The analytic comments in this section will be based on extract 1(1). However, for future reference we will need both extracts, which is why they are presented together on the first place.

Extract 1

CM/fla, F: client, C: therapist.

281. F: I::: was succesful in having a lot of people tha::t
yo::: logré tener:: m::ucha gente que::
282. (.) that would work with me tha:: t (.)
(.) que trabajara conmigo que:: (.)
283. e:::h users that () appreciated me that
e:::h usuarios que () estimado que
284. appreciated me (.) there in the library lots of
me estiman (.) ahí en la biblioteca muchísima
285. people that appreciated me they've even called me and
gente que me estima inclusive me han hablado
286. have said to me (.) come and teach the
me han dicho (.) ven a dar los
287. courses here look see what they're do::ing and (.) I
cursos que aquí mira a ver lo que están hacie::ndo

288. mean (.) ye::::s that I've achieved (.)
y (.) o sea (.) sí::: eso sí lo logré (.)

289. C: and [what happened with the::m
y [qué pasaba con e::llos

290. F: [and people that (.) well (.) they e::ven eh
[y de gente que (.) pues (.) inclusive:: eh

291. (.) well the::y used to say that I shouldn't
(.) pues e::llos decían que no me

292. leave but (.) there was a moment °in which I couldn't
fuera pero (.) pero llegó un momento °en el que yo

293. stand anymore all that's° (.) °that's happened
ya no toleré todo lo que° (.) °lo que

294. there° (.)
ocurrió ahí° (.)

Extract 1(1)

CM/fla, F: client, C: therapist.

332. F: tha:::t was what she wa:s saying (.) that (.) that she was
e:::so es lo que ella manejó: (.) de que (.) de que ellaa

333. the victim o::f (.) of the torturer that
era la víctima de:: (.) de la verduga que

334. ↑I was (.) [that I was
era y↑o (.) [que yo era

335. C: [uh huh

336. F: who had done da::mage to her and that I:: (.) was who has
la que le hizo da::ño y que yo:: (.) fui la que

337. co::me (.) with all my weapons to destro::y her and there
llegó:: (.) con todas mis armas a destruí::rla y inclusive

338. were even a- there we::re () those to who::m she's
a- hu::bo () a los que le::s

339. said all th↑at (.) and ↑people have believed th↑a::t (.)
dijo todo es↑o (.) y la g↑ente creyó ↑e::so (.)

340. people beli::eved it or there were ↑gi::rls (.)
la gente lo creí::a o había ni::ñ↑as (.)

341. C: but (.) like not ↑everybody n↑o °because you say°
pero (.) como que no t↑odos n↑o °porque dices°

342. [tha::t there were some that (co) (.)
 [que:: había unos que (co) (.)
343. F: [uh huh there were people that yes
 [ajá había gente que sí
344. (.)
345. C: [that (.) tha*t
 [que (.) que*
346. F: [uh hu::h
347. C: they're even a*sking you to °s*t-° (.)
 hasta te pedía*n que °te que*-° (.)
348. [to sta::y no?
 [que te queda::ras no?
349. F: [yes (.) yes they were people that yes
 [sí (.) sí había gente que sí

In extract 1 (1) we can see that when the client is saying that ‘people have believed’ what ‘she was saying’ (being ‘she’ the person with who the client had problems at work), the therapist will subsequently offer a different version for the same event: ‘but (.) like not ↑everybody n↑o’ (line 341). This offer of a different version is what could be read as being a challenge; however, it is also an offer of negotiation of meaning.

In expressing the way she expresses herself, the therapist is making an implicit comment on the use Fernanda is doing of the word ‘people’. When Fernanda affirms: ‘and ↑people have believed th↑a::t’ (line 339), there seems to be for the word ‘people’ a sense similar to that of ‘everybody has believed that version of what I was’. This is the implicit sense which the therapist can be said to be challenging² or the meaning she is trying to negotiate.

In common sense terms the idea of challenge implies disagreement. The fact that the therapist starts her turn with ‘but’ (line 341), gives to her offer a sense of disagreement.

² It is interesting to notice how the words ‘people’ and ‘that’ what people believed uttered by Fernanda, and the word ‘everybody’ said by the therapist, are prosodically adorned with a pitch. We can take this adornments as prosodic comments that are stressing something. The therapist, when she puts prosody into ‘everybody’, seems to be echoing the pitch the client does for the words ‘people’ and ‘that’ what people believed. These prosodic features are interesting if we link what is being pitched up with what is going to be carefully challenged.

Yet, something else seems to be going on in extract 1(1). While eventually disagreeing with the client, the therapist is also topicalizing a different version from ‘people believed that’. In order to do this, the therapist has to use the word ‘everybody’, instead of ‘people’. This is important to be mentioned, because there is a difference between simply disagreeing and packaging a disagreement with an alternative.

In extracts 2, María is talking about doing in the present a newsletter for a religious community in which she usually participates, which is something she had done in the past. She is expressing her fears in doing that newsletter in the present.

Extract 2

M: client, C: therapist.

655. M: example (0.4) in the () I've been in the fraternity³ eh
ejemplo (0.4) en la () estoy en la fraternidad eh
656. since long time ago >the priest would say to me why don't you<
desde hace mucho me >decía el padre por qué no<
657. when I was a student and I was in it I was already there (.)
cuando fui estudiante y estaba ahí ya estaba ahí (.)
658. errr:: I threw myself into doing a a newsletter (.) >with the
este:: me lancé a hacer un un boletín (.) >con
659. reason of within °the° the fraternity< (.) and errr:: and for a
motivo dentro °de la° de la fraternidad< (.)y este:: y durante
660. year (he would say to me) (.) since then it hasn't been done
un año (me estuvo diciendo) (.) desde entonces no se ha vuelto
661. again and lately they want to revive the idea (0.3) and
a hacer y últimamente quieren que se rescate la idea (0.3) y
662. although they don't say to me you:: do it °(they throw at me)
aunque no me dicen hazlo tú:: °(sí me echan) así
663. li::ke (.) see if you do:: it because
como que:: (.) a ver si lo ha::ces porque
664. you have [expe::rience°
tienes [experie::ncia°

³ This term is making reference to a religious community in which María usually participates.

Extract 2(1).

M: client, C: therapist.

673. M: and also for example (.) °that's another thing tha::t I was
y por ejemplo también (.) °fue otra cosa que:: estuve
674. thinking of yesterday on the way no? all the way down from my
pensando ayer en el camino no? todo el camino de mi
675. home to the:: museum° (.) that I would like to do but
casa a::l museo° (.) que me gustaría hacerlo pero
676. that I don't do (.) first because I am scared of °leaving it
que no lo hago (.) en primera porque tengo miedo a °dejarlo
677. (unfinished) like many times in my life° second because
(inconcluso) como muchas veces en mi vida° segunda porque
678. I feel >like I am a fraud< I mean yes I am doing
me siento >como un fraude< o sea sí estoy haciendo
679. >some journalism< °but I am not a journalist° (.)
>algo de periodismo< °pero no soy periodista° (.)
680. thi*%rd (.)
terce*%ro (.)
681. [because
[por
682. C: [let's see⁴ hold on⁵ °hold on hold on° (0.5)
[a ver espérame °espérame espérame° (0.5)
683. errr (1.3) but the times (.) when you've done it before
este (1.3) pero las veces (.) que lo has hecho anteriormente
684. [or:: the time
[o:: la vez
685. M: [mm hum
686. C: when you did it before
que lo hiciste anteriormente
687. M: mm hum
688. C: you didn't leave it °unfi::nished°
no lo dejaste °inconclu:so°

⁴ The English 'let's see' here corresponds to the Spanish 'a ver'. Another candidate in use for this expression could be 'I see'.

⁵ What is being translated here as 'hold on' is 'espérame' in Spanish. It must be noted that 'espérame' makes the speaker accountable for the action of stopping, whilst 'hold on' makes accountable the listener for the action of stopping. Nevertheless, 'hold on' was the best candidate for translation.

689. M: well n↑o (.) no becau::se I had committed
pues n↑o (.) no porque:: yo me había comprometido
690. (just for one year)
(nada más por un año)
691. C: okay [okay

In extract 2(1) María is expressing her fears in the present for doing again that newsletter. She is doing this using a three-part list device. In the first place, María mentions: ‘first, because I am scared of leaving it unfinished like many times in my life’ (lines 676 and 677). She goes on and says, ‘second, because I feel like I am a fraud I mean yes I am doing some journalism but I am not a journalist’ (lines 677-679). Third, we’ll never know, because the list in the conversation is what gets unfinished.

Both María and the therapist are doing something to manage the conversational problem with the three-part list. María’s crying voice when starting to say the third item of the list (line 680) might be a call to stop. If crying starts, then crying voice and talk stop. This prosodic suggestion could be saying ‘the list is about to drop off, help’. This seems to be picked up by the therapist, who takes the turn with a small overlap.⁶ What happens after the overlap is that the client gives up and the therapist takes the floor.

Similar to what we saw in extract 1(1), a challenge will be suggested by the therapist. The therapist will offer another version, not of the whole unfinished list, but at least for the first component. As it has happened with Fernanda in extract 1(1), the word ‘but’ will be prefacing the therapist’s alternative version ‘but the times when you’ve done it before or the time when you did it before you didn’t leave it unfinished’ (lines 683, 684, 686 and 688). This ‘but’ again gives a sense that the therapist will be disagreeing with the client, challenging the client’s telling. Plainly, the client’s version and the therapist’s challenging version would be:

⁶ This overlap shouldn’t be interpreted as an interruption, because the client’s call for conversational assistance is being suggested by the croaking and crying voice in ‘thi*%%rd’ as well as by the micro pauses surrounding it.

Client's version: Doing the newsletter again could become an example of many other times in my life when I've left things unfinished. That scares me.

Therapist's version: Doing the newsletter again couldn't become an example of leaving things unfinished in your life because, as you were saying, last time you did it, you didn't leave it unfinished. You shouldn't be scared.

To summarise, one of the ways in which AL is displayed in talk is by challenging the clients' versions. An aspect that is important to stress here is that we don't find in extract 1(1) or 2(1) signs of the clients refusing the challenge. This again reinforces that the therapist has been actively listening, because her challenge somehow matches the clients' narratives. What the therapist presents is not a version out of the blue.

7.4. Active Listening and Recalling Work

There is another aspect to extracts 1(1) and 2(1), which is that the therapist is also doing recalling work. This can be compared to what has been described as paraphrasing the clients' tellings when doing active listening (Mortimer, 1983; Bolton, 1979; Cowie and Sharp, 1996). What will be argued here is that the recalling work implies doing more than just paraphrasing words.

In extract 1(1), after the challenging sentence 'but like not everybody', the therapist will support her point in saying: '°because you say° that there were some that (...) they're even asking you to stay' (lines 341, 342, 345, 347 and 348). What is interesting to us is that in supporting her argument, her challenge, the therapist is recalling previous moments. Those moments appear in extract 1, when Fernanda was saying that there were 'even' people that 'used to say that I shouldn't leave' (ex1. lines 290-292), in other words, that she should stay.⁷

⁷ It is interesting to note how when doing the recalling work, the therapist is changing the client's word 'to leave' for 'to stay' when she says: 'there were some that were even asking you to stay' (ex1(1), lines 342, 345, 347 and 348)

The idea of ‘everybody’ believing certain version about the client, is somehow suggested by the use the client is doing of the word ‘people’. It is striking how when it comes to talk about the ‘people that appreciated’ her, the client uses the expression ‘a lot of people’ to refer to those who appreciated her. Whereas when she talks about the people that believed in a version of herself where she was a ‘torturer’ (ex1(1), lines 332-334), she uses only ‘people’ (ex1(1), lines 339 and 340). To talk about ‘people’ includes the universalising notion of ‘everybody’ in a sense that ‘a lot of people’ doesn’t.

Not only the woman at work spreading a negative image of the client was against her, or the people who were believing in that image were holding negative feelings towards her, but the client seems to be somehow unfair with herself when she uses a word that suggests ‘everybody’ believing she was ‘bad’. Why doesn’t the client say ‘people appreciated me and they even used to say that I shouldn’t leave’ and ‘a lot of people have believed what she said’, but not everybody? Maybe because of some conversational habits.

In extract 2(1), when the therapist is saying ‘the time you did it before’, she is making a recalling assertion. This recalling work is part of the support for the alternative version or ‘apparent’ disagreement she is offering. It could be argued that the client hasn’t actually used the word ‘unfinished’ to refer to the time in the past when she did the newsletter. As a response to the therapist’s proposal of a different version, the client displays an agreement which seems to make that past time a kind of exception: ‘well no no because I had committed’ (line 689).

What is of interest here is why the client is agreeing with the therapist’s alternative version. The word ‘unfinished’ seems to be carefully chosen and placed, it is picking up senses of ‘final’ for the doing the newsletter previously offered in the client’s narrative. If we read extract 2, we find hints of the newsletter as something finished, in the past tense used by María: ‘I threw myself into doing a newsletter’ (line, 658). The newsletter

as something that got to an end in the past, is also found in the notion of ‘reviving’⁸ the idea’, as ‘since then it hasn’t been done again’ (lines 660 and 661).

To illustrate the importance of doing the recalling work with carefulness, let’s have a look at a time when the choice of the word that will offer a new topicalization is not as fortunate as in previous extracts. In extract 3 María is talking about the dilemmas she lives regarding getting recognition through obtaining a title through studying a degree. As we see in extract 3 she is framing her dilemma as being a ‘problem’:

Extract 3

M: client, C: therapist.

700. M: (>then<) and also but it’s >for the s↑ame< I mean (.)
(>entonces<) y también pero es >por lo m↑ismo< o sea (.)
701. me:: when seeing all the options I was seeing
yo:: al ver todas las opciones veía
702. (0.2) ((sheets turning over)) tha::t in g↑eneral
(0.2) ((hojas dando vueltas)) que:: en gener↑al
703. (0.9) that the probl- well I was seeing that the
(0.9) que el pro- bueno yo veía que el
704. problem is in tha::t (0.3) that it seems as if my basic
problema está en que:: (0.3) que parece como si mi interés
705. interest (.) is in the recogni::tion (.)
básico (.) está en el reconocimie::nto (.)
706. °represented by a title° not s↑o much in what
°representado por un título° no t↑anto en lo que
707. I think I ↑know
yo creo que s↑é
708. C: uh huh

The first version of the ‘problem’ María is suggesting is ‘that it seems as if my basic interest is in the recognition represented by a title’ and not in what she really knows. Later on, in extract 3(1) María will formulate a different version for the same problem:

⁸ The English ‘revive the idea’ is the candidate being used for the Spanish ‘rescatar la idea’. To ‘revive’ has a sense of death that we also find in ‘rescatar’. In Spanish one can ‘rescatar’ someone or something

Extract 3(1)

M: client, C: therapist.

721. M: but the problem is (.) in that (.) and I wrote it
pero el problema está (.) en que (.) y lo anoté
722. down here like I don't care about wha::t I
aquí como que no me importa lo que::
723. what I know or what I can do (.)
lo que yo sé o lo que puedo hacer (.)
724. if I don't have °reco*gnition° I feel that
si no tengo °reco*nocimiento° siento que
725. I don't have anything (.) and it's in
no tengo nada (.) y está a
726. the level <of feeling>.
nivel <de sentimiento>.
727. C: °mm hum°

In María's second version, the problem is that 'if I don't have recognition I feel that I don't have anything'. There are two different senses in which the client problematizes the word 'recognition'. First, the fact that her basic interest is in the 'recognition represented by a title' seems to be a problem. Second, the fact that she doesn't have that recognition is a problem, because then she feels 'I don't have anything'.

If we read María's assertions without them being problematized, we find a perfect coherence between them: 'if I don't have recognition I feel that I don't have anything' (ex3(1), lines 724 and 725), follows perfectly: 'my basic interest is in the recognition represented by a title' (ex3, lines, 704-706). When these two assertions don't seem to make a lot of sense or become somehow contradictory is when problematized. If it is a problem not to have recognition, then to have a basic interest in getting that recognition would be something positive, non problematic.

that is close to die.

The contradiction only seems to become possible when hearing the two versions of the problem María is offering at first value. If instead of this we heard María in extracts 3 and 3(1), using the expression 'the problem is' as synonymous of those of 'the issue is', 'what is the matter here is', then there wouldn't be contradiction. But to hear in that way, would imply to listen to what the client is not saying, but to listen in a conversation analytic way.

As we can see in extract 3(2), the therapist's ear is more oriented towards listening what María is saying at first value:

Extract 3(2)

M: client, C: therapist.

738. M: and I was seeing °he::re I wrote it down like that°
y veía °a::quí lo anoté así°
739. that the problem is (0.3) in the little value that
que el problema está (0.3) en el poco valor que
740. I g↑i::ve to myself (.) because I was seeing
me d↑o::y a mí misma (.) porque veía
741. ↑all the options (0.5) in all of them (.)
t↑odas las opciones (0.5) en todas (.)
742. the the errr:: (0.4) e*lement that uni*tes them
el el este:: (0.4) eleme*nto que las úne*
743. or tha*t makes them similar to each other (.)
o que* las hace similares (.)
744. is that in all of them they're going to give me
es que en todas ellas me van a dar
745. a little paper saying °yes° (.) yes she knows no?
un papelito que diga °sí° (.) sí sabe no?
746. (1.5)
747. C: I don't know why (.) [is th↑is
yo no sé por qué (.) [↑esto
748. M: [°me nei(h)ther° hhh
[°yo tampo(h)co° hhh

749. C: hold on⁹ (.) in what way this (.) this cla::rity
pérame (.) de qué manera esto (.) esta clarida::d
750. M: mm hum
751. C: of knowing that in all the options et- there could be
de saber que en todas las opciones et- podría haber
752. let's say (.) as a result (.) a paper
digamos (.) como resultado (.) un papel
753. M: °uh huh°
754. C: that recognises
que reconoce
755. M: (that I know)
(que sé)
756. C: your eff↑ort
tu esfuerz↑o
757. M: rather than my effort my (.) capa:((hhhh)):city
más que mi esfuerzo mi (.) capacida::((hhhh))d
758. C: °ah:: (.) okay°

In this extract María is offering a third version of the problem around her dilemma, now ‘the problem is in the little value that I give to myself’ (lines 739 and 740). This is quite different from the problem being in ‘getting a recognition’. The therapist orients towards this contradictory senses that María is managing for her notion of problem, when she says ‘I don’t know why is this’ (line 747). María herself seems to orient towards a sense of puzzlement when she says ‘me neither’ (line 748). The participants seem to be facing a situation of conversational puzzlement.

As in extracts 2, we see that following an overlap with the client, the therapist expresses ‘hold on’ (ex3(2), line 749). What the client is framing as a problem will be topicalized by the therapist as clarity when she says ‘in what way this clarity’ (line 749). The notion of clarity is supported in what María has just said of ‘knowing that in all the options there can be as a result a paper’ (lines 751 and 752). The therapist is doing the work of remembrance when she expresses that this paper will ‘recognize’ (line 754).

⁹ See note number 5 for a comment on ‘hold on’ and ‘espérame’.

And then comes a point in which the recalling work is done with less carefulness. Whereas the word ‘clarity’ will pass the client’s test, that won’t happen to the word ‘effort’. Plainly, the therapist’s nice challenge could be read as: ‘in what way it is a problem, clarity of knowing that in all the options there could be as a result a paper that recognizes your effort’.

The fact that the therapist’s choice of the word ‘effort’ is an unfortunate one is displayed by the client’s emphasized correction: ‘rather than my effort my capa:((hhhh)):city’ (line 757). Once the word effort is proven not to be the right one, the whole different alternative seems to be dropped off by both participants.¹⁰

In previous moments of the session, when displaying her ideas of what the problem is, the client is using notions of ‘knowing’ (ex3, line 707, ex3(1), line 723) and notions ‘ability’ when she says ‘what I can do’ (ex3(1), line 723). For the client, the title she would get if she went back to study would recognize her knowledge and her ability, thus her capacity. The word effort is pointing towards another set of meanings, one in which if she went back to study, the client would immerse herself in a process where her effort would be rewarded by means of a title.

Extracts 3 are an example for us when active listening is being displayed in recalling aspects of the client’s narrative, but in a less careful way than in previous extracts. This, it will be argued, might have consequences for the challenge being or not accepted by the client.

Recalling work choosing ‘the right words’ is an important feature that relates to the client agreeing or disagreeing with the challenging therapist’s version. Another way to display AL is therefore to do recalling work providing with this an account that would support the challenging version.

¹⁰ It is very interesting to note what the therapist’s reaction is towards the correction the client is making. Essentially, here, there is no attempt to counterargue the client’s assertion, there is a straightforward acceptance of the client’s correction. This can be read as giving us information about the therapists’

7.5. Whose versions?

So far we have seen examples where the recalling work that is going to support the different version is verbalized by the therapist, but based on something that is part of the client's narrative. In extract 1(1), through the recalling work, we see the therapist using the client's own words or ideas, to support her different version. In this line, the challenge might become an evidence of a disagreement not between the client and the therapist, but within the own client's different versions: the one in which everybody seems to be against her, compared to that in which only some people were actually against her.

In extract 2(1), though expressed by the therapist, the opposition of versions seems to come from the client's own narrative. Thus, the therapist can be said to be displaying a lack of match between two different versions the client herself is managing. In one version doing the newsletter again would scare the client, in the other she wouldn't be scared.

In extract 3(2), we find again two different versions that can be based on the client's own narrative, though one of them is uttered by the client and the other by the therapist:

Client's version: There is a problem and the problem that I see is that...

Therapist's version: Based on what you are saying, there is clarity, in what way this clarity is a problem... there isn't a problem.

On other occasions, the alternative version doesn't come from the client's narrative, but from the therapist's narrative. In extracts 4, María and her therapist are talking about María's feelings and her relationship with them.

philosophical stance. It is very important to note that there is no attempt to challenge the client's correction of the therapist's 'misreading', as opposed to the cases when the nice challenge appear.

Extract 4.

M: client, C: therapist.

574. C: as if on so- on some occasions what you feel
como si en un- en algunas ocasiones lo que sientes
575. c↓atches you=
te atrap↓ara=
576. M: =uh huh
577. C: and not in others=
y en otras no=
578. M: =uh huh
579. C: like yesterday for example
como por ejemplo ayer
580. M: hhh (.) °yes°
hhh (.) °sí°

In extract 4, the therapist is setting for the client a stage in which ‘as if on some occasions what you feel catches you and not in others’ (lines 574, 575 and 577). Note that María is not saying that her feelings trap her. This idea is coming from the therapist’s agenda. However, note how when this happens, the therapist uses the rhetoric of ‘as if’. This is a way to carefully introduce one’s own ideas in a conversation.

As a proof that María’s feelings don’t always trap her, the therapist mentions ‘like yesterday for example’ (line 579). This formulation is being accepted by the client through ‘uh huh’s and ‘yes’ utterances (lines 576, 578 and 580). Given the paralinguistic features marked in the transcript by equal signs and underlined utterances, we can interpret that the client’s acceptance of the therapist formulation is quite prompt. The client can be read as marking that the therapist is doing the right formulation for her.

When the therapist is saying ‘like yesterday for example’ (line 578) she is supporting her formulation by means of recalling what the client said happened ‘yesterday’. Here,

the recalling work is being done again, not to display AL, but to support the therapist's alternative version.

In extract 4(1) the therapist recalls for the first time the version she is proposing where María doesn't let herself get trapped:

Extract 4(1).

M: client, C: therapist.

599. C: so there are times when you don't °let yourself
entonces hay veces que no °te dejas

600. get cau [ght°
atra [par°

601. M: [no. there are times
[no. hay veces

602. when I don't anymore. the same used to happen
que ya no. incluso me sucedía igual

603. to me even towards others for example towards
hacia los demás por ejemplo hacia

604. °in the role o::f being mother or wife°
°en el papel de:: mamá o de esposa°

605. C: [uh huh

606. M: [but I feel that that (.)
[pero siento que eso ya (.)

607. not anymore [I mean
ya no [o sea

608. C: [uh huh

609. M: I already control it no?
ya lo manejo no?

The therapist's assertion this time, 'there are times when you don't let yourself get caught' (line 599 and 600) seems again to be a right one. The sense of rightness is given by the client's agreement: 'no there are times when I don't anymore' (lines 601 and 602) and the development she does on the topic 'not to let myself get caught by the feelings'. As María says, 'the same used to happen to me in the role of being mother or wife but I feel that I already control that' (lines 602-604, 606, 607 and 609).

Later on in the same session, we will see the therapist recalling this version, which is now framed as María not letting herself getting trapped. This happens in extract 4(2) when María is expressing a troubling way of feeling:

Extract 4(2)

M: client, C: therapist.

775. M: |or when:: I have decided to look for a job (.)
|o cuando:: he decidido buscar trabajo (.)
776. I feel like this as i- as if I didn't
me siento así como s- como si ya no
777. have:: (.) anything va::luable (.) °although I know that
tuviera:: (.) nada valio::so (.) °aunque sé que
778. >it's not like that< but°
>no es así< pero°
779. <↑I: feel like that>
<m↑e: siento así>
780. C: °okay° (.) and what would help (0.5) to*:: (0.3)
°okay° (.) y qué ayudaría (0.5) a*:: (0.3)
781. counteract this feeling well not not the feeling
contrarrestar esa sensación más bien no la sensación
782. as you clarified a while ago (.) but the letting
como tú lo aclaraste hace rato (.) sino el dejarte
783. yourself get caught by the feeling (.)
atrapar por la sensación (.)
784. (in a moment) (.) what would help?
(en un momento) (.) qué ayudaría?
785. M: (well to understand)
(pues entender)
786. C: okay

At this moment in the session, María is saying that at the times when she decides to look for a job 'I feel as if I didn't have anything valuable' (lines 776 and 777). This way of feeling seems to be quite relevant for María, as she stresses that 'although I know that it's not like that I feel like that' (lines 777-779).

To notice if the challenging or alternative versions are coming from the client's or the therapist's discourse is something that can help us understand challenges more. In example 4, we don't see signs of doing the challenging work coming from the therapist. Note how the challenge is done when dealing with two versions in the client's own narrative. However, we will see the work of offering the possibility of an alternative version, by means of recalling in a very careful way. What the therapist is recalling this time is what both participants had negotiated in previous moments as a world in which María doesn't get trapped by her negative feelings (extracts 4 and 4(1)). This recall is supporting the version in which there is something that can be helpful to counteract a negative feeling.

In what client and therapist are talking about there seems to be two contrasting versions. The contrast between their versions in these extracts, can be summarized as follows:

Client's version: I feel.

Therapist's version: The feelings trap you.

Client's version: I know that it's not like that, but when I have decided to look for a job I feel as if I didn't have anything valuable.

Therapist's version: A while ago you clarified that there are times when you don't let yourself get caught by your feelings, there is the possibility to help to counteract your way of feeling when you decide to look for a job.

Of course the therapist is delivering all this alternative version by means of a question. To offer an alternative version by means of a question is once again to display rhetorical carefulness. The client seems to accept the therapist's formulation in extract 4(2), because she answers the question 'well what would be helpful would be to understand' (line 785).

As was said before, in this extract the alternative version is not coming from the client's own narrative, but is being uttered by the therapist and comes from the therapist's

narrative. One wonders what is happening here that although not coming from the client's narrative, the alternative version is being accepted by her.

As it is clear in these extracts 4, although the alternative version comes from the therapist's agenda, it's being attributed to the client: 'as you clarified a while ago' (line 782).¹¹ One wonders how this attribution is being done that it is not being rejected, as the rejection of the word 'effort' we saw in extracts 3 by María. To make her attribution, the therapist could be relying in the prosodically uttered promptness with which María initially accepts her version (ex4). She could also be relying in the way María develops on the topic in extract 4(1). Finally, she is choosing the word 'clarification', which seems to be a choice that matches an interchange in which the client wasn't 'saying' or 'wording' anything, but was rather being 'explicitly emphatic' and in this sense 'clear' through her utterances.

Therefore, we will call 'challenge' a therapist's utterance that is making explicit two opposing versions in the client's previous discourse. In these cases, we find little words like 'but' that give to the interchange the sense of being rhetorical, challenging. In contrast, we will call 'alterantive version' that which is coming from the therapist's agenda. The use of expressions such as 'as if' or 'like', choosing the right words as well as monitoring the righthness of the alternative version in the client's responses, are all aspects that characterise the delivery of alternative versions.

So far, we can make several concluding coments. The rhetoric of challenge is being used when two opposing versions in the client's narrative are found. In these cases the challenging work is managing the clients' versions. The challenge is a display of AL. When the rhetoric of challenge does not appear, what is offered is an alternative version that comes from the therapist's agenda on resources, a therapist's version. This is done

¹¹ It is really interesting to see the progressive nature of the attribution the therapist is doing. Something is put on the table by the therapist. First it is framed as a possibility 'as if on some occasions' (ex4, line 574). Second it is converted into a factive assertion 'so there are times when you don't let' (ex4(1), line 599). Finally, it is attributed to the client 'as you clarified a while ago' (ex 4(2), line 782). All this of course is being done under a conversational environment in which the therapist is being couched by the

in a careful way using markers such as ‘as if’ or ‘like’, choosing the right words and clearly monitoring the client’s responses to what has been said by the therapist. Even though there is a difference in the way they are displayed between challenge and alternative versions, the delivery of an alternative version by the therapist still involves the display of AL. In these cases, AL is used as support for the alternative version in its form of recalling work.

7.6. The therapist: an expert in conversation.

Part of what becomes evident in the analysis of these extracts is the therapist’s expertise not in the client’s life, but in conversation (Anderson and Goolishian, 1992). We have seen that doing AL by means of a challenge happens in the specific conversational context of having two client’s contrasting versions. AL is also specifically used when recalling aspects of the client’s narrative to support a given challenge. There is AL by means of recalling to support an alternative version coming from therapist’s agenda.

It is worth now contrasting these cases of a therapist’s conversational expertise with cases where similar moves are attempted by the client. This contrast will allow us to stress how it is the therapist who is an expert in conversation and the client an expert in her life. Note in the analysis that follows the emphasis on the carefulness with which the therapist speaks. On the other hand, see how the analytic comments emphasise the client’s expertise in her life displaying this in the case of her depression. In extract 5 María is displaying her understanding about her depression:

Extract 5

M: client, C: therapist.

98. M: and like I’ve realized >through that fact<
 y como que me di cuenta >a través de ese hecho<

client as being right. And it is crucial to consider for analysis the content of the version that is being attributed as coming from the client.

99. that tha::t was causing me s- anxi::ety
que e::so me provocaba s- ansieda::d
100. I said well why::: if I've pla::n:::ed
yo dije bueno por qué::: si yo pl::ané:::
101. with my husband thi::s situa::tion (0.2)
con mi esposo e::sta situació::n (0.2)
102. if I know tha::t (.) >there have been things<
si yo sé que:: (.) >ha habido cosas<
103. (.) mo::re di::fficult (.) than (.) changes in (.)
(.) má::s difícile::s (.) de que (.) cambios en (.)
104. (in my life) in these six ↑years (.) and yet
(en mi vida) en estos seis ↑años (.) y sin embargo
105. I am anxious because there*::se starts in the
estoy ansiosa porque there*::se entra en la
106. afternoons and starts primary school I mean
tarde y entra a la primaria o sea
107. (.) why (0.2) I mean she:: is not ↑even h↑ere
(.) por qué (0.2) o sea ni siqui↑era e::lla está aqu↑í
108. (0.4) because she is ha::ppy (.) happy (0.7)
(0.4) porque ella está feliz:: (.) feliz (0.7)
109. and I I tried to sit down to:: think why
y yo me me traté de sentar a:: pensar por qué
110. but I couldn't (.) I couldn't- I mean there
pero no (.) no alcanc- o sea no había
111. wasn't any ide::a (.) tha::t I could say
ninguna ide::a (.) que:: dijera
112. °it's because of th↑is no?°
°es por ↑esto no?°
113. C: °uh huh°
114. M: the::n from there (I went to) (.) to the idea
ento::nces de ahí (yo definía) (.) a la idea
115. you said of (.) there are like (.) thou::ghts:: that
que tú dijiste de (.) hay como que (.) pe::nsamientos::
116. trap you no? (.) and I was seeing (.) that in the
que te atrapan no? (.) y yo veía (.) que a::sí
117. same wa::y that >there are thoughts< ()
como >hay pensamientos< ()

118. >that trap me< (.) there a::re fee::lings that
>que me atrapan< (.) ha::y sentimie::ntos que
119. ca::tch me
me atra::pan
120. C: °mm hum°
121. M: and it isn- a::d it's:: (this) I'm te::lling you no?
y no- y:: es:: (esto) que te di::go no?
122. (0.6) I mea::n m- (.) in a ra::tonal (.) rato-
(0.6) o sea:: m- (.) de forma razona::l (.) razo-
123. r↑ational way (.) I do::n't have why:: to be like that
racion↑al (.) no:: tengo por qué:: estar así
124. C: [uh huh
125. M: [I myself I- I s↑a::y it to my self (.) howe::ver
[yo misma lo- me lo d↑i::go (.) sin emba::rgo
126. what I °feel is different° (0.4)
lo que yo °siento es direrente° (0.4)
127. C: uh huh=
128. M: and sometimes I think that what I don't know
y a veces creo que lo que no sé
129. what to do (.) I don't know what to do:: whit that
qué hacer (.) no sé que hace::r con esa
130. anxiety I feel. (0.3) and when (.) it gets ou-
ansiedad que siento. (0.3) y cuando (.) llega fue-
131. I mean when it go- (.) goes out of contro::l
o sea cuando se de- (.) va fuera de contro::l
132. let's say (.) >it's when I start to get
digamos (.) >es cuando me empiezo a
133. depre((hhh))ssed< (0.4) I was dete::cting tha*::t
deprimi((hhh))r< (0.4) detecta::ba que*::
134. someti::mes th↑a::t was °happening to me no?°=
a ve::ces me °pasaba ↑e::so no?°=

In her first turn, María is expressing her trouble about feeling anxious because one of her daughters is starting school. It is interesting to see how she does that through repeatedly questioning herself with the question 'why' (lines 100, 107 and 109). In her next turn María recalls the negotiation they did in the previous session. In recalling this

she is giving a candidate answer to her own questioning: 'then I went to the idea you said of there are thoughts that trap you and I was seeing that in the same way that there are thoughts that trap me there are feelings that catch me' (lines 114-119).

Under the light of the extracts we previously saw, this recalling could be said as being partially wrong. María is recalling that her therapist said there were 'thoughts' that trapped her. The remembrance that there was something that traps her is right, but since the beginning what was trapping her were feelings and not thoughts. It is worth noting how the therapist isn't making any comment towards that. To engage at that point in a discussion with the client about the 'right' recall would be missing the point. Contrast this recalling work done by the client, with the one that the therapist is doing later on in that same session:

Extract 5(1)

M: client, C: therapist.

384. C: ah (0.4) uhhuh (.) li:sten eh you've started off by saying
ah (0.4) ajá (.) oye:: eh iniciaste diciendo
385. that (.) like when you sat down
que (.) como que cuando te sentaste
386. [wherever you sit down
[donde te sientes
387. M: [°mm hum°
388. C: .hhh (you're going over things)
.hhh (repasaste)
389. (.)
390. M: [mm hum
391. C: [eh:: li::ke (0.5) seeing why (.) like finding
[eh:: como:: (0.5) viendo por qué (.) como encontrando
392. a reason=
una razón=
393. M: =mm hum
394. C: a::nd I remember tha::t you're commenting on something
y:: me acuerdo que:: algo comentaste acerca de que

395. about that there wa:::sn't (.) a
no::: ha:::bía (.) una
396. [rea::son
[razó::n
397. M: [°no::: no° (.) when anali:::zing
[°no::: no° (.) al analiza:::r
- C: [uh huh
398. M: [n(h)◌ (.) there wasn't any
[n(h)◌ (.) no la había
399. C: now (.) this (.) °has happened on fri::day::°
ahora (.) esto (.) °pasó el vie::rnes::°
400. (.)
401. M: yes
Sí
402. C: isn't this true? today is tuesday
no es cierto? hoy es martes
403. M: mm hum
404. C: °e:::h° (.) what have you thou::ght during these days
°e:::h° (.) qué has pensa::do durante estos días
405. concerning that °point I mean that° so::mething that could
acerca de ese °punto o sea que° a::lgo que te pueda
406. explai::n to you (0.5) °what?°
explica::r (0.5) °qué?°
407. (0.6)
408. M: well I've thought that it's hhh (1.7)
bueno he pensado que es hhh (1.7)
409. a lot it's I think (.) becau::se (0.8) because
mucho es creo (.) porque:: (0.8) porque

As happens with the cases that have been shown so far, it is worth noticing how technically speaking more than one extract is needed in order to show the different aspects that are around active listening. This observation is more than superficial if we think it in terms of the importance the recalling work has when displaying active listening.

In extract 5(1) the therapist is using the conversational device of indirect reported speech (Hutchby and Wooffitt, 1998) to do the recalling work: ‘you’ve started off by saying that when you sat down you were going over things like finding a reason and I remember that you were commenting on something about that there wasn’t a reason’ (lines, 384, 385, 388, 391, 392, 394-396).

Before the therapist goes on, both participants in the interchange give a space for the client to display agreement with what the therapist is recalling. This observation is important because it stresses how the therapist can be constantly monitoring the client’s responses toward what she is recalling. The client’s responses are feedback that the therapist might need in order to carry on with her formulations in doing recalling.

The recalling work seems to be right in that it is agreed and validated by the client: ‘no when analyzing no there wasn’t any’ (lines 397 and 399). The therapist is saying that the client was ‘going over things like seeing the why like finding a reason’ (lines 388, 391 and 392). The client as being an ‘analysis’ (line 397) expresses what the therapist is framing as a ‘revision’.

Although using different words, what both of them seem to be referring to could be found in previous moments in the session, and seems to be a quite complex issue.

If we read extract 5, we see the client using direct reported speech when describing how she was asking herself: ‘I said well why if I have planned this situation’ (lines 100 and 101), ‘and yet I am anxious (...) why’ (lines 104, 105 and 107). The troubling the client is expressing by means of this pervasive questioning to herself seems to be quite relevant, on three occasions during her turn she is saying that she’s asked herself ‘why?’ (lines 100, 107 and 109).

What the therapist later on will frame as ‘there wasn’t a reason’ (extract 5(1), lines 395 and 396) is first said by the client in terms of ‘there wasn’t any idea that I could say it’s because of this no?’ (extract 5, lines 110-112). Thus, when recalling, the therapist is

changing the client's 'why' for 'finding a reason' and the client's 'there wasn't any idea' for 'there wasn't a reason'.¹²

The fact that the client is agreeing with the therapist's recalling work in extract 5(1), can be related to the carefulness with which the therapist does this. The number of 'like' she uses to preface what she is saying can be a token of that carefulness (lines 385 and 391). And saying: 'and I remember that you're commenting' (line 394) instead of the more straightforward manner of: 'and you've commented', is certainly inserting a space for 'I could be wrong', a space for doubt.

All this carefulness is prefacing the different version or challenge that will be expressed by the therapist. Like in previous extracts, the therapist will be managing two different versions. But unlike other examples we've seen so far, she won't find her way so easily in the client's explicit words. The two versions for this case could be resumed as follows:

Client's version: I tried to see why but there wasn't any idea I could say it's because of this.

Therapist's version: You couldn't find any reason, based on the way you were commenting on this, I wonder if there could be one by now.

As happened in extract 4(2), the therapist's alternative version is being uttered by means of a question: 'this has happened on friday today is tuesday what have you thought during these days concerning that point something that could explain to you what?' (ex5(1) lines 400, 403, 405-407).

The alternative version the therapist is wondering about through her question, is not as evident in the client's explicit previous words as it is in other extracts. Nevertheless, it could be suggested that in wondering about the possibility that by the present time the client could've found a reason for her questioning, the therapist is orientating to what

¹² These reframings or formulations seem to be a pattern in the way the therapist does her recallings. And they could be a sign of what is referred to in the literature as the 'negotiation of meanings' that takes place in the therapeutic interchange. It is worth noting here that the client is not making any comment towards the new formulation, which is something that happens in other cases.

can be called a ‘pervasive analytical labour’ that is being implicitly displayed in the client’s way of talking.

We find signs of this ‘pervasive analysis’ done by the client in the way she expresses herself: ‘I’ve realized’, ‘I was detecting’ (ex5, lines 98 and 133), ‘when analyzing’ (ex5(1), line 397). The therapist is also explicitly orienting towards that constant analysis when saying ‘when you sat down you were going over things’ (ex5(1), lines 385 and 388). The recurrent ‘why?’ questioning¹³ is also a feature of this analytical labour. And what emerges as the client’s own theory about her depression, can also be a visible feature in talk of this constant analysis.

The client is displaying her theory about her depression when she says: ‘and sometimes I think I don’t know what to do with that anxiety I feel’, ‘and when it goes out of control let’s say it’s when I start to get depressed’ (ex5, lines, 130-133). She identifies that feeling anxiety is part of her depression and she knows exactly when she starts to feel depressed, she is therefore displaying that she is an expert in her life.

When talking about her depression on this occasion, the client isn’t only expressing the way she might be feeling. She is uttering the result of her own analysis and this is signalled by the words ‘I think’ and ‘let’s say’, which put the client in the position of being an observer of herself as well as a subject.¹⁴

Thus, when the therapist is wondering in extract 5(1) about the possibility that by the day of the session the client could have found already a reason she seems to be relying in the client’s mostly previous display of her pervasive analytical activity.

¹³ One finds cues of the constant analytical job the client does not only in the frequency of the big ‘why?’, but in the content of the questioning itself. It is why if ‘I have planed with my husband this situation’ (line 100 and 101)? Why if ‘there have been things more difficult in my life in these six years’? It is ‘and yet I am anxious’, WHY? (lines 102-107). More analysis is going on when María says, ‘there are feelings that catch me’ (line 118 and 119), ‘in a rational way I don’t have why to be like that’ (lines 122 and 123), ‘however what I feel is different’ (line 125 and 126).

¹⁴ She wouldn’t be displaying this ‘analytical stance’ was she saying ‘and sometimes I don’t know what to do with that anxiety I feel’, ‘and when it goes out of control it’s when I start to get depressed’.

In wondering about this, by means of a question, the therapist is opening a different version from 'there is no reason' for a questioning that seems to be around a very sensitive issue for the client. It seems to be important for the client not only to find an answer, but that answer could help to understand something as important as the causes of her own depression and anxiety. In her wondering, the therapist is picking up the importance the client seems to attribute to finding an answer to this questioning linked to her depression. And to do that she is also relying on the 'pervasive analytical labour' displayed by the client in previous moments during the session. Although in a more implicit way than in other cases, in this example the challenging version is also based on elements within the client's own way of telling her story.

In doing this, the therapist is displaying active listening. The way she's being listening seems to be successful, after her wondering, the client starts to elaborate an answer to her big questioning: 'well I have thought that a lot it's because'. Through her answer, the client is not only accepting that she has in fact thought something else, but she seems to show again signs of this 'pervasive analytical capacity', when she says 'I have thought', and 'a lot it's I think because' (ex5(1), lines 409 and 410). In fact, what follows from this could be something like the therapist is an expert in conversation, the client is an expert in her life.

Therefore, part of the therapist's expertise in conversation can be seen in the way she listens. She listens not only to explicit aspects in the client's discourse, but also to more implicit ones. She challenges the client using questions and different markers of carefulness; markers such as 'like', 'I remember', 'as if' are examples of this. The theoretical supposition of the therapists being experts in conversation and the clients being experts in their lives is shown here as it can be displayed in actual therapy talk.

7.7. Displaying Listening to the Unsaid

Extracts 5 above were shown not only to stress the differences in expertises between the fellows in conversation in therapy, but they also show how the therapist might be paying attention to the unsaid, which is what is implied in the spoken words.

We have already noticed as analysts how the rhetoric of María can denote signs of ‘expertise’ and a deep ‘self-analysis’. These are aspects of María’s rhetoric that are not spoken, but that are yet displayed. An orientation to María’s intellectual resources is present in extract 6(1). However, in order to make sense of this extract, we first need to go through extract 6, where we go back to the session in which María is talking about her dilemmas in doing activities without being a ‘qualified professional’ in it:

Extract 6

M: client, C: therapist.

755. M: because I was also seeing (.) err °as I was telling you no?
porque yo veía también (.) este °como te decía no?
756. I am not a psychologist nor am I a th[↑]erapist°
no soy psicóloga ni soy terap[↑]euta°
757. C: °uh huh°
758. M: but there are in me also elements (0.4) that
pero hay en mí también elementos (0.4) que
759. allow myse- that I:: feel that would allow me to do
me permi- que sie::nto que me permitirían poder
760. that no? (.) to do the:: however (.) when I talk about
hacer eso no? (.) hacer el:: sin embargo (.) cuando hablo de
761. what I do at home >for example with< °the girls that
que hago en la casa >por ejemplo con< °las muchachas que
762. come and tha:t eh (I see the) spiritual process also
vienen y que: eh (veo el proceso) espiritual también
763. like I don’t see in it the value. °I mean also like
como que no le veo el valor.° o sea también como que
764. (0.3) it’s already happening to me: that some of the girls
(0.3) me: está pasando ya que ahora algunas de las chicas

765. who go¹⁵ to °the healing process° with me they recommend it
que toman conmigo °el proceso de sanación° lo recomiendan
766. to others and there are more arriving that
a otras y están llegando más que lo
767. that recomme::nd it [no?
que lo recomie::ndan [no?
768. C: [mm hum
769. M: and they arrive a::nd I tell them listen well
y llegan y:: yo les digo oye pues
770. (.) why did you come with me [if
 (.) por qué veniste conmigo [si
771. C: [mm hum
772. M: °you could've gone other place° (.) well
 °podías haber ido a otro lado° (.) pu's
773. it's because so and so told me. I:: don't believe them
es que fulanita me dijo. yo:: no les creo
774. I mea*::n like me myself I sa::y (0.3)
o sea*:: como que yo misma digo:: (0.3)
775. °they are inventing no?° I mean like I can't believe
°están inventando no?° o sea como que no puedo creer
776. I can be g↑ood at it.
que yo pueda ser bu↑ena.
777. C: uh huh

This time, María's worries are not about not being a ratified journalist, but about engaging in doing therapy activities without being a therapist or a psychologist. Whilst recognizing her success in the therapylike work she carries out with 'the girls who go to the healing process' with her, because 'they recommend it to others and there are more arriving' (lines 764-767), María is also expressing her lack of trust in that fact. She does so when she says how she asks the girls why they have come with her and how 'I don't believe them I say to myself they are inventing no? like I can't believe I can be good at it' (lines 765, 767-769, 773-776).

¹⁵ In Spanish one takes therapy or its related notions, 'tomar terapia'. In English one goes to therapy or its related notions. In both cases 'tomar terapia' and 'to go to therapy' the taker or the goer, in this case, the client, is made accountable for the action.

In subsequent moments in this session, the therapist can be said to be implicitly and nicely challenging the version in which María 'isn't good at it':

Extract 6(1)

M:client, C: therapist.

786. C: [and and you how do you see it that (.)
[y y tú cómo lo ves eso (.)
787. °how do you see it errr° () like a case (.)
°como lo ves este° () como caso (.)
788. a case like yours=
un caso como el tuyo=
789. M: =similar [(me)-
=igual [(yo)-
790. C: [where you already yourself detect=
[donde ya detectas tú=
791. M: like someone comes and says that to me?
como que alguien viene y me dice eso?
792. C: yes (.) [or you yourself
sí (.) [o tú misma
793. M: [what would I say?
[qué diría yo?
794. C: you yourself you de [tect
tú misma detec [tas
795. M: [uh huh
796. C: well (.) errr:: (0.2) something that helps (.) you not to
bueno (.) e::ste (0.2) algo que facilita (.) no dejarse
797. get (.) get caught (.) by that (.) feel-
(.) atrapar (.) por esa (.) sensac-
798. tha:t f↑ee:ling
e:sa sensaci↑ó:n
799. M: °uh huh°
800. C: °is to have a title° (0.3) °I want to know how you do
°es tener un título° (0.3) °quiero saber cómo
801. (judge) it°
lo (juzgas)°
802. (1.5)

803. M: °we*ll I° (0.6) °I see the (pros) I mean° on the ↑one ↑hand
°bue*no yo° (0.6) °veo los (pros) 'sea° por ↑un ↑lado
804. (0.4) °if it's not (a typical curricule¹⁶) I would say no
(0.4) °si no es (un currículo típico) yo diría no
805. well it's because one title is not going to give you
pues es que un título no te va a dar
806. (.) the security no? becau::se the security is with which
(.) la seguridad no? porque:: la seguridad es con lo que
807. (it's worth)° BUT OUT THERE it isn't true (.) I mean
se (vale)° PERO ALLÁ FUERA no es cierto (.) o sea
808. OUT THERE tha::t doesn't count and I
ALLÁ AFUERA no cuenta e::so y yo
809. <I've bumped into tha::t se:veral times> (0.2)
<me he topado mu:chas veces con e::so> (0.2)
810. I mean outside it doesn't count that if you::
'sea afuera no cuenta que si tú::
811. e::rrr have taken::* more cou::rses or that if you:: are
e::ste has tomado::* más cu::rsos o que si tú:: eres
812. very se::nsitive (0.3) that if with your (.) you are very
muy sensi::ble (0.3) que si tu con (.) eres muy
813. hu::man >that if you have values th↑at doesn't count<
huma::na >que si tienes valores ↑eso no cuenta<
814. outside >for them to give you< a job (.) it might count
afuera >para que te den< trabajo (.) contará
815. afterwards for you to:: to k↑eep it
después para:: para que lo man↑tengas
816. C: mm hum

In extract 6(1) the therapist is asking María to display the way she would see 'a case like yours where you already detect something that helps not to get caught by that feeling is to have a title I want to know how you judge it' (lines 786-788, 790, 792, 794, 796-798, 800 and 801). In doing this, the therapist isn't only putting the client in a position of being an expert of her own life (Anderson and Goolishian, 1992), but she is

¹⁶ There is an error in wording this word, both in the Spanish version and in the English version. The word the client is making reference to is 'currículum'. The misspelling can be read in several ways.

putting María as being an expert on therapy matters. She is asking María to ‘judge’ a ‘case’ like hers.

If one takes the request the therapist is doing out of the sequence of talk in which it’s being produced, one can find a very odd sense to it. How come a therapist is asking the client to be her own therapist? Was this request made to another client or this same client out of the sequence in which it’s being done, the client could be asking ‘what? why are you asking to me this? you are the therapist not me!’.

However, this isn’t happening in our present example. We could say the client is displaying some surprise to what she is being asked to do when she says ‘similar me?’, ‘like someone comes and says that to me?’, ‘what would I say?’ (lines 789, 791 and 793). Yet, the client doesn’t refuse the task and takes an extended turn to display her own judgement. Plainly, what she is saying is ‘a title doesn’t give you the security you might need to do your work yet in the real world OUT THERE it’s what counts as being worth’, ‘the title counts to get a job, your human qualities to keep it’ (lines 805-815).

Through asking the client to display her own judgement on a case like hers, the therapist could be orienting towards something the client was previously saying about her own abilities: ‘I am not a psychologist nor am I a therapist but there are in me elements that allow me to do that’ (ex6, lines 756, 758-760).

As has been shown in previous extracts, the therapist is supporting her alternative version in elements included in the client’s own narrative. The two versions that are in question in this extracts could be:

Client’s version: ‘I can’t believe I can be good at it’

Therapist’s version: You’ve mentioned there are elements in you that would allow you to do it, do it now, display now you can be good at it.

As in other extracts, what is being negotiated here is a version whose ingredients are in the client’s own narrative. We see again that the topic in question is relating to the client

‘believing or not believing’ something related to her own identity. It would be difficult to imagine the therapist doing this nice challenge was the client saying ‘I don’t believe them, I can’t believe it was raining yesterday’.

Therefore, AL implies not only listening to the explicit discourse of the client, but paying close attention to the more implicit and yet visible aspects of such discourse.

7.8. Picking up metaphors between sessions

Turning now to a different analytical case, we will introduce a combined case in which several things that have been mentioned so far are taking place. The set of extracts 7 come from three different sessions with María, which used to take place every fortnight. As all the extracts in this chapter, they are presented chronologically. In extract 7, María introduces for the first time the metaphor that is going to be the subject recalled over and over again:

Extract 7.

M: Client, C: therapist.

343. M: he’d say to me ‘like this’ (.) it’s becau::se (.)
él me decía ‘así’ (.) es que:: (.)
344. between bl↑ack and white there are many shades of
entre el n↑egro y el blanco hay muchas tonalidades de
345. greys
grises
346. C: ‘he (.) would say that to you’=
‘él (.) te decía eso’=
347. M: =mm hum=and you see everything either bl↑ack (.) or
=mjm =y tu ves todo o ↑negro (.) o
348. everything white
todo blanco

349. C: [uh huh
 350. M: [I denied it for a long time (.) till I started to::
 [yo lo negué mucho tiempo (.) hasta que empece a::
 351. (0.4) well t- to see if >it was< true
 (0.4) pu's a- a ver si >sí era< cierto

María is talking about something her husband used to say to her, which in common sense terms happens to be a metaphor that seems to be something significant for María. The metaphor is introduced as coming from the husband when she says, 'he'd say to me between black and white there are many shades of greys, you see everything black or everything white' (line 343, 347 and 348). We get the sense that this is something that has been for a long time with María, thus something relevant for her, when she says 'I denied it for a long time till I started to see if it was true'.

According to what is happening in extract 7(1), the result of what María was denying for a long time in her life, seems to confirm that what her husband was saying was true:

Extract 7(1)

M: Client, C: therapist.

394. C: °(this) we could think that it's one of the
 °(este) podríamos pensar que es uno de
 395. achievements that you've had in your
 los logros que has tenido en tu
 396. [l↑ife°
 [v↑ida°
 397. M: [mm hum (.) ye::s part of what I was telling
 [mjn (.) sí:: parte de lo que te
 398. you is that I believe tha::t °yes I've worked
 decía es que yo creo que:: °sí he trabajado
 399. (for the last years)°
 (en los últimos años)°
 400. C: °uh huh°
 401. (0.7)
 402. M: because now (0.4) es- I already I won't tell
 porque ahora (0.4) es- ya no te voy

403. you I don't go to extremes yes I do go
a decir que no me voy a los extremos sí me voy
404. (.)
405. C: [uh huh
406. M: [but I can come ba((hhh))ck
[pero me puedo regres((hhh))ar
407. C: uh ↑huh
408. (0.2)
409. M: I mean now¹⁷ I can see:: (0.3) the two s↑ides
o sea ya puedo ve::r (0.3) las dos p↑artes
410. and de- and to decide <what is what I ↑want>
y de- y decidir <qué es lo que yo qui↑ero>

In this extract, both participants are using the metaphor to talk about how María doesn't behave anymore like her husband used to say, that is seeing things only black and white. The therapist is orienting towards the consequentiality this can have, through her question, she is formulating that event as a 'life achievement' (lines 394-396). This formulation is telling us about the way the therapist has been listening. In using the word 'life' in extract 7(1), the therapist can be echoing the sense of long term implied in María's words when saying 'I denied it for a long time' (ex7, line350). We see again the offer of a new formulation based on the client's own narrative, through the recalling work.

During this same session, what María says in extract 7(1) is going to be recalled and used by the therapist in extract 7(2):

Extract 7(2).

M: client, C: therapist.

103. C: uh huh (0.8) well (.) let's see (0.6)
ajá (0.8) bueno (.) a ver (0.6)

¹⁷ This 'now' in English is corresponding to a 'ya' in Spanish. The client is echoing here the previous expression 'now I already'/'ahora ya' (line 415). When the echo is done in Spanish, the only 'ya' is said instead of repeating the whole expression 'ahora ya', thus in the English version the only 'now' was the candidate for the whole expression 'now I already'.

104. () (1.8) o- let's see let's put
() (1.8) o- a ver pongamos
105. that these are li:ke two:: (.) two objectives
que son estos co:mo do::s (.) dos objetivos
106. (.) no? (0.4) wha::t I underst[↑]and is that in
(.) no? (0.4) lo que: ent[↑]iendo que en
107. a given moment you can feel (.) that you::
un momento dado puedes sentir (.) que no te:
108. don't deserve (0.3) is (0.4) to be able to be:
mereces (0.3) es (0.4) el poder se:r el poder
109. to be able >let's say in a given moment< not ()
>digamos en un momento dado< no ()
110. to have to be °economically° independent
tener que ser independiente °económicamente°
111. M: °mm hum°
112. C: to be able to enjoy a fee- a: (.) ()
el poder disfrutar una sens- una: (.) ()
113. I don't know how to call it econ[↑]om[↑]ic well being?
no sé cómo llamarle bienestar econ[↑]omic[↑]o?
114. M: °yes°
115. C: (that) allows you no- not to have your life
(que) te permite no- no tener tu vida
116. to work out of duty
trabajar por obligación
117. M: mm hum
118. C: then I was thinking how (.) this (situation) could
'tnces 'staba pensando cómo (.) esta (situación) incluso
119. (0.2) even be related with (0.3) you going out to
(0.2) podría relacionarse con que (0.3) salgas a
120. work or you going to work in a given moment for
trabajar o vayas a trabajar en un momento dado por
121. pl[↑]ease (0.3) to be pl[↑]eased (0.4) no? (0.3)
plac[↑]er (0.3) por g[↑]usto (0.4) no? (0.3)
122. which for me might be (.) a ve:ry different
lo cual para mí ha de ser (.) una situación

123. situation (.) °to if it's done out of duty°
mu:y diferente (.) °a si se hace por obligación°
124. M: uh huh
125. (0.5)
126. C: so like it ha::s (0.4) em maybe for us (.) for us
ent'n's como que tiene:: (0.4) em a lo mejor nos (.) nos
127. it's more suitable suddenly this image °of like (.)
acomoda más de repente esta imagen °de como (.)
128. of your husband no?°
de tu esposo no?°
129. M: uh huh
130. C: () no? (.) of the: shades between white and black no?
() no? (.) de lo:s matices entre el blanco y el negro no?
131. M: °mm hum°
132. C: what is ↑beautiful is that white and black don't
lo b↑ello es que no desapar↑ecen el blanco y
133. disap↑ear >but rather that then< ↑yes it's black
el negro >sino que entonces< s↑í es negro
134. but y- ↑yes it's white (.) but there are also
pero s- s↑í es blanco (.) pero también hay
135. ↑lots of sh↑ades (.) so well (.) what would happen
much↑ísimos mat↑ices (.) entonces bueno (.) qué pasaría
136. María if we put these two °objectives° (0.4)
María si ponemos estos dos °objetivos° (0.4)
137. to have a title
tener un título
138. (0.3)
139. M: °mm hum°
140. (0.3)
141. C: and to be >economically independent< (0.6)
y ser >independiente económicamente< (0.6)
142. what dy- do you feel no::w >that is the priority °for
qué s- sientes aho::ra >que es prioritario °para
143. you° (0.3) if they were two (.) objectives °to achieve°

- ti° (0.3) si fueran dos (.) objetivos °a lograr°
144. (.) two pathways that you can follow (1)
(.) dos caminos que puedes seguir (1)
145. to have a title °and to be economically independent°
tener un título °y ser independiente económicamente°

The recalling work the therapist is doing in this extract seems to be needed to set a conversational context for a question that is going to be asked. The question to be asked towards the end of the sequence is, ‘if to have a title and be economically independent were two objectives to achieve what is now the priority for you?’ (lines 136, 137, 141-145).

For some reason this question can’t be asked straightaway, but needs the prefacing work done before. The recalling work that is being done in this preface to the question can be such thanks to the way the therapist has been listening. The therapist first says, ‘what I understand you can feel you don’t deserve is to be able to enjoy an economic well being that would allow you not to work out of duty but to work for pleasure’ (lines 106-110, 112, 113, 115, 116, 118-123).

Although maybe in an implicit way, we find here signs that make the version ‘to work for pleasure and not out of duty’ an alternative version. In order to support the possibility of ‘working for pleasure’ versus ‘working out of duty’, the therapist will recall the client’s husband metaphor: ‘maybe for us it’s more suitable this image of your husband of the shades between white and black no?’ (lines 126-128, 130). In saying ‘what is beautiful is that white and black don’t disappear, it’s black, it’s white, but there are also lots of shades’ (lines 132-135), the therapist can be read as doing even more recalling work. Evoking those moments in extract 7(1), when the client was saying ‘I won’t tell you I don’t go to extremes, yes I do go, but I can come back, now I can see the two sides and decide what is what I want’ (lines 402, 403, 406, 409 and 410).

In a different session, in extract 7(3), we see a case similar to extract 5, when it is the client who is doing the recalling work and not the therapist:

Extract 7(3)

M: Client, C: therapist.

98. C: (0.3) e- for me it's impressive beyond measure
(0.3) e- a mí me impersiona sobre manera
99. really (.) the part where she (.) narrates¹⁸
en serio (.) la parte donde ella (.) narra
100. (.) that (.) she starts to distinguish what things
(.) que (.) empieza a distinguir qué cosas
101. (0.3) are (.) answe::rs when she is talking with
(0.3) son (.) respuestas:: cuando está platicando con
102. her daughter tha::t in instead of being let's say
su hija que:: en en lugar de estar digamos
103. with thi::s (.) anxiety (.) or of nourishing this
con esta:: (.) ansiedad (.) o de alimentar esta
104. anxiety (.) she decides to nourish the relationship
ansiedad (.) decide alimentar la relación
105. with her daughter no? .hhh and so (.) to be with her
con su hija no? .hhh y entonces (.) estar con ella
106. no? and (.) and (.) and to li::sten to her and to
no? y (.) y (.) y escucha::rla y
107. see what (.) what she thi::nks no? (.) what she
ver qué (.) qué le pare::ce no? (.) qué
108. (thought about her teacher) () (.) a:::nd
le (pareció su maestro) () (.) y:::
109. (0.3) and (.) and to decide (.) that certain answers
(0.3) y (.) y decidir (.) que ciertas respuestas
110. (.) she w↑o::n't tell them (.) because they do
(.) n↑o:: las va a decir (.) porque
111. correspond more to this feeling like of (.) initial
corresponden más a esta sensación como de (.) inicial
112. anxiety (0.3) a:::nd (0.6) and and then (.)
ansiedad (0.3) y:: (0.6) y y entonces (.)
113. to better deci::de to be with her daughter and to
decidi::r mejor estar con su hija y
114. be with he::r and (.) and to get to know her daughter

¹⁸ At first sight, the 'narrates' in English can sound as unusual as the 'ella narra' in Spanish.

- estar con ella:: y (.) y conocer a su hija
115. a::nd (0.3) and like () °how she thinks°
y:: (0.3) y como () °cómo piensa ella°
116. () (1) what do you think (.) eh (.)
() (1) qué te parecieron (.) eh (.)
117. of Allan's:: comments
los comentarios de:: Allan
118. M: yes (.) yes errr:: (0.5) in fa::ct a*lready some
sí (.) sí este:: (0.5) de he::cho:: ya* algunos hace
119. some years ago m- my husband would sa::y to me tha::t
algunos años m- mi esposo me decí::a que::
120. (0.3) when we got married °nearly when we got married°
(0.3) cuando nos casamos °casi cuando nos casamos°
121. he would say to me that (.) that I would see all
me decía que (.) que yo veía o todo
122. either black or all white (0.3) or either all was
negro o todo blanco (0.3) o todo estaba
123. allright (.) or all was wrong (.) °and he would say
bien (.) o todo estaba mal (.) °y él me decía
124. that to me° (.) in between black and white (.)
esto° (.) en el medio del negro y el blanco (.)
125. there is a series of shadows of grey (.) the first
hay una serie de matices de grises (.) la primera
126. time he told me that (.) I:: °was° really °angry°
vez que me lo dijo (.) yo °me:: enojé° muchísimo
127. () (.) but from there I started to (.) to see
() (.) pero a partir de ahí empecé a (.) a ver
128. if yes it's () (.) and I discovered that yes
si sí es () (.) y descubrí que sí
129. () (.) either all was wrong or all was allright
() (.) o todo estaba mal o todo estaba bien
130. (0.2) and as all was allright (.) well I would feel
(0.2) y como todo estaba bien (.) pues yo me sentía
131. very we::ll (.) I mean very blow::n up too much all
muy bie::n (.) o sea muy infla::da demasiado todo
132. was wrong °I would feel like that° ba::d or very

- estaba mal °yo me sentía así° ma::la o chiquitita
133. small no? (0.5) () (0.2) and when seeing tha::t
no? (0.5) () (0.2) y al ver e::so
134. (.) I realized (.) that it wasn't like that I mean
(.) me di cuenta (.) que no era así o sea
135. that there was a combination of situations ()
que había una combinación de situaciones ()
136. that it wasn't good or bad but that (.) that those
que no era bueno o malo sino que (.) eran
137. were the things that h↑appened no? (.) and that it
las cosas que pas↑aban no? (.) y que era
138. was a lot how ↑I would see it
mucho como y↑o lo veía

In therapy terms, in this extract the therapist is finishing the 'reflective team practices' (Andersen, 1991) that usually take place in her sessions. The way she does that is sharing her own reflection and then asking María to comment on Allan's (the co-therapist) comments. Then we hear María recalling her husband's metaphor: 'my husband would say to me that I would see all either black or all white, either all was alright or all was wrong, and he would say to me, in between black and white, there is a series of shadows of grey...' (lines 119-125).

If we compare this client's recalling work with the one in extract 5, we will see that this time, she gets it right. This time the client is recalling something that would come in previous sessions from her own narrative, from her own life experience. We attribute the rightness in her recalling to this fact.

Note how something that is shown to be recalled between different sessions happens to be a metaphor. To analyse metaphors more deeply is beyond the scope of the present study, however, it might be possible that metaphors have a special component in them that makes them more remindable in the long term.

Let us see the way this metaphor is being evoked again by the therapist in a different session from those of the previous extracts:

Extract 7(4).

M: client, C: therapist.

481. M: I mean like myself as well (.) I feel that I
sea como que yo también (.) siento que también
482. also have that image (0.6) of or I ha::d that
tengo esa imagen (0.6) de o tení::a esa
483. image of °of es-° just anything and I'll be
imagen de °de es-° de cualquier cosa ya estoy
484. depressed (.) like right now I'm starting to see
deprimida (.) como que ahorita estoy empezando a ver
485. (.) when I am (.) a:nxiou:s (.) when I am worried
(.) cuándo estoy (.) a:nsio:sa (.) cuándo estoy preocupada
486. (.) when I am depressed (.) °yes (depre::ssed)° (.)
(.) cuándo estoy deprimida (.) °sí (deprimi::da)° (.)
487. when °I'm happy° I mean °(it's) different no?°
cuándo °estoy feliz° o sea °(es) diferente no?°
488. (0.8)
489. C: °like those sh↑ades°
°como esos mat↑ices°
490. M: uh huh
491. (1.8)
492. C: that you've been able to see in other pla::ces
que has podido ver en otros la::dos
493. M: °mm hum°
494. (0.8)
495. C: do you remember that (.) on:: one occasion you've
te acuerdas que (.) en:: una ocasión mencionaste
496. mentioned tha::t °() your husband would
que:: °() tu esposo te
497. say to you° (.) not only white and black but
decía° (.) no nada más blanco y negro sino que
498. °there are sha::des no?° and tha::t (.) I remember
°hay mati::ces no?° y que:: (.) yo me acuerdo

499. you were saying it's something you've been able
 que decías que es algo que has podido

500. yourself (0.6) a- to ta::ke into yourse::lf (0.6)
 tú (0.6) a- incorpora::r a tí:: (0.6)

501. ((clears her throat))

502. M: yes (.) [()
 sí (.) [()

503. C: [right now (.) I think a bit of tha::t
 [ahorita (.) pienso un poco en e::so

504. °when (.) when you speak° (1.2) as if you were a::ble
 °cuando (.) cuando hablas° (1.2) como si pudie::ras

505. (1.2) to see sha::des
 (1.2) ver mati::ces

506. (0.6)

507. M: °sometimes yes° (1) errr >so<
 °a veces sí° (1) este >entonces<

On this occasion, María is addressing the topic of her depression. She is saying that, like her husband, 'I also had that image of just anything and I'll be depressed, like right now I'm starting to see when I am anxious, when I am worried, when I am depressed, when I am happy, I mean it's different no?' (lines 481-487).

In doing a formulation of this change in María of 'starting to see the differences' instead of just having the image of 'just anything and I'll be depressed', the therapist will offer a different version.

The way the therapist is wording the metaphor in this last session, offers an implicit nice challenge to ways in which the metaphor was talked about previously. Like in other cases, the different version here is going to be constructed upon elements included in the client's own narrative: 'like those shades that you've been able to see in other places' (lines 489 and 492).

In describing what happened with this metaphor, the therapist is offering the possibility that the client has taken into herself the metaphor, because of her and not because 'his

husband was right'. She does this when she says, 'I remember you were saying it's something you've been able to take into yourself (...) as if you were able to see shades' (lines 498-500, 504 and 505). In wording the metaphor in this way, the therapist is making the client accountable for the adoption of the metaphor. If things had been let as 'my husband was right', the person who stays accountable is the husband.¹⁹

The fact that this is a recalling is displayed by the therapist when she uses the word 'remember', as she goes on, 'do you remember that on one occasion you've mentioned (...) I remember you were saying it's something you've been able...' (lines 495-500). This is similar to the way the recalling work was getting done before in extract 5(1). As a reminder of this, let's quote again a piece of the extract:

Extract 5(1)

M: client, C: therapist.

410. C: ah (0.4) uhhuh (.) li:sten eh you've started off by saying
ah (0.4) ajá (.) oye:: eh iniciaste diciendo
411. that (.) like when you sat down
que (.) como que cuando te sentaste
412. [wherever you sit down
[donde te sientes
413. M: [°mm hum°
414. C: .hhh (you're going over things)
.hhh (repasaste)
415. (.)
416. M: [mm hum
417. C: [eh:: li::ke (0.5) seeing why (.) like finding
[eh:: como:: (0.5) viendo por qué (.) como encontrando
418. a reason=
una razón=
419. M: =mm hum
420. C: a::nd I remember tha::t you're commenting on something
y:: me acuerdo que:: algo comentaste acerca de que

¹⁹ This observation is related to a central topic within the philosophical stance from which it is proposed to do collaborative therapy. The topic related to giving back to the client's his or her sense of agency (Anderson, 1997).

421. about that there wa:::sn't (.) a
 no::: ha:::bía (.) una
422. [rea::son
 [razó::n
423. M: [°no::: no° (.) when anali:::zing
 [°no::: no° (.) al analiza:::r

Not only the therapist was using here expressions in past tense, but she is using as well the word 'remember': 'you've started off by saying that (...) and I remember that you were commenting' (lines 384, 385 and 394). Therefore, there are signs in the talk that make recalling a exercise of remembering past discourse. It would be really interesting to carry on more research on the way metaphors tend to be talked about in therapy and the way they tend to be remembered by the participants.

To summarize the case of extracts 7, we see in them an instance in which, in different sessions, the recalling work is being done by both, the client and the therapist. In the case of the therapist, this recalling work is offering another version, not necessarily a competing version. This other version is based on the client's own narrative. The recalling work isn't only characterized by the fact that some past passages are constantly being brought back to present moments in talk. By means of expressions like 'I remember', 'because you say', 'you clarified a while ago', 'you've started off by saying', 'you were commenting', the participants themselves are orienting to what they are saying as being a remembrance.

In the case of the therapist, through the way she says what she says, she is displaying the way she's being listening. In bringing back the metaphor in extract 7(4), the therapist isn't merely recalling a piece of content in the client's previous narratives; previous negotiations done in talk around that metaphor are also becoming alive again. In particular, she seems to be reviving the previous understanding about the consequentiality in the client's life to take into her her husband's metaphor. There might be in María's own talk a reason that can account for why the participant's don't seem to want to let go this metaphor. As she was saying in extract 7(3), this issue

isn't only about distinguishing colours. It is an issue about 'all being wrong or all being right', which is related to 'feeling very well or feeling bad or small'. It is more than an issue, it is María's 'discovery', that the way she can feel can be related to the way she see things. As a way to stress this achievement of María, let us quote her again:

Extract 7(3)

M: Client, C: therapist.

118. M: yes (.) yes errr:: (0.5) in fa::ct a*lready some
sí (.) sí este:: (0.5) de he::cho:: ya* algunos hace
119. some years ago m- my husband would sa::y to me tha::t
algunos años m- mi esposo me decí::a que::
120. (0.3) when we got married °nearly when we got married°
(0.3) cuando nos casamos °casi cuando nos casamos°
121. he would say to me that (.) that I would see all
me decía que (.) que yo veía o todo
122. either black or all white (0.3) or either all was
negro o todo blanco (0.3) o todo estaba
123. allright (.) or all was wrong (.) °and he would say
bien (.) o todo estaba mal (.) °y él me decía
124. that to me° (.) in between black and white (.)
esto° (.) en el medio del negro y el blanco (.)
125. there is a series of shadows of grey (.) the first
hay una serie de matices de grises (.) la primera
126. time he told me that (.) I:: °was° really °angry°
vez que me lo dijo (.) yo °me:: enojé° muchísimo
127. () (.) but from there I started to (.) to see
() (.) pero a partir de ahí empecé a (.) a ver
128. if yes it's () (.) and I discovered that yes
si sí es () (.) y descubrí que sí
129. () (.) either all was wrong or all was allright
() (.) o todo estaba mal o todo estaba bien
130. (0.2) and as all was allright (.) well I would feel
(0.2) y como todo estaba bien (.) pues yo me sentía
131. very we::ll (.) I mean very blow::n up too much all
muy bie::n (.) o sea muy infla::da demasiado todo

132. was wrong °I would feel like that° ba::d or very
estaba mal °yo me sentía así° ma::la o chiquitita
133. small no? (0.5) () (0.2) and when seeing tha::t
no? (0.5) () (0.2) y al ver e::so
134. (.) I realized (.) that it wasn't like that I mean
(.) me di cuenta (.) que no era así o sea
135. that there was a combination of situations ()
que había una combinación de situaciones ()
136. that it wasn't good or bad but that (.) that those
que no era bueno o malo sino que (.) eran
137. were the things that h↑appened no? (.) and that it
las cosas que pas↑aban no? (.) y que era
138. was a lot how ↑I would see it
mucho como y↑o lo veía

Going back to Fernanda, we find an instance where another metaphor is being brought back from previous passages in talk. Fernanda is still adressing the difficulties with other people at her workplace:

Extract 8

F: client, C: therapist.

181. F: this la::dy the:: °martínez know:::s° (.)
esta seño::ra la:: °martínez sa:::be° (.)
182. knows (.) kno:::ws where to sow (.) and she's
sabe (.) sa:::be dónde sembrar (.) y
183. sowed e::: (.) she's sowed hatred (.)
sembró e::: (.) sembró odio (.)
184. hatred [towards
odio [hacia
185. C: [°ah°
186. F: m(hhh)e:: no? (.) it go:::t me but
m(hhh)í:: no? (.) me llegó::: pero
187. rea:::lly well
sí::: bien

In extract 8 Fernanda is introducing the 'sowing metaphor', the lady at her work place had sowed hatred towards her, and that has touched her (lines 181-184, 186 and 187). In extract 8 (1) the metaphor will be reworked by the therapist:

Extract 8(1)

F: client, C: therapist.

241. C: and now (.) you see how she says (.)
y ahorita (.) ves cómo dice (.)
242. she's s- that lady knew how to so:::w
se- esa señora sabía sembra:::r
243. (.) [I mean
(.) [o sea
244. F: [uh huh
245. C: she's so:::wed it
lo sembró:::
246. F: [°yes°
[°sí°
247. C: [but then there were some fie:::lds
[pero entonces había algunas tie:::rras
248. where it cou:::ld [°errr°
donde sí podía::: [°este°
249. F: [ye:::s
[sí:::
250. C: tha:::t could germinate
germinar e:::so
251. F: and it was with [her
y fue con [ella
252. C: [()
253. F: uh huh
254. (0.8)
255. C: (o:::ntando) [.hhhh
256. F: [ye:::s
[sí:::
257. C: a:::nd (.) but in other fields no:::t?
y::: (.) pero otras tierras no:::?

258. (.) I mean [because with angeles
 (.) o sea [porque con angeles
 259. F: [no::

260. C: [your frie:::nd::
 [*tu ami:::ga::*

261. F: [i::t °it didn't happened° (.) uh huh
 [no:: °no ocurrió° (.) ajá

262. C: it seems that it was di:::fferent=
 parece ser que fue difere:::nte=

263. F: =uh huh (.) she (.) she:: didn't stop seeing
 =ajá (.) ella (.) e::lla no dejó de verme

264. me li:::ke (.) like um- objectively and she
 como::: (.) como um- objetivamente y

265. used to a:::sk no?
 pregunta:::ba no?

In extract 8(1) the therapist is recalling Fernanda's metaphor by means of direct reported speech, 'she says that lady knew how to sow' hatred (lines 241 and 242). The therapist is reporting this to A, who is a co therapist that doesn't appear in the extracts.

Following this first recalling, the therapist is going to offer a nice challenge to the client's universalising version of 'this lady knows where to sow, and she's sowed hatred towards me' (ex8, lines 181, 184 and 186). As we saw in previous extracts, the challenge the therapist is doing can imply disagreement, as it is being expressed using the little word 'but'. By means of this challenge, the therapist is offering an alternative version: 'but there were some fields where that could germinate but in other fields no:::t?' (ex 8(1), lines 247, 248, 250 and 257).

As has happened in previous extracts, the therapist's alternative version will be supported by means of doing another recalling, which content will be based on elements one can find within the client's own narrative. The therapist says, 'because with Angeles your friend it didn't happened' that way, 'it seems that it was diferent' (ex 8(1), lines 258, 260 and 262).

Again the therapist seems to be exhibiting a challenge that puts in evidence two contrasting versions managed by the client:

Client's version: This lady has sowed hatred towards me (implying everybody).

Therapist's version: Based on what you were previously saying, the lady has sowed hatred in some people, not in everybody, because with your friend this didn't happen.

It is interesting to wonder about why the client utters the universalising expression: 'this lady has sowed hatred towards me', and she doesn't make the distinction 'she's sowed hatred towards me in some people, because with my friend it didn't happen'?

Although there is no immediate discursive evidence in the client's mouth in the extracts shown in here, for the therapist's 'because with your friend angeles it didn't happen', the agreement the client displays (ex10(1), lines 259, 261, 263-265) can be taken as an evidence for the therapist doing a recalling work that seems to be right. Note again, how the therapist must be constantly couching the client's responses to her (the therapist's) formulations.

As has happened in previous extracts, the topic the therapist is nicely challenging appears to be crucial, 'how come did she sow hatred towards you in everybody?'. It would be difficult to imagine the challenging work being done was the client saying 'that lady knew how to sow hatred, she managed to persuade everybody to hate animals'. The issue being challenged as being a sensitive one, can be illustrated if we think how difficult it could be for someone to live thinking that everybody hates her in her workplace, where work is a place where one tends to spend a considerable amount of the daily time.

It would be therefore interesting to go further in the study of metaphors and their suitability to be remembered. Another aspect of AL thus would be that it can consist of remembering metaphors, which in turn might have a therapeutic purpose like giving agency to the client (María) or attributing hatred to the right amount of people.

7.9. People who? What is the worst that could happen?

Everybody answers the question

In nearly reaching the end of the analytical sections we wish to show two sets of extracts that slightly differ from the ones that we've shown so far. These extracts have captured our attention because listening is being displayed in a conversational environment where a question is asked, and all the participants in the therapy room seem to have a go answering the question. It is going to be argued that the therapists in the room will display AL in the way they answer to the questions.

Let us start with an extract taken from the session where Fernanda is talking about her problems at her workplace. In extract 9, Fernanda is explaining that there were two groups of people, one on her side and another on the side of the lady with who she was having problems:

Extract 9

F: client.

348. F: there were two grou::ps she:: had
se manejaron dos gru::pos e::lla tuvo
349. her group of (.) of ↑peo::ple (.)
su grupo de (.) de ge::nt↑e (.)
350. and those who (.) the ladies that
y de los que (.) las señoras que me
351. appreciated me and that ca::me to
estimaban a mí y que entra::ban a
352. my::: ↑workshops (.) she stoped talking to them
mis::: taller↑es (.) les dejaba de hablar
353. or she (.) to:::ld them I mean sh- she:: was a::ngry
o les (.) decí:::a o sea s- se:: enoja::ba
354. a:: lot when people ta:::lked to u::s she wanted
mu::cho cuando la gente no:::s habla::ba quería
355. that (.) tha::t (.) for anyone >we would exist<
que (.) que:: (.) para nadie >existiéramos<

356. that e::verybody offend us there (.) a:::nd that
que to::dos nos agredieran ahí (.) y::: eso
357. di::dn't happen
no:: sucedió

It is in extract 9(1) where the question that everybody will have a go to answer will appear in the mouth of the therapist:

Extract 9(1)

F: client, C: therapist.

135. F: but (.) people le::ft wanting to:: say
pero (.) la gente se e:: i::ba con la intención de:: decir
136. let's see:: ho::w >how I get her< how I
a:: ver có::mo >por dónde le llego< cómo la
137. (fire her) no?
(despido) no?
138. C: °mm hum°
139. F: so
entonces
140. C: people who
la gente quién
141. F: the::se [people ()
esta::s [gente ()
142. C: [because like suddenly (.)
[es que de repente (.)
143. uh hu::h
144. F: only ↑that↑ lady [she was
nada más es↑a señora [esa sí fue
145. C: [o::kay
146. F: the one tho (.) the one who (.) the
la que (.) la que me (.) la
147. one who::: e::: has helped °to finish°
que::: e::: ayudó a que °se terminara°
148. with all there
todo ahí

In this extract Fernanda is using the word ‘people’ in what we have interpreted before as being an universalising manner: ‘people left wanting to say let’s see how I get her, how I fire her’ (lines 135-137). Then comes the question ‘people who’ (line 140). This question seems to be a rethorical question, in the sense that it is followed by a justification from the therapist for having asked it, ‘because like suddenly’ (line 142),²⁰ and in the sense that the therapist is asking a question which answer she already knows (see discussion below).

The therapist’s questioning seems to be implicitly evoking, until this point in the analysis, previous moments in the client’s telling where she was talking about people in a differentiated way: ‘she had her group of people’ (ex9, lines 348 and 349) and ‘there was the group of the ladies that appreciated me’ (ex9, lines 350 and 351). On the basis of that previous differentiated use of the word ‘people’, the therapist might be wondering about the present client’s universalising use of ‘people left wanting’ (ex9(1), line 135). The expression ‘group of people’ doesn’t imply the universe that ‘people’ does.

There is a significant number of references to ‘she’ in the first client’s telling in extract 9 (lines 348-354), which can be contrasting with the way she uses ‘people’. That contrast might be something the therapist is picking up when she asks ‘people who’. As if she were implicitly commenting, until this point in the analysis, ‘if you are mostly talking about ‘her’ who is people then?’.

The first person to have a go answering the question is Fernanda. The way she answers, implies that she didn’t get the rhetorical nature for the question the therapist might be showing with ‘because suddenly’ (ex9(1), line 142). The client seems to take the question at first value and in answering she is making explicit what could be rhetoric in the therapist’s question: ‘only that lady, she was the one who has helped to finish with all there’ (ex9(1), lines 144, 146-148).

²⁰ As has been noted previously, it is interesting to see how once an overlap occurs, the therapist gives the floor to the client and gives up her turn. In doing this she is privileging the client’s voice.

It is because the client has previously included in her narrative the possibility that it was only one person who was actually against her that the therapist can dare to do her challenge. At this point the therapist's recalling work is only implicit in her question. It is in extract 9 (2) where the therapist's recalling and rhetorical intent when asking the question becomes explicit. In other words, it is here where we see the therapist knows already the answer to the question she has asked:

Extract 9 (2)

F: client, C: therapist, A: co therapist.

170. F: .hhhh tha:::t that ye::s
.hhhh que::: eso sí::
171. [has sta:::yed
[quedó:::
172. C: [because for me it's curious that
[les que se me hace curioso que
173. it is [only
sea [sólo
174. A: [yes
[sí
175. C: the Suc↑a:::
la Suc↑a:::
176. F: u:::h(h) huh
177. C: a::nd and (.) and suddenly (.) you (.)
y:: y (.) y de repente (.) lo (.)
178. you [it
lo [p-
179. A: [°it seems a lot of people°
[°parece mucha gente°
180. [(being there)
[(la que está ahí)
181. C: [uh hu:::h I mean you verbalize it as peo::ple
[ajá::: o sea lo verbalizas como la gen::te
182. (.) then I say aoy:: (.) how difficult
(.) entonces yo digo aoy:: (.) qué difícil
183. [that could be °uh huh°
[podría ser °ajá°

184. F: [well what I think is that (.) peo::ple
[pues yo pienso que (.) la:: gente

185. could be her because I::: I
podría ser ella porque y::o:: yo

The therapist is the second participant who will answer the question. She does that when she says, ‘because for me it’s curious that it is only the Suca and you verbalize as people then I say how difficult it could be’ (lines 172, 173, 175, 178, 181-183). When the therapist is expressing ‘you verbalize as’ she can be said as implicitly commenting ‘it matters how you call it’.²¹ The idea that to call it that way ‘people against the client’, is somehow unfair for the client herself is partially suggested through prosody when the therapist says ‘then I say aoy:: (.) how difficult that could be’ (lines 182 and 183).

It is in overlapping the therapist’s talk that we find our third participant, A, the co-therapist, having his go at the question ‘people who’. The co-therapist hasn’t been talking a lot during these interchanges, and when he speaks he says ‘yes °it seems a lot of people° (being there)’ (lines 174, 179 and 180).

It can be argued that A’s ‘yes’ (line 174) is the display of an agreement with the sense of ‘curiosity’ the therapist is finding in the client’s telling. That with which A is agreeing is, in principle, that when the client verbalizes ‘people’ there is an observation to be made. For A, that observation is that when verbalized as people, ‘it seems a lot of people being there’ (lines 179 and 180). For the therapist, the observation to be made is that to verbalize it that way can turn the situation ‘difficult’ for the client (line 182).

What could account for the understanding the co-therapist is displaying, if not the position under which he has been listening to previous moments during the session? The therapist hasn’t even explained what it is about that sense of curiosity she finds, when the co-therapist is already displaying his own understanding. It is quite possible that the first explanation the therapist was going to give about why that was curious for

²¹ This is very interesting if we think in terms of the philosophical stance that supports this way of doing therapy, where an emphasis in the wording processes is made.

her was something similar to the co-therapist's understanding.²² And that once that explanation is given by the co therapist, the therapist then finds a complementary explanation.²³

For the analyst writing this, in expressing his understanding, the co-therapist is displaying a careful and grounded in talk way of listening towards what the therapist and the client have been previously negotiating. Otherwise, the understanding the co-therapist is displaying is coming rather out of the blue, as an anticipated understanding, as a guess. The fact that his guessing seems to be successful is signalled by the emphatic agreement the therapist does: 'uh hu:::h' (ex9(2), line 181).

Packaging what she says as being a personal appreciation, the therapist is supporting her challenge in what the client has previously said: 'because for me it is curious that it is only the suc[↑]a::: (the one who wanted to fire you) and suddenly you verbalize it as people' (ex 9(2), lines 172, 173, 175, 177, 178 and 181). The two contrasting versions the therapist is making obvious can be summarized as:

Client's version: People wanted to get me, to fire me.

Therapist's version: Based on what you have previously said, it seems that it wasn't everybody, but only that lady.

It is through the challenging work supported on recalling the own client's words, that the therapist is showing 'active listening'. What if not an attentive listening position could be accounting for the fact that the therapist is noticing that the client herself has previously made the comment that 'not everybody' believed in that unfavorable version of who she was? The therapist is bringing to the table a distinction between 'people', 'she' and 'a lot of people' based on the client's own words. What kind of listening position can explain this, if not a position in which listening to the client is being something else than passively receiving what the client is saying?

²² See what C is about to say when A comes in overlap, they seem to overlap when uttering the same particle in Spanish and in English (ex9(2), lines 178 and 179).

Again, the issue the therapist is challenging when saying ‘people who’, seems a sensitive one, it refers to a situation where everybody was against the client to get her and fire her. It would be difficult to imagine this challenging work was the client saying ‘she had her group and I had mine, and people left wanting to see how we could become only one group’. Then, the question ‘people who’, as implying ‘are you talking about everybody or only about her?’, might have not appeared.

One wonders why doesn’t the client says ‘her group of people left wanting to see how they fired me’, and instead she uses the universalising word ‘people’, suggesting ‘everybody’, when talking about what was nasty towards her? How can the fact that the therapist displays a contrast between talking about ‘people’ and talking about ‘she’ be accounted for, if it wasn’t for those links that can be done when listening to what other people are saying?

In this example it is clear that one has to use the right words in displaying AL, but it also become apparent that one has to listen to the right words and make links with the right ideas. A question seems to be a preface to the display of AL, the sequence being ‘question-AL’ by the participants. For us, this is describing aspects of the conversational environment in which AL can be displayed, which implies much more than the recalling work that has been described in the literature as paraphrasing.

Going back to one of María’s sessions we also find a question that all the participants answered. In extract 10 María is talking about her fears regarding seeing a psychiatrist:

Extract 10

177. M: it sca::res me that when being in front
me da mie::do que al estar frente
178. of him (.) again I’ll have this i(hhh)mmage
a él (.) vuelva yo a tener esta imaghhen

²³ See how she emphatically agrees with A’s explanation and repairs ‘I mean’ before offering an alternative account (ex9(2), line 181).

179. of ↑illness that I don't w↑ant °in my life no?°
de enfermed↑ad que yo no qui↑ero °en mi vida no?°
180. (.) and I don't know what to do:: to (.)
(.) y no sé qué hace::r para (.)
181. to face this (.) I've asked for the phone
para enfrentar esto (.) he pedido el
182. number three t↓imes (.) I've asked for the phone
teléfono tres vec↓es (.) he pedido el
183. number two times (.) errr:: I've phoned err:: I spoke
teléfono dos veces (.) este:: he llamado este:: hablé
184. to the to °the:::° doctor on the phone (.)
con el con °el:::° doctor por teléfono (.)
185. [but he couldn't give me
[pero no me pudo dar
186. C: [who was it?
[quién era?
187. M: the appointment (.) his na:::me is doctor schlohhs
la cita (.) se llama::: doctor schlohhs
188. C: uh huh
189. M: err:: I arrived to him eh of course I started to
este:: llegué a él eh para esto empecé a
190. see where am I going no? (.) >so< (.) it's been I
ver a dónde voy no? (.) >entonces< (.) me ha ido o
191. mean like >I've been< postponing it again and again
sea como que >le he estado dando< largas
192. (.) and all is becau:::se (0.3) because I'm sca::red
(.) y todo es porque::: (0.3) porque tengo mie::do
193. because when I decide one thing I go and I do it
porque cuando yo decido una cosa voy y la hago
194. (.) bu::t I am scared so like the fear has kee::ping me
(.) pero:: tengo miedo entonces como que el miedo me ha
195. from taking the step to go no? (0.5) and I think a lot
frena::do a dar el paso de ir no? (0.5) y creo que es mucho
196. it's because I'm scared of (.) of having again
por el miedo a (.) a volver a tener
197. this image of °someone telling me yes yes
esta imagen de que °alguien me diga sí sí

198. she is ill° () .hhh a::nd that I don't know
 está enferma° () .hhh y:: eso no sé
199. how I'm going to (.) face it no?
 cómo lo voy a (.) a enfrentar no?

What is important for this analysis is the way María is talking about the image the psychiatrist could give to her, if she payed a visit to him. She is saying she's scared he would give to her an 'image of illness that I don't want in my life', 'this image of someone telling me yes she is ill that I don't know how I'm going to face no?' (lines 177-179, 197-199).

To get those images of herself as a result of the visit is something María expresses as the fear that is preventing her from visiting the psychiatrist. To be afraid of doing something doesn't mean that you don't want to do it. In fact María is displaying something that could be read as part of herself wanting to make that visit. In extract 10(1) the question that everybody is going to have a go to answer is being posed by the therapist:

Extract 10 (1)

M: client, C: therapist, A: co therapist.

238. C: °uh huh° (.) what's the worst that could happen.
 °ajá° (.) qué es lo peor que puede pasar.
239. M: (0.6) well that he says that °in fact° I
 (0.6) pues que me diga que °efectivamente°
240. have*:: (.) () like the do::ctor was saying
 tengo*:: (.) () como decía la docto::ra
241. or tha::t yes I have:: (.) >a tendency< to
 o que:: sí tengo:: (.) >tendencia< a la
242. depre::ssion (.) and tha*t he (0.3) he ()
 depresió::n (.) y que* me (0.3) me ()
243. with a trea::tment () or whe::n I get
 con un tratamie::nto () o cua::ndo llegue
244. to be he () a::nd I'm going to give you
 a estar me () y:: le voy a dar

245. m↑e::dicine (.) I believe it's the wo(h)rst
medicam↑e::nto (.) creo que es lo pe(h)or
246. that could happen=
que podría pasar=
247. C: =yes?
248. =sí?
249. M: >well< that's the way ↑I feel it ()
>pues< así lo siento y↑o ()
250. (1.3)
251. C: that he says to you that you have ()
que te diga que tienes ()
252. [that he says to you ()
[que te diga ()
253. M: [uh huh (.) I mean that he says to me that yes
[ajá (.) o sea que me diga que sí
254. in fact it's true wha*:::t wha::t the child psychiatrist
efectivamente es cierto lo que*::: lo que:: (me está)
255. is dia*g::nosing (to me) what is (suspected)
dia*g::nosticando la paidopsquiatra lo que está
256. is true
(sospechado) es verdad
257. A: like him giving you (an image with which
como que te dé una (imagen con la que
258. you couldn't [live no?)
no puedas [vivir no?)
259. M: [something like thahhht
[algo ahhhshhhí
260. A: or for which you are fighting [against (it)
o por la que tú estás luchando [en contra (de ella)
261. M: [mm hum

María's answer to the therapist's question is a variation on the same theme of getting that horrible image she was talking about previously. The variation being, that the image becomes a fact. For her the worst that could happen is 'that he says that in fact I have a tendency to depression, with a treatment, I'm going to give you a medicine', 'that he says that in fact it's true' (lines 239-246, 252 and 253).

Then we find the co-therapist having his go in answering the question. His answer being: 'like him giving you an image with which you couldn't live or for which you are fighting against it' (lines 256, 257 and 259). In giving this answer, the co-therapist is displaying active listening. He is doing the recalling work we have seen the therapist doing before. In reevoking the notion of image María expressed in extract 12, he is also offering an alternative version for that image. To make this point clearer, let us put together what the client's version of that image is and what the co-therapist alternative version is:

Client's version: An image of illness that I don't want in my life. An image that I don't know how I'm going to face.

Co-therapist's version: An image with which you couldn't live. An image for which you are fighting against.

The co-therapist isn't recalling the word 'illness'. That, which is something the client doesn't 'want in her life' is formulated by the co-therapist as something with which the client 'couldn't live'. In stating that the client is fighting against such an image, the co-therapist is putting the client in an active position face to that image, makin her accountable, managing conversationally issues of agency.

Let us reformulate these different versions and find another way in which the co-therapist can be said as being offering an alternative version:

Client's version: The worst that could happen is that that image of myself becomes a fact, a truth.

Co-therapist's version: The worst that could happen is that he gives you an image with which you couldn't live and for which you are fighting.

In these contrasting versions, what the co-therapist is offering is an alternative where the psychiatrist doesn't have the power to make from that image a fact or a truth. For the co-therapist, the image stays in the client's own terms, just an image, not a fact or a truth.

Let us see now how the therapist gives answer to the question ‘what’s the worst that could happen’ and how in the way she does it she displays her position of listening. In extract 10(2) we see the therapist taking a big turn to express her own thoughts:

Extract 10(2)

C: therapist.

341. C: listen²⁴ (0.5) to me what would be fright::ening (2)
oye (0.5) a mí lo que me daría mie::do (2)
342. would be (1) tha::t (1) what what I would love
sería (1) que:: (1) lo lo que me encantaría
343. to ha::ppen (.) is tha::t (2) mm (.) if in a moment
que pasa::ra (.) es que:: (2) mm (.) si se die::ra
344. this i::mage of you (.) ha::ppened (.) that you
en un momento (.) esta ima::gen de ti (.) que no
345. don’t like but that let’s say that this man (.) ga:ve it
te gusta pero que digamos que te la die:ra (.) este hombre
346. to you (1.5) that a::ll the work that you’ve done (.)
(1.5) que to::do el trabajo que has hecho (.)
347. that all this work would a::dd up (0.4) would a::dd up
que todo este trabajo se suma::ra (0.4) se suma::ra a::
348. to:: (.) to his idea (.) no? (.) eh (0.3) what I
(.) a la propuesta de él (.) no? (.) eh (0.3) lo que me
349. would be affrai::d of (.) would be that (1) to feel
daría mie::do (.) sería que (1) sentir
350. that I don’t know what’s going to happen with all
que no se qué va a pasar con todo el trabajo
351. the work tha::t (.) that you’ve done (.) yourself (0.5)
que:: (.) que has hecho (.) tú (0.5) con todo
352. with all the work that we’ve done (.) here (3) with all
el trabajo que hemos hecho (.) aquí (3) con todo el
353. the work that (1.4) with all that you have gai::ned (1.4)
trabajo que (1.4) con todo lo que has gana::do (1.4)

²⁴ What in Spanish is uttered as ‘oye’, is being translated here as ‘listen’. Although there were other translation candidates for ‘oye’, like using the client’s name or using an expression such as ‘aoy’, we stayed with ‘listen’. In some educational contexts of talk the ‘listen’ could be interpreted as an order given from the teacher, this is not at all the way ‘listen’ should be interpreted here. The Spanish ‘oye’ English ‘listen’ is equivalent to simply ‘calling’ the client’s attention.

354. am I explaining myself? (.) what would it happen if (.)
sí me explico? (.) qué va a pasar si (.)
355. when (.) they give you that image (.) what's going
cuando (.) te dan esa imagen (.) qué va a
356. to ha::ppen with all that work () (.) where
pasa::ar con todo ese trabajo () (.) a dónde
357. is it going to go, how is he going to use it (1.2) how
se va a ir, cómo lo va a utilizar (1.2) en qué
358. is it going to be useful for you (7.2) and and I also stay
te va a servir (7.2) y y también me quedo
359. thinking a lot (.) in how ((clears her throat)) (1)
pensando mucho (.) en cómo ((clears her throat)) (1)
360. in what would happen if you:: (.) for example (.) to:: (.)
en qué pasaría si tú:: (.) por ejemplo (.) al:: (.)
361. to the doctor Schloss (.) you ga::ve him (.) when you
al doctor Schloss (.) le die::ras (.) cuando lo
362. saw him (.) a::ll the information (.) eh:: that ha::s
vie::ras (.) to::da la información (.) eh:: que tie::ne
363. to do(.) with:: (2.1) with how you are enjoying yourself
que ver (.) con:: (2.1) con cómo te estás disfrutando
364. with how (.) with how you are eh hhh using your
con cómo (.) con cómo estás eh hhh utilizando tus
365. stre::nghts (.) with ho::w (.) errr:: you are
fortale::zas (.) con có::mo (.) este:: estás
366. fin::ding spaces for yourself or you are thinking of::
encontra::ndo espacios para tí o está pensando en::
367. of:: reco::vering or if you haven't done it already
en:: recupera::r o si no es que ya lo hiciste
368. (.) your:: your profe::ssion (0.4) eh (.) what would
(.) tu:: tu profesio::n (0.4) eh (.) qué
369. happen (.) if you start to talk to him in terms of what
pasaría (.) si tú le empiezas a hablar en términos de lo
370. you want for the fu::ture (.) of what you wi::sh (2)
que quieres a futu::ro (.) de lo que dese::as (2)
371. hhh what kind of:: (1) of image he could give of you (.)
hhh qué tipo de:: (1) de imagen él podría dar de ti (.)
372. do I explain myself? (0.4) and I also ask myself (.)
me explico? (0.4) y yo también me pregunto (.)

373. what's going to happen if he starts asking you
 qué va a pasar si él te empieza a preguntar
374. >precisely< about that what you were saying
 >precisamente< sobre eso que decías

The therapist is orienting towards answering the question when she says 'to me what would be frightening' (line, 341). Then she repairs herself and decides to start talking about what she 'would love to happen' (line 342 and 343). In doing this she is setting a stage in which María's fears would be actually taking place, 'if in a certain moment this image of you happened that you don't like but that let's say this man gave it to you' (lines 343-346).

The therapist then offers an alternative to the version in which María was given that image and wouldn't know 'how to face it'. The therapist is opening the possibility that 'all the work you have done could add up to his idea' (lines 346-348). The therapist is framing the work the client has done as being a profit, a client's achievement, when she says 'with all that you have gained' (lines 352 and 353).

The therapist goes on developing the version in which the client could face that image when she says 'what would happen if you gave him all the information that has to do with how you are enjoying yourself, with how you are using your strenghts, with how you are finding spaces for yourself, with how you are thinking of recovering your profession, what would happen if you start to talk to him in terms of what you want for the future, of what you wish, what kind of image could he give you?' (lines 360-371). In this intervention then the therapist is offering, through a question, a version in which María would know how to face the situation in which she would be given that image she doesn't want for her life.

But there is something else going on in the therapist's telling. She is setting a stage in which María has accountability in getting such and such image. A stage in which she can get different images according to the information of herself she gives to the

therapist. This state of affairs seems to be differing from one in which María is just a passive recipient of the truths and facts the psychiatrist will have for her.

Needless to say that the therapist's intervention here is doing more recalling work. But let us mention as an example of this recalling work that she is making allusion to the notion of 'image', to the 'psychiatrist idea', and to a list of things María could say to the psychiatrist. Based on this recalling work she is offering a different dilemma to be faced by María. Let us contrast what both dilemmas would be:

María's dilemma: I am afraid that in getting that image I wouldn't know how to face it. I am a recipient of the image.

Therapist's new dilemma: Based on the work you've done here you could be partially accountable for the image you get. You are an active part on the image you get.

Of course we don't have in this last extract any explicit agreement or utterances coming from María. Yet, shorter or longer, there are \uparrow o::ts of \uparrow pau:::ses in Claudia's telling. Those pauses are silences (.) that could be doors (.) >for María to open and come in< (2) She doesn't even KNOCK ON THE \uparrow DOOR (1) should we take this (.) as an implicit yet visible (.) doing agreement (.) on what is being told to her? What is allowing María here to stay silent and listen to her therapist (.) maybe tha::t tha- th- °°that (we were) displaying°° (4) having been actively listening to \uparrow her...

We have seen with this two examples where a question is prefacing the display of AL, it might be possible that there are more instances in the data where AL is co-occurring with questions asked by the therapists'. This would be a line to follow for further research.

AL implies more than recalling or paraphrasing the clients' words. Recalling is done on explicit as well as implicit aspects of the client's discourse. Aspects of challenging the client's versions can be achieved by means of AL and are an aspect of AL. Offering alternative versions is something also related to AL and when this happens, there are specific discursive markers (questions, as if, like, I remember, you started off by saying, etc.) that signal how carefully these insertions of alternative versions are done. Both

challenging and offering alternative versions have to be done choosing the right words and making the right links with words.

Another important aspect of AL is that there are signs in talk of the therapist constantly monitoring the client's responses to her (the therapist's) utterances. As we saw above, the display of AL is interrupted when the therapist does not choose the right word.

Now let us turn to observations that are targeting the content of what is being challenged or offered an alternative version in these exchanges. We will see that what is negotiated are not trivial matters for the client.

7.10. What was being challenged after all?

In reading through the extracts, we find that AL tends to be displayed when it comes to talking about things that are somehow 'issues' for the client. That is, the topics around which AL is triggered off tend to be sensitive topics involving for example the clients' identities.

In extract 1(1), the darkest version the therapist is challenging, is not a trivial matter. If we think of the words that are being used to describe this version, the client's identity is involved in here. The therapist would be challenging an identity for the client where she is a 'torturer', someone that does 'damage' and uses 'weapons to destroy' another person. This is the identity 'everybody' would believe Fernanda has.²⁵

In extract 2(1), the therapist is offering a different version when the client is touching a topic that is not trivial at all. The importance of the topic is illustrated by prosodic stresses in the three items of the list and in the word 'fraud' (ex2(1), lines 676-680).

²⁵ One can hardly imagine a similar work challenge done, was the client saying something like 'a lot of people appreciated me' and 'people believed that, people believed that I was the only one who knew how to sort out things in the library'. In this case, though the uses of 'a lot of people' and 'people' are still contrasting, it is hard to imagine a similar challenging work getting done by a therapist.

This emphasis in volume seems to be echoed by the therapist when she says ‘but’ (ex2(1), line 683). And what the therapist will be countering is a three part list which seems to be quite disgraceful in the client’s life. A list which will draw an image where the client leaves things unfinished in her life, an image where the client is a fraud, an image which again involves matters of the client’s identity.

In extracts 4, the topic that seems to be offered an alternative version by the therapist seems to be a quite sensitive one too. They are not talking about the client getting trapped in a traffic jam, but the client’s own ability to help herself to not to get trapped by her negative feelings.

All these topics tend to be not only sensitive issues in common sense terms, but they are also aspects related to the clients’ identities.

When reflecting on what is being recalled, challenged or offered an alternative version, we also get a sense of what there is in the clients’ narratives that is ‘therapy relevant’. The therapist chooses to display AL, not only regarding aspects that she would consider to be therapy relevant, but she also does that regarding aspects which therapeutic relevance is somehow signalled by the clients.

A version of this was shown in extracts 5 above, where the therapeutic relevance of finding a reason for getting anxious and depressed was signaled by María’s recurrent questioning ‘why?’. Extract 11 is also an example where we will find the display of AL picking up aspects that are signaled by the client as surprising, thus relevant. Here, María is talking about the things she is ‘starting’ to do in the present:

Extract 11

M: client.

2. M: I fe(h)e(h)l° .hhh (.) I feel like:: during these two
sie(h)nt(h)o° .hhh (.) siento como que:: en estas dos
3. wee::ks (1.4) I’ve started to do thi::ngs
sema::nas (1.4) he empezado a hacer co::sas

4. I mean may::be apparently smallish (.)
o sea tal vez:: aparentemente chiquitas (.)
5. but they're things that it's been a lo::ng time
pero son cosas que tiene mu::cho tiempo
6. (I mea::n) ma::ny years (.) that I didn't do::
(o sea::) mu::chos años (.) que no hací::a
7. (1) then (.) I don't know what's ha::penning (.)
(1) entonces (.) no sé qué está pasa::ndo (.)
8. I feel li::ke (.) as if su::ddenly (.) so::mething
siento como:: (.) como si de repe::nte (.) a::lgo
9. within me lit up and I started (to tie) things (up) like
en mí se prendiera y empezara yo a (atar) cosas
10. that (0.3) tha- (.) (so::) easily °as if::° (.)
así (0.3) qu-(.) (con::) tanta facilidad °como si::° (.)
11. it had always been like that
siempre hubiera sido así

The client is framing the things she's started to do as: 'I've started to do things maybe apparently smallish but they're things that it's been a long time many years that I didn't do' (lines 3-6).

María is not only reporting in the first moments of this new session that she's started to do things, but she is setting the stage for two qualifications. On the one hand the things are 'smallish', on the other they have some relevance. They are things that have been waiting a long time to be done in the past, and that yet are being done very 'easily' in the present.

As we see in extract 11(1), the same contrast in qualifications is mentioned again later on in the session:

Extract 11(1) .

M: client.

34. M: address (.) that a friend °had given me° (.) I spoke on the
dirección (.) que una amiga °me había dado° (.) llamé por

35. phone she told me what was the cost and at that moment
teléfono me dijo el costo y en ese momento
36. (.) I remembered all °the rest° >then I said< yes
(.) recordé todo °lo demás° >entonces dije< sí
37. yes I'll enro::l so I rang on friday and quickly no?
sí me inscribo:: ya llamé el viernes y rápido no?
38. (.) and yesterday was my first le::sson (0.4)
(.) y ayer fue mi primera cla::se (0.4)
39. so like I don't bel(h)ieve it for myself ((laughter))
entonces como que yo no me lo cre(h)o ((laughter))
40. because I say (.) how is it possible that something
porque digo (.) cómo es posible que algo
41. (0.3) I mean so:: smallish (.) so:: many years had to pass
(0.3) o sea ta::n chiqito (.) pasaron ta::ntos años
42. for me to decide (.) and suddenly one day I decide it
para que yo decidiera (.) y de repente un día lo decido
43. (.) and I'm already do::ing it no? (.) and I feel
(.) y ya lo estoy hacie::ndo no? (.) y me siento
44. like that like wei::rd
así como extra::ña

In this extract María introduces for the first time the topic about how she decides to phone the music school to start taking guitar lessons. What is of interest here is the way she again displays a qualification with two sides on it. On the one hand there is again the sense of 'easiness' being evoked. María mentions in the form of a list the sequence of events that took place: 'I spoke on the phone, she told me what was the cost, and at that moment I remembered all the rest, then I said yes I'll enrol, so I rang on friday and quickly no?, and yesterday was my first lesson' (lines 34-38). Towards the end of what she is saying she qualifies the whole sequence as 'quickly no?'. Besides this, the sense of 'easiness' is recovered by the list of events, which seems to have a dominolike effect. On the other hand, María presents a version which is somehow undermining the first one, 'I don't believe it for myself because I say how is it possible that something so smallish so many years had to pass for me to decide it' (lines 39-42).

In extract 11(2), later on during the same session, María is expressing her own admiration towards these circumstances with a contrasting nature:

Extract 11(2) .

M: client.

47. M: it's going to be a week²⁶ (.) myself what I say²⁷
son ocho días o sea que (.) yo lo que digo
48. (.) I am surprised to see (.) how I'm doing thi::ngs
(.) me sorprende ver (.) cómo estoy haciendo co::sas
49. (.) that (.) I could've done before (.) that I didn't do
(.) que (.) yo pude haber hecho antes (.) que no las hice
50. them because of many reasons and yet now
por muchos motivos y sin embargo ahora
51. so quickly (.) °I'm doing them no?°
tan rápido (.) °las estoy haciendo no?°
52. (1)

In expressing her 'surprise' in now so quickly doing things that had been waiting ages to be done, María is marking the event as significant. It is noticeable for her the contrast between the quickness and the waiting for years. Let us see how in extract 11(3) the therapist is going to evoke these senses of 'small' and 'easiness' and 'quickness' as opposed to things that take long to be done, that are big, that are difficult:

Extract 11(3) .

M: client, C: therapist.

331. M: di::fferent °very di(%)fferent° (.) .hhhhh ((crying))
difere::nte °muy difere(%)nte° (.) .hhhhh ((crying))
332. (2.6) °I am very sca(%)red° (2.4) I don't know
(2.6) °tengo mucho mie(%)do° (2.4) no sé

²⁶ The English 'week' corresponds to the Spanish 'ocho días'. 'Ocho días' is a colloquial expression to make reference to a week. For example 'nos vemos dentro de ocho días' ('we'll see each other in one week) or 'deja pasar ocho días' ('after one week'), etc.

²⁷ The english 'what I say' is 'lo que digo' in Spanish. In both cases there is the verb to be missing. The client is ommiting the verb to be. In Spanish as well as in English, this expression should be read as 'what I say is', 'lo que digo es'.

333. it's because I fee- it's because (.) it's m-
es que me si- es que (.) es m-
334. I mean it's as if:: (you lived) (1.2)
o sea es como si:: (vivieras) (1.2)
335. I mean it's ve::ry few things (.) I know it (.)
o sea son mu::y pocas cosas (.) yo lo sé (.)
336. they're small (.) but (0.8) I mean to get to do that (.)
son chiquitas (.) pero (0.8) o sea llegar a hacer eso (.)
337. has costed me a lot of wo::rk no? (0.6)
me ha costado mucho traba::jo no? (0.6)
338. they're ideas (.) that I had in my head and that never
son ideas (.) que tenía yo en la cabeza y que nunca
339. came in to land no? (2.6) I was also thinking (0.8)
llegaron a aterrizar no? (2.6) también yo pensaba (0.8)
340. maybe thi::s is happening to me (as a preparation)
tal vez e::sto me pase (como una preparación)
341. (.) to (.) to be able
(.) para (.) para poder
342. to take the big step which is °to go back to study°
dar el gran paso que es °volver a estudiar°
343. no? (.) maybe thi::s (0.8) is (.) the (.)
no? (.) tal vez e::sto (0.8) es (.) es el (.)
344. the begining no?
el principio no?
345. C: and maybe (.) that big ((coughing)) step (.)
y tal vez (.) ese gran ((coughing)) paso (.)
346. is as well °a small step°
también °es un pequeño paso°
347. M: yes
sí
348. C: from another point of view no? (.)
desde otro punto de vista no? (.)
331. it could be (.) no? ((coughing)) ooy
podría ser (.) no? ((caughing)) coy

In this extract, María is displaying again the contrasting nature of what she's lived. She first says, 'it's very few things I know it they're small' (lines 335 and 336). And that is

followed by expressing the sense of difficulty in the things she did ‘but to get to do that has cost me a lot of work, they’re ideas I had in the head and never came in to land’ (lines 336-339).

What happens next is what seems to give place to the therapist’s intervention. It is amazing how from these two versions María is managing to qualify what she’s being doing, she opts for the one related to ‘difficulty’ when talking about what would be like to study again. As she says it, ‘I was also thinking maybe this is happening to me as a preparation to be able to take the big step which is to go back to study, maybe this is the beginning no?’ (lines 339-344).

As in previous examples, what we see here is how based on material within the client’s own narrative, the therapist will offer a different version, which will carefully challenge the client’s. The therapist says, ‘and maybe that big step is as well a small step’ (lines 345 and 346).

Through her very small turn, the version the therapist is displaying is around a very sensitive issue, the client’s dilemma of going back to study linked with getting a qualification to get a job, which relates to the client’s professional identity. We could say that the crying voice that María starts, the crying, the words in ‘I’m very scared’, the in breath and the several long pauses she is doing when talking about this, are hints of the sensitiveness of that issue (lines 331, 332, 334).

What the therapist is offering is the possibility that ‘to start doing things to go back to study’ could be as ‘easy’ as the experiences María is now reporting. In other words that what is a big issue for María, without stopping it from being a big issue, could be however as easy as the things she’s being reporting. We take it that the therapist gets an agreement from María (the ‘yes’ in line 347), because the therapist’s proposal is based on material we find within María’s own narrative.

Yet, this is not going to be a matter easy to negotiate, which is again another sign that it is a sensitive issue. As we see the therapist is seeking for more confirmation ‘from another point of view no?’, ‘it could be’ (lines 348 snf 349), as if María’s ‘yes’ (line 347) wasn’t enough. In fact, something that happens after this and doesn’t appear in the transcript is that after the therapist’s attempts to reassure the client’s agreement, the client in fact expresses, ‘well I’m not sure’.

As we have seen, an important aspect of the work of challenge is that the therapist might be picking up contradictory aspects in the clients’ narratives. The job of providing an alternative version is also managing opposing versions although not relying on a client’s contradiction.

The therapeutic relevance of the versions that participants are negotiating is not only determined by the therapist, but the therapist can be picking up aspects of the telling that are marked as relevant by the client herself. The way to mark this are expressions such as ‘I am surprised...’ as well as aspects of the telling that tend to be repeated.

As happened in extracts 5 with the pervasive questioning ‘why?’ in the client’s telling, extracts 12 show the therapist displaying AL on aspects that are uttered more than once by the client. Converstionally therefore, we can add to the fact that AL comes together with metaphors and questions, that it comes hand in hand with something marked as important by the client, usually aspects of the client’s discourse that are uttered more than once.

The extracts that follow show another example where AL is done over an aspect that has a special relevance for the client. Again, it shows how AL is displayed around an issue that has therapeutic relevance. Here María is developing the stories alluded to in extracts 11. She is storying the events she was qualifying in preivous moments during this session as ‘small’. First she is talking about how she decides to start taking guitar lessons:

Extract 12

M: client, C: therapist.

25. M: errr° (.) and I didn't do it (.) something else
este° (.) y no lo hacía (.) pasaba
26. happened and I didn't do it (.) like that no? (1.2)
otra cosa y no lo hacía (.) así no? (1.2)
27. th(hhh)en one good day I stopped thinking²⁸ (.)
hhhentonces un buen día ya no pensé m↑á::s (.)
28. and last week I spoke on the phone (.)
y hace ocho día hablé por teléfono (.)
29. [errr (.)
[este (.)
30. C: L((laughter))
31. M: of course I already had all the [information
para esto yo ya tenía toda la [información
32. C: L((laughter))
33. M: all the information I already had gone to
toda la información ya había ido a
34. many schools I already knew the courses °since°
muchas escuelas ya sabía los cursos °desde hace°
35. one year (.) so I already (.) I already knew how was
como un año (.) entonces ya (.) ya sabía cómo estaba
36. the business so >nothing else< I rang (.) to
el asunto entonces >nada más< llamé (.) a
37. one school that had the address (.) that a
una escuela que tenía la dirección (.) que una
38. friend °had given to me° (.) I spoke on the phone
amiga °me había dado° (.) llamé por teléfono
39. she told me the cost and at that moment (.)
me dijo el cotso y en ese momento (.)

²⁸ The English 'I stopped thinking' corresponds to the Spanish 'ya no pensé más'. The particle 'ya' in Spanish is a really interesting one, because of the multitude of meanings in use it can get. So far, in all the data reviewed for the thesis, the following uses have been identified: 'ya' as a simple receipt; 'ya' as 'that's it' ('y ya'); 'ya' as stopping some action ('ya párenle', 'ya no pensé más'); 'ya' as 'not anymore' ('ya no tan rápidamente'); 'ya' as 'already done' ('ya lo hice', 'ya abajo'); 'ya' as 'then' ('yo ya le explico no?'); 'ya' as an 'okay' displaying understanding ('y↓a (.) como que...'); 'ya' as displaying 'I got you', following a clarifying question ('y↓a'). The Spanish 'ya no pensé más' has to be understood as 'I stopped thinking', with the meanings of stopping doing something and not doing something anymore in it.

40. I remembered all °the rest° >so I said< yes yes I'll
recordé todo °lo demás° >entonces dije< sí sí me
41. enro::l so I rang on friday and quickly no?
inscribo:: ya llamé el viernes y rápido no?
42. (.) and yesterday was my first le::sson (0.4)
(.) y ayer fue mi primera cla::se(0.4)
43. so like I don't belie(h)ve it for myself ((laughter))
entonces como que yo no me lo cre(h)o ((laughter))

María is telling how several things used to happen that would prevent her from calling the music school, 'something else happened and I didn't do it' (lines 25 and 26). To not to call the music school is framed by María as being the usual thing to happen until, 'one good day I stopped thinking and last week I spoke on the phone' to someone at the music school (line 27 and 28). The event of stopping thinking and calling the music school seems to be an extraordinary event against what usually happened to María. Part of the way in which this extraordinary event is being presented by María can be compared with the way people tell extraordinary stories such as those about paranormal experiences (Wooffitt, 1992).

In extract 12(1), later on in the same session, María goes on telling another story in which she also stopped thinking and did something:

Extract 12(1)

M: client.

250. M: and a week and a half ago (.) tha::t idea
y hace semana y media (.) volvió a mí::
251. came back to me:: (1) but I stopped thinking about
e::sa idea (1) pero ya no pensé na::da
252. a::nything I started phoning them (.) I started
empecé a llamarles por teléfono (.) empecé a
253. telling them that if they wan::ted to do:: it °that
decirles que si querí::an hace::rlo °que

254. me myself I had that interest° (.) that I didn't
tenía yo esa inquietud° (.) que no
255. know well how but (.) °that if they were° i::nterested (.)
sabía bien cómo pero (.) °que si les° interesa::ba (.)
256. well that we'd meet such day at such ti*me °in my h↑ome°
pues que nos veíamos tal día a tal ho*ra °en mi c↑asa°

What María could do thanks to stop thinking was to phone a group of friends to organize joint activities, which is something she is interested in. Let us see how these two events are going to be recalled later in the session by the therapist:

Extract 12(2)

M: client, C: therapist.

347. C: |ye::s (.) but what would happen if it
|sí:: (.) pero qué pasaría si
348. was somethi::ng (1) that (.) >I don't know<
fuera algo:: (1) que (.) >yo no sé<
349. but what I see in these (.) two (.) experiences
pero yo lo que veo en estas (.) dos (.) experiencias
350. that you narrate (.) is that (.) like (.)
que narras (.) es que (.) como que (.)
351. the::re is a:: common denominator that is (.)
h::ay un:: común denominador que es (.)
352. I stopped thi::nking and I did it (.) I stopped
ya no pensé:: y lo hice (.) ya no
353. thinking and I called them I stopped thinking
pensé y las llamé por teléfono ya no pensé
354. and I ra::ng the music school
y llamé por teléfono:: a la escuela de música
355. (4.2)
356. M: it's () it's (.) I stopped thi::nking (0.6)
es () es (.) ya no pensé:: (0.6)
357. and not like I di::d it () but rather (.)
y no como que lo hice:: () sino más bien (.)
358. like I had thought (.) I dreamed of that (.)
como yo había pensado (.) soñé eso (.)

359. and I did it (1) I didn't go on anymore²⁹ (.)
 y lo hice (1) ya no seguí (.)
360. I mean to think wasn't useful anymore as
 o sea el pensar ya no me sirvió como
361. an obstacle (.) rather the contrary (.) like
 obstáculo (.) sino al contrario (.) como que
362. it °impeled me to do the[things°
 me °impulsó a hacer las [cosas°
363. C: [() (.)
364. it's a:: (.) a moment in which thi::nking
 es un:: (.) un momento en el que el pensaa::r
365. (.) becomes your ally [for your actions
 (.) se vuelve tu aliado [para tus acciones
366. M: lexactly (.) like that
 lexacto (.) así
367. C: it becomes an a::lly for your actions (.)
 se vuelve alia::do de tus acciones (.)
368. °is it like that?°
 °así es?°
369. M: mm hum (.) °it's like that°
 mjm (.) °así es°
370. C: uh huh

What the therapist is doing in this extract is to recall the two episodes told by the client in extracts 12 and 12(1). In doing so, she is formulating what the client has told as being 'experiencies that are being narrated' by the client, where 'there is a common denominator that is I stopped thinking and I did it I stopped thinking and I called them I stopped thinking and I rang the music school' (ex12(2), lines 351-354).

This recalling is following a version in which both participants are framing María's thinking process differently. For María these are examples where her thinking is not 'an obstacle anymore' and becomes something that empowers her 'it impeled me to do things' (lines 360-362). For the therapist those experiences are moments 'in which thinking becomes an ally' for the client's actions (lines 364, 365 and 367). It is striking

²⁹ See footnote number 28 for the case of the correspondence between the Spanish 'ya no seguí' and the

the way the client validates the therapist's formulation of thinking as an 'ally', she isn't simply agreeing, she is saying 'exactly (.) like that' (line 366).³⁰

One wonders about what is happening in the way the therapist is displaying her reflections that allows María to be so emphatic in confirming the therapist. We see again the therapist carefully wording the experiences in which there is the common denominator of María stopping thinking. And again the formulation or new topicalizing, which is being done jointly in this particular case, is over something that is considered as being quite relevant, that is the power that María's 'thinking' can have in allowing her or not to do things that fulfill her. This again, would be a therapy issue as it touches on ways to related María's 'thinking' to her own well being.

To summarise, in Fernanda's extracts (1 and 8), issues about being a good or a bad person are being negotiated. In the case of María, issues about being a person who finishes or not things in life become therapy relevant topics (extracts 2). In extracts 3, 6 and 11, the participants are negotiating issues around the professional identity of María. In extracts 4 and 12 the question about getting trapped by negative feelings and thoughts, in other words about feeling or not paralised are discussed. In extract 5, the reasons or causes of depression and anxiety were discussed by the participants. Extract 11 and 12 also show how participants negotiate what difficult things are as opposed to simple things.

In extracts 7 what is negotiated is the client's achievement of distinguishing the shades of grey between black and white; in other words, the client's realisation that she can feel according to the way she sees things. Finally, extracts 12 show the negotiation of meanings around María's self image of illness or health.

English 'I didn't go on anymore'.

³⁰ This is a very interesting example of the way some 'problem topics' can be talked about in therapy. There are some 'problems' brought to therapy, which can be thought as being candidates to disappear, like for example 'enuresis', 'smoking', 'impotence', 'violence'. To think, whatever this is, is something that isn't likely to disappear, it's like to dream if one does it, or like to feel if one does it. On this basis, it is very interesting the way the participants are managing in their talk the deproblematization of 'thinking'.

All these are sensitive issues for the clients, in some cases we saw how the sensitivity of the topic could be marked off by paralinguistic cues such as crying voice. We saw that topics that were repeated in the clients' tellings tended to be talked about by the therapist. In the same way, aspects that are marked as relevant by the client, tend to be picked up by the therapist. Jointly, therapist and clients are constructing in talk what is or not relevant to talk about.

7.11. Overview

What I have tried to show in this chapter is the way the notion of AL is displayed in therapy talk. Through the theoretical review in the first part of the chapter I tried to do a textual discursive analysis of the way the notion of listening in general and of active listening in particular is addressed by theorists. Then I showed 12 extracts taken from different therapy sessions with two different clients, where active listening is being displayed in talk.

AL can be displayed by means of a challenging utterance or by means of recalling utterances. We have called 'challenging versions' those that are built upon an apparent contradiction in the clients' tellings or two different clients' versions on something. Alternatively, we gave the name of 'alternative versions' to those versions that are coming from the therapists' backgrounds.

The therapist challenging a given clients' narrative has been documented as something that can happen in FT (Soal and Kottler, 1996). However, when this has been done the therapist's challenge has not been described in detail. What this work does is to describe in detail and through several cases, examples when challenging work takes place in the collaborative approach to therapy.

When recalling, the material recalled is something that has been previously said by the client, but that includes further elaboration. In other words, the recalling work is rich in

formulations or reframings³¹ that as a whole are topicalizing a version that was not initially topicalized by the client. For example two different aspects of the clients' experience can be recalled as having 'a common denominator'. On the co-therapist's topicalisation of aspects not previously topicalised by the therapist, see Perakyla (1995) in chapter 2 above.

Recalling work can be done within a session or between the sessions. I included here mostly examples of the former. The recalling work consists of creating accounts based on the clients' tellings, that will support the viability of the alternative or challenging version.

The alternative or challenging versions are usually done over topics that can be said to be sensitive or big issues for the client. There is a preference for topicalizing positive topics. In this sense the challenge is a nice challenge.

Active listening can be displayed as out of sequence, when a participant who has been mainly silent during the interchanges, gets his turn in answering a question.

To display active listening by means of recalling around a sensitive topic, implies much more work in conversation than simple paraphrasing, or repeating words. In the recalling work as it has been displayed by these therapists there is constant creation and negotiation of new meanings.

Although AL is being mainly displayed by the therapists, there is a constant couching from the client, which is being monitored by the therapist while displaying his way of listening. Active listening thus is a joint product in conversation. The fact that the alternative versions the therapist is offering seem to be more 'positively' than 'negatively' oriented, might be linked with the general bias towards 'resources' that the kind of therapy here analyzed has (O'Hanlon and Weiner-Davis, 1989).

³¹ What within CA literature has been called 'formulations of the prior speech' (Edwards, 1995) as a means the speaker have to say in other words something that has been previously said, can be compared to the concept known as 'reframing' within family therapy literature (Watzlawick et al., 1974).

The work of challenge and giving alternative versions can be framed as an ‘invitation’ for the client to see what she is telling in a different way. The sense of ‘invitation’ when offering alternative versions to the client is another aspect that characterizes the therapy that is been done here (Gergen, 1994). We can grasp this sense of ‘inviting’ the client because, though challenging her telling, the therapist is doing so in a very careful way. The carefulness of the job gets somehow done by supporting the challenge on the clients’ previous words. On the other hand, one can compare the kinds of challenge mentioned here with other forms of challenge that are in fact ‘offensive’ ones.

What Anderson (1997) writes about active listening was inspiring for this chapter. When she says ‘part of talking differently involves listening differently’, she makes us wonder if this listening ‘differently’ in therapy can be linked to the active features one can find in the therapist’s listening. It might be that one part of listening differently is to listen in an active way.

What we expect to have shown by this time is that listening is a relevant topic of research. And we also hope that the reader is able now to appreciate the interactional forms that ‘listening’ can take when considered as something ‘responsive’ and ‘active’ with respect to what the client is saying. The interactional and discursive forms that ‘listening’ can take when considered relational and when what the speakers are doing is seen as something more than simply passively listening. This chapter has attempted to do justice to the complexity of this issue, and in some sense is breaking new ground by documenting this topic in such complex detail.

Conclusions

Most studies in institutional talk related to therapy have been carried out in the fields of family therapy, counselling and doctor/patient interaction. No analysis of the so-called *postmodern therapies* is found. Therefore, part of the importance of this work is that it presents a discursive analysis of an instance of postmodern therapies, namely the collaborative approach to therapy.

When studies on the so-called postmodern therapies were found (Jenkins, 1996), these were not discursive studies and they were not based in looking at actual therapists/clients interactions. In this sense, another aspect that makes this work original is that it constitutes a research report based on actual interchanges of social constructionist therapies.

The thesis can be read in two ways. First it is a detailed illustration of how the collaborative approach to therapy gets done. In this sense, aspects of the theoretical approach were discussed as they were displayed in talk. Second, it adds to the research on therapy talk. Thus, the work described conversational events that might characterise therapy talk in general.

Chapter 4 is perhaps the more CA oriented section of the thesis in the sense that it focuses on describing the dynamics of a conversational event without making many links with the collaborative therapy theory.

The English particle *okay* was found to be part of Mexican Spanish Dialect therapy conversations. No literature of the use of English particles in Spanish was found, which was also the case for the use of *okay* in Mexican Spanish Dialect therapy. In this sense this work presents an original account that in general terms belongs to the studies of the particles from other languages that tend to be adopted by native speakers.

Okay in Mexican Spanish Dialect showed to be similar to what has been found for it in English (Beach, 1995) mainly in two aspects. Okay seems to be signalling a

transition point between one event (in my data conversational events) and another one. And okay appears occupying the third turn in a Q/A/Okay sequence.

In conversational terms, by means of okay, therapists are marking their receipt of previous talk. Sometimes, this receipt was found to be displaying understanding and reassurance of an aspect previously qualified as sensitive, important or relevant in the clients' talk. In these cases, the okay was being displayed by the therapist hand to hand with a conversational repair work, which strengthens the idea that okay can signal having reached a significant understanding. These kinds of okay were called *dialogical okays* as they tended to happen between turns. Okay as a continuer and okay as marking understanding on something previously marked as relevant by the client is something that has not been shown in the literature on okay (Beach, 1995; Condon 2001).

When appearing as part of the sequence Q/A/Okay, and in contrast to what has been found for the case of medical talk (Beach, 1995), okay was not used as a transition to give way to the therapist's agenda. Instead okay was shown to be a figure of speech that was marking some final point reached in the conversation and what followed this was the client's narrative.

Okays were not restricted to the therapists' utterances, they were found to be a feature of the clients' talk as well. When part of the clients' talk they tended to appear in a monologue, thus the name of *monological okays*. In these instances, okay proved to be a resource for enacting conflictive dialogues within the monologues. Monological okays could be part of the client having a dialogue with herself, in this sense, they were linked to the client displaying thinking. Although in common sense terms there is no reason why one shouldn't expect the clients to use okay, no previous research was found on the way clients use okay in institutional talk.

Chapter 5 is a study done on informality within institutional settings. Here we not only added to the description of instances of informality in therapy, but the chapter also illustrates important aspects of the therapy model analysed. Part of the singularity of this work consists in showing not only that informal interchanges can

take place in formal talk, but that the amount of talk that was found to be informal in these interchanges is such that it can't be overlooked.

Displays of informality could be found anywhere during the sessions. Related to this, a rhetorical tension between formality and informality was built, which raised the question of how difficult it could be to draw the line between them. However difficult to draw that line might be, aspects of the transition between formal and informal talk were marked by between turn pauses, within turn pauses, 'anyway' plus a follow up question (Salter, 2000), the restarting of QA sequences, and the production of long turns by the clients.

Features of talk that characterised doing informality were overlaps, joint laughter and the production of proper conversational next turns. The fact that the laughter is joint when engaging in ordinary exchanges is a pervasive feature of doing informality. As we saw, once the participants swapped to more formal talk, the expressions of laughter were found in the clients talk, but not in the therapists'.

One of the things that informality was found doing was to disrupt the classic asymmetry that could characterise institutional talk (Parker, 2003; Osvaldsson, 2002; Hutchby and Wooffitt, 1998), not only at the beginning of the sessions but throughout them. By *being public* the therapist would display a more egalitarian stance (Anderson, 1997), which in turn works to disrupt asymmetry. Besides *being public*, an aspect of the egalitarian stance is the very fact of the therapists allowing themselves to engage in informal exchanges. When being public the therapists were found to share aspects related to their lives (either volunteering or asked by the client), in this sense, something that characterises informal interchanges is that the talk is therapist-centred talk. As we saw, once the formal exchange started the talk tended to be client centred talk.

It was argued that clients' perceptions of the therapy sessions like being familiar, being friendly, being open, could be accounted by the instances of informality found in the interchanges. Besides being open (Anderson, 1997), an ordinary way of relating to the client might be part of the *philosophical stance* from which to relate to the client.

This study also shows how informality can pave the way for a therapeutic move. This is important as it takes us back to the tension between formality and informality. Examples in our data show how the informal interchange can provide the therapists with information that can be useful therapeutically speaking.

When comparing collaborative therapy with ordinary conversations, similar features of talk were found between them in terms of the topic of talk (holiday), the production of laughter, the amount of overlapped talk and the presence of proper conversational next turns. This again strengthened the question of how informal formal interchanges can be as well as how ordinary the therapy can be. Related to this, the ordinariness of the sessions analysed was described in terms of the general observations made for turn taking in conversation (Sacks et al, 1974). As a result of this exercise we found that most principles for the organisation of turn taking in ordinary conversation apply to the therapy encounters we analysed.

When the therapists allow themselves to engage in informal interchanges it was claimed that they were doing *being egalitarian*. A similar thing was claimed to be happening when the participants were enacting a disruption of the traditionally assumed asymmetry between client and professional. The way in which being egalitarian might take shape in talk is something that is usually not addressed in the corresponding literature. There, it is usually claimed that the therapists in these approaches are being more egalitarian, but how this gets translated into actual talk is not always covered (Anderson, 1997).

Chapter 6 is an important contribution for the studies that relate questions and therapy, which are not very common in the literature. In therapy theory most studies on questions present a typology of them that can be useful for training therapists. In conversation and discourse studies, there is work on questions, but questions and therapy does not seem to be covered.

More particularly, this chapter throws light on the conversational moves of the clients in therapy as it presents an analysis of the clients' questions. Clients can ask questions about the therapists' lives and points of view. Therapists were shown to

answer the clients when the questions were about the therapists' lives and points of view, as opposed to the instances where the questions were about the clients' life. This is important as it shows a way in which the theoretical assumption of *the client is the expert* (Anderson and Goolishian, 1992) in his own life, can find a display in talk.

When answering the questions about their own life, it was claimed that therapists were displaying *being public*, which is part of the philosophical stance in CAT. In answering questions about the clients' lives, therapists were also claimed to be displaying *being public* on their own thoughts about the clients.

Clients' questions could also be checking for information and understanding. When asking as part of inserted sequences, clients' questions could do jobs such as, 'say it again', 'answering think twice questions', 'changing the topic', and 'structuring the clients' narratives'.

Features of talk such as pauses, repair and markers such as 'well' in the therapists' talk were found as signs of the non-preferential nature of being asked a question by the client. However, we found in the data enough examples of the therapists answering every question when being directly addressed to do so, which is an example of how clients asking questions that get answers might be a normative feature of some kinds of therapy. These types of study identifying broad features of different types of therapy have yet to be done.

The study on clients' questions shows how active clients can be in therapy talk, as opposed to the commonly sustained myth that they are passive subjects, limited to tell their story. Moreover, it could be argued that it is a client's right to ask questions to her therapist.

Chapter 7 takes up as a starting point for analysis a category that is relevant to fields of therapy and counselling: *active listening*, showing aspects of the display of this kind of listening. AL is something that can be understood by what it is as well as by what it is not. Thus, 'following the client' and doing 'straight listening' are instances of what AL is not in conversation. Aspects of 'following the client' have been

described in the literature as ‘listeners’ talk’ (Gardner, 2001), however they are not considered to be part of what is called here AL. This work adds to the understanding of listening as something that goes beyond the classic ‘listener talk’.

Features of talk that appear in conversation when AL is being displayed are *recalling, formulations, challenging* and *alternative versions*. Challenging versions are those that are built upon two different versions of the client on something. Alternative versions are those that are coming not from the clients discourse, but from the therapists’ background. Both versions usually come together with the material recalled.

Elsewhere in the literature there is an account of a therapist ‘challenging the truths’ in the narratives of a given client (Soal and Kottler, 1996). In general, this work fails to describe the complexity that characterises a challenging move from the part of the therapist. In terms of the present study, what the therapist is doing in the work reported by Soal and Kottler falls into what we decided to call ‘alternative versions’ (White 1989; White and Epston, 1990), as the supposed challenge comes from the therapist background and not from two different versions in the clients’ tellings. To use the word challenge for a therapeutic move is a little adventurous given the bad connotations that the word might have. We believe that the way it is used in this work softens the impact that the word can have.

Recalling is bringing to the present something that the client has said in previous sessions or in previous moments during the session. This recalling work goes far beyond paraphrasing or repeating the clients’ words (Cowie and Sharp, 1996; Mortimer, 1983; Bolton, 1979), which is a feature of AL as described in the counselling literature. The material that is being recalled is both part of the *challenging* or *alternative version* as well as an account that rhetorically supports the viability of such versions.

The challenging or alternative versions are framed as ‘invitations’ for the client to see what she is telling in a different way. We can grasp this sense of ‘inviting’ the client because, though challenging her telling, the therapist is doing so in a very

careful way. Supporting the challenge on the clients' previous words somehow does the carefulness of the job.

The recalling work is rich in formulations that topicalise a version of a therapy issue that might have been implicitly topicalised by the client. Because the recalling work includes then more than just paraphrasing or repeating the clients' words, this conversational job is characterised by a constant creation and negotiation of new meanings.

Presenting a challenging or alternative version is a move usually done over aspects marked by the client as sensitive topics or big issues. This is different from challenging instances where the material challenged is marked as relevant by the therapist herself (Soal and Kottler, 1996).

In the interchanges analysed, there is a preference for topicalising positive topics, which reflects the bias on resources that the therapy model might have.

Although active listening is being displayed mainly by the therapists, there is a constant couching from the client, which is being monitored by the therapist while displaying his way of listening. Active listening thus is a joint product in conversation. Therapeutic AL has a conversational sophistication that lay AL does not have. This way, when the client was found doing AL, the conversational expertise of the therapist became apparent.

This study explores the interactional forms that 'listening' can take when considered as something 'responsive' and 'active' (Shotter, 1995; Anderson, 1997).

The display of egalitarianism was mostly evident in chapters 5 and 6. Aspects of the egalitarian relationship between participants in these exchanges can be found in that informality can be initiated either by the professional or by the client. Similarly, the clients can ask questions either invited by the therapist or volunteering.

Throughout the chapters of this research, several features of collaborative approach to therapy were exemplified. A particular focus was given to the displays in

conversation of the *philosophical stance*. *Being public*, asking *curiosity* questions, being informal and doing active listening are aspects of doing therapy when inspired in the collaborative approach to therapy. As Anderson (1997) says, the personal style of the therapist is something that this approach allows. In this sense, much of what I have described and analysed here inevitably relates to my own ideals in doing therapy. I hope I have also shown the usefulness of carefully documenting these aspects of therapy and making them explicit.

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Appendix

Informed consent letter Appendix

México, D.F. the of January 2003.

By means of this document it is testified that (client's name) is willing to participate in the research "Therapy Talk" that is being carried out by Claudia Mastache to obtain the degree of Doctor, in the Social Sciences Department of Loughborough University, UK.

The way (client's name) is going to participate will be through giving his/her consentment to publish some of the extracts of the therapy interviews that were recorded during the therapeutic process.

For that publication confidentiality criteria will be respected, transforming into fiction any information that could identify the participant with his or her real identity.

Once the right moment arrives, MSc. Mastache will give to (client's name) a copy document containing the research results.

MSc. Claudia Mastache

Chapter 5 Appendix

The canonical uh hus and mm hums in therapy talk

(M: client, C: therapist).

1. M: pero al mismo tiempo me quería queda::r
2. (.) 'to'ces (.) eso me ha pasado muchas
3. veces cuando vuelvo a disfrutar algo que
4. hace mucho no disfruta::ba
5. C: **mjm**
6. M: °dije no no no° (.) si vine aquí (.) voy a
7. estar aquí y voy a hacer
8. el esfuerzo de disfrutar y estar aquí °no
9. sé cuándo pueda volver° así que me voy a
10. quedar
11. C: **mjm**
12. (0.3)
13. M: conforme iba leyendo (0.4) () me
14. bloqueaba y me bloqueaba (.) y no podía
15. retene::r (.) 'tonces hice un gran
16. esfuerzo por no salirme y quedarme y:: y
17. disfrutar (.) (dije) por lo menos
18. cuando salga de aquí he de saber dos o
19. tres °cositas° y y(hhh)a
20. C: **mjm**
21. M: y sí (.) o sea lo pude hacer y:: recorri
22. toda la sa::la incluso (.)
23. me di cuenta ya °como a la mita*d de la
24. exposición° que me empecé a reí::r o sea
25. empecé a decir ()
26. C: °**mjm**°
27. M: y o sea (.) no sé me sentí muy bie::n
28. como:: viva de nuevo no?
29. C: **ajá**
30. (0.4)
31. M: después subí a la galería y:: volví a
32. () lo mi::smo (.) ()
33. me olvidé de que las niñas se habían
34. i::do me olvidé que no estaban aquí o sea
35. no sé como que pude (.) por un >momento<
36. pude estar ahí (.) en el lugar °y
37. [disfruta::ar°
38. C: [°**mjm**°
39. (0.4)
40. M: empecé a ver los cua::dros (y) (.) no sé
41. a- algo dentro de mí se prendía no? °al°
42. al ver los colo::res al al ver las
43. imá::genes (.) °identifiqué cuál me
44. gustaba por qué::° (.) °cuál me daba paz°
45. cuál me daba t- este triste::za °así no?°=
46. C: =°**cuál te daba paz?**°
47. (0.2)
48. M: hubo un cuadro en especial que me
49. cautivó:: (.) este:: (.)
50. °costaba ciento diez mil pe::sos
51. [algo así°
52. C: [°**mjm**°

53. M: °(nueve mil) ochocientos°

54. C: mjm

Chapter 5 Appendix

Extract6

F: client, A: therapist, C: therapist
f3a

1. C: ()
2. F: yes. (.) mm hum.
sí. (.) mjm.
3. (1.8)
4. A: besides ↑that (1.2) a::ll i::s (.)
fuera de es↑o (1.2) está:: to::do
(.)
5. (horrible)
(terripilón)
6. F: hhh °yes°
hhh °sí°
7. (2)
8. F: °mmm°
9. C: errr this is the place where
este aquí es el lugar donde
10. we work (.)
trabajamos (.)
11. [when we don't work in the
[cuando no trabajamos en la
12. F: [yes I (.) I liked a lot
[sí me (.) me gustó mucho
13. C: [faculty
[facultad
14. F: |(the pl(h)ac(h)e) hhhh
|(el l(h)ug(h)ar) hhhh
15. A: [↑really?
[de ver↑as?
16. (.)
17. F: yes I [er
sí yo [es
18. C: [yes?
[sí?

19. F: I think it'd be ideal or I'd like
creo que sería ideal o sí me gustaría
20. that() (.) that
que () (.) lo
de
21. about the books I love it and everything
los libros me encanta y todo
22. (.)
23. C: yes i::: [sn't it?
sí verd [a:::d
24. A: [so how do you see (.)
[pues cómo ves (.)
25. you can [start
puedes [empezar
26. F: [yes no?
[sí no?
27. A: already [with the
ya [con el
28. C: [((laughter))
29. A: [ne::xt one
[siguie::nte
30. F: [I'm going to start (.)
[ya voy a empezar (.)
31. C: [((laughter))
32. F: yes I have two
sí tengo dos
33. [a(h)y(h) ((laughter))
34. A: [(yes you) you:: already (did)
[(si ya) ya:: (hiciste)
35. that connection of
esa conexión de
36. [and it started her
[y empezó su
37. C: [((laughter))
38. F: [((laughter))
39. A: her pro- whe:::n Claudia was twelve
su pro- cuando::: Claudia tenía doce
40. years old >when they were in<
años >que iban en<
41. secondary school
la secundaria
42. (1)

43. F: i:::t's one of the cla:::ssics
e:::s de los clá:::sicos
44. A: those you have to read in
los que te dejan leer en
45. [secondary school
[la secundaria
46. F: [and of a:::ll ((h) (h))
[y de to:::dos ((h) (h))
47. A: no?
48. F: ((laughter))
49. (...)
50. A: yes can I borrow it later?
sí luego me lo prestas?
51. (0.6)
52. C: yes su(h)r(h)e ((laughter))
sí cl(h)ar(h)o ((laughter))
53. .hhhh (1) [what's happening Fernanda
.hhhh (1) [qué pasó Fernanda
54. F: [.hhhh hhhhh
55. (.)
56. C: how have you bee:::n eh?
cómo has estado::: eh?
57. F: a(hhh)y well (.) well a:::nd ha(h)lf
a(hhh)y pues (.) bien y::: me(h)dio
58. we(h)ll [we(h)ll
bi(h)en [bie(h)n
59. C: [(uh huh)
60. F: ((laughter)) .hhhh (0.6) ye:::s right now
((laughter)) .hhhh (0.6) sí::: ahorita
61. a little (.) I do:::n't know
un poco (.) no::: sé
62. (.) like there have been
(.) como que han
63. happening things a:::lready (1) li:ke
estado pasando cosas ya::: (1) como
64. suddenly I isolate myself a lot(.)
que::: de repente me aislo mucho (.)

Chapter 5 Appendix

Extract 8

BEPC (session1)

1. P: why should I close so much(.) true?
para qué cierro tanto (.) verdad?
2. B: ah ha::::
3. (.)
4. P: how have you both bee::::n?
cómo han esta::::do?
5. (0.6)
6. B: we::::ll Pet::::e (.) very we::::ll (.)
bie::::n Pet::::e (.) muy bie::n (.)
7. thank you
gracias
8. (.)
9. P: how is it going?=
cómo les fue? =
10. B: =you are going on ↑holiday like at
=verdad que te vas a ir como hasta
11. the end of April
finales de Abril
12. true?
de vacacion↑es?
13. P: at the end of April I'm going on ho
hasta finales de Abril me voy de vaca
14. [liday.
[ciones.
15. E: [ye::::s
[sí:::
16. B: because Evelyn was saying oy (.) she
porque decía Evelyn ay (.) va a estar
17. is going to be tanned
morenita
18. (.)
19. P: no:: [no::t yet
no:: [todavía no::
20. B: [tanned
[quemadita
21. E: [((laughter))
22. P: |((laughter))

23. B: [((laughter))
24. P: not yet Evelyn (.) you see? (.)
todavía no Evelyn (.) cómo ves? (.)
25. I leave the last week of April.
me voy la última semana de Abril.
26. E: ↓ah
27. (1)
28. P: I ↓still ↓have a few weeks
t↓odavía m↓e ↓quedan unas semanitas
29. of work
de trabajo
30. (no?maititetelo)=
31. B: =a:::y how nice (.) ay yes how
=a:::y qué bien (.) ay sí qué
32. [nice
[bueno
33. P: [April is long now it brings
[que Abril está largo ahora trae
34. five wee::ks °I was having a look°
cinco sema::nas °estaba viendo°
35. E: [↑five
[cinc↑o
36. B: [ye:::s
[sí:::s
37. E: ↑weeks
seman↑as
38. P: ye:::s (this time it came) long
sí::: (ahora vino) largo
39. B: uh hu::h
40. (.)
41. P: it accumulated
se acumuló
42. (.)
43. B: [yes
[sí
44. P: [no?
45. (.)

46. B: yes it's
sí está

47. (0.8)

48. P: so you were thinking you were going
así que pensabas que ya me ibas a

49. to find me (.) err::: tanned
encontrar (.) este::: morenita

50. (.)

51. B: ↓yes (.) ((giggling))
↓sí (.) ((giggling))

52. P: that's ↓allright (.) ((laughter))
está ↓bien (.) ((laughter))

53. B: [(giggling))

54. E: [(giggling))

55. P: [(because) I have a colour of=
[(porque) traigo color de=

56. E: =because you're going to Quechúa no?
=porque te vas a ir a Quechúa no?

57. (1)

58. P: I ↑sti::ll don't know i::f I'm going
t↑o::davía no sé si:: m::e voy a

59. to Quechúa (.) °I'm going to a (.)
Quechúa (.) °me voy a una playa° (.)

60. beach tha*t I know yes
e*so sí sé

61. (0.8)

62. B: [ay how ri::ch
[ay qué ri::co

63. P: [(to a beach) (.) mm hum
[(a una playa) (.) mjm

64. (0.8)

65. B: [how rich
[qué rico

66. P: [uh huh (.) mm hum

67. E: (ay)

68. P: but yes what happens is (.) I need
pero sí es que (.) necesito una

69. a beach
playa

70. B: a(h)y ((laugh [ter))
 71. P: [((laughter))that
 [((laughter))eso
 72. yes (.) I need the sand and the sun
 sí (.) necesito la tierra y el sol y
 73. and a bit of fresh air
 aire fresquecito
 74. E: [uh hu:::h
 75. B: [mm hu::m
 76. P: over here it's rai::ning every-
 por aquí está llovie::ndo en todas
 77. where
 partes
 78. E: [mm hu:::~::~m
 79. B: [mm hu:::~::~m
 80. (.)
 81. P: °but anyway° (.) °we::'ll see° (.)
 °pero bueno° (.) °a:: ver° (.) cómo
 82. how have you been (.) te:::ll me (.)
 han estado (.) cuéntenme::: (.) qué
 83. what changes do we have no::w
 cambios tenemos aho::ra
 84. (1)
 85. E: ((laughter)) ((giggling)) what
 ((laughter)) ((giggling)) qué
 86. changes=
 cambios=
 87. P: =we::ll we've seen that you were
 =bue::no quedamos que ya estabas en
 88. already in your lessons no?
 tus clases no?
 89. that (.) (whichever you're taking)(.)
 que (.) (las que estés llevando)(.)
 90. pai::nting during the day or
 pintu::ra en el día o
 91. something like that no?
 algo así no?
 92. (.)
 93. E: I:::'ve enrolled painting in (the
 m:::e inscribí a pintura en (la

94. afternoon) (.) in the UPS
tarde) (.) en la UPS
95. P: ↑mmmm::: mm hu::m (.) what UPS did
 ↑mmmm::: mj::m (.) en qué UPS te
96. you enroll?
 inscribiste?
97. E: the (.) I think it's the 4
 en la (.) creo que es la 4

Chapter 5 Appendix

Extract 13

BEPC session1
(when C arrives)

1. P: you (.) you how do you see her
 tú (.) tú cómo la ves
2. differently (.)
 diferente (.)
3. with the::s (.) with these reactions
 con esta:: (.) con estas reacciones
4. (.) >she says well< (.) if it
 (.) >dice bueno< (.) si me
5. happened to me what has happened
 pasara lo
6. to my friend (.) I would do
 que a mi amiga (.) yo haría
7. somethi::ng
 algo::
8. (.)
9. B: he [lllo:::
 ho [la:::
10. C: [↓hi::
 [↓hola::
11. B: °ho(h)w a(h)re you?°
 °c(h)ó(h)mo estás?°
12. C: °well°
 °bien°
13. B: hi Claudia
 hola Claudia
14. ((kissing greeting))

15. C: how are you [Betty?
cómo estás [Betty?

16. E: [oy what a nice
[ay qué bonita

17. combination (.) you're wearing(.)
combinación (.) traes (.)

18. m:::::ua

19. C: °how [are you°
°cómo [estás°

20. P: [you know what green suits you
[fíjate que te queda muy bien

21. really well
el verde

22. E: [ye::::::::::s
[sí::::::::::

23. C: [°↑ay tha::nk you [very much°
[°↑ay muchas [gra::cias°

24. P: [rea::lly (.)
[de ve::ras (.)

25. ()

26. C: tha::nk you very much (.)
muchas gra::cias (.)

27. I'm really sorry
mil disculpas

28. X: °a::y yes°
°a::y sí°

29. C: but anyway (.)
pero bueno (.)

30. (how far have you got?)
(cómo van?)

31. (.)

32. P: no::: and the thing is that with rain
no::: y es que con la lluvia se pone

33. (everything gets horrible)
(todo espantoso)

34. doesn't it?
verdad?

35. C: (a little (.) [yes)
(un poco (.) [sí)

36. E: [and with the
[y con el

37. baseball (.) ↑a::::: [:::::h
 baseball (.) ↑a::::: [:::::h
 38. B: [a:::y yes
 [a:::y sí
 39. (.)
 40. E: (we were also late)
 (también llegamos tarde)
 41. P: they were also
 también ellas llegaron
 42. [late
 [tarde
 43. C: [(how far have you got)
 [(cómo van)
 44. P: no::t very far we just (.) started
 no:: mucho recién (.) comenzamos
 45. C: °ah (.) that's good°
 °ah (.) qué bueno°
 46. P: (we've been more or less
 (más o menos llevamos
 47. fifteen minutes) no?
 quince minutos) no?
 48. E: mm hum
 49. B: mm hum
 50. C: [()
 51. P: [what do we do darling
 [qué hacemos querida
 52. should we give you a summary
 te damos el resumen
 53. C: °yes [no:::::??°
 °sí [no:::::??°
 54. P: [there are lots of news
 [hay muchas novedades
 55. C: °l(h)↑o::t(h)s°
 °mu(h)ch↑(h)a::s°
 56. E: [((laughter))
 57. C: [((laughter))
 58. P: ((laughter)) (.)
 59. do you::: want to give it t(h)o
 s(h)e lo das

60. [her?(.) Evelyn
 [tú:::?(.) Evelyn
61. E: [no you you you Pete
 [no tú tú tú Pete
62. P: I'll give it to her
 yo se lo doy
63. E: ↓yes
 ↓sí
64. P: ↓well (.) we started off talking
 ↓bueno (.) empezamos hablando
65. abou:::t(.) I do:::n't know how
 de::: (.) n:::o sé cómo
66. we ended up in the before and
 caímos en el antes y
67. in the afterwards
 en el después
68. no? [in
 no? [en
69. C: [°uh huh°
70. P: the before and the afterwards
 el antes y en el ahora

Chapter 5 Appendix

Extract 15

previous discussion about medication
min27

1. E: >well see< (.) I >right now< I mean
 >pues mira< (.) yo >ahorita< o sea
lo
2. what and- ah look (.) by the way
 que y- ah mira (.) por cierto
3. ((starts getting out pictures from
4. her purse))
5. so that you see Pete, I
 para que veas Pete, te
6. bring you [the last one of
 traigo [la última de
7. B: | ((laughter))
8. P: | ((laughter))
9. E: err I mean (.) what I've thought (.)
 este o sea (.) lo que he pensado (.)

10. becau::se I mean I spoke to Tony that
 porque:: o sea hablé con Tony que
11. Tony is err (.) from the hospital
 Tony es este (.) de ahí del hospital
12. (.) and he told me no? no I I mean
 (.) y me dijo no? no yo o sea él es
13. he's fro::m that I shouldn't stop
 de:: de que no deje
14. taking err::: the(.) the
 el e:::ste (.) el
15. medicine no? (.) look
 medicamento no? (.) mira
16. ((shows pictures to Pete))
17. [it's
 [es
18. P: [Tony
19. is your little friend
 es tu amiguito
20. E: yes (.) that because I still (.) I'm
 sí (.) que ya porque todavía (.) lo
21. going to send him to err::
 voy a mandar a este::
22. P: are you::: this one?
 ésta eres tú:::?
23. E: I(h)am th(h)at o(h)ne Pe(h)te
 e(h)sa so(h)y y(h)o Pe(h)te
24. P: (and) as well?
 (y) también?
25. E: (I(h)am th(h)at)
 (e(h)sa so(h)y)
26. P: a:::y see
 a:::y mira
27. E: and look here is another one here
 y mira acá hay otra acá
28. is another one ah
 hay otra ah
29. I'm going to point out something
 te voy a señalar algo
30. [ay sorry
 [ay perdón

31. P: [how pre::tty
[qué gua::pa

32. (.)

33. I'm going to show you my brothers
te voy a enseñar a mis hermanos

34. (1.2)

35. E: (look err)
(mira este)

36. B: yes (.) what happens is that
sí (.) lo que pasa es que

37. last time (.) she told me
la última vez (.) me dijo

38. E: look
Mira

39. B: no (.) if I stop taking
no (.) si dejo

40. [the medicines
[las medicinas

41. E: [you see Pete
[para que veas Pete

42. you see how I [wa:::s
para que veas cómo es [taba:::

43. B: [I need
[necesito

44. [to see Pete
[que Pete me

45. P: [°a:::llright°
[°ah::: ya°

46. B: more often
vea más seguido

47. (.)

48. E: or no (.) I mean to carry on
o no (.) o sea seguir con the

49. e- >I mean<
e- >o sea<

50. to carry on the treatment
seguir el tratamiento

51. with Pete (.)
con Pete (.)

52. [()

53. B: [to carry on the treatment with Pete
[seguir el tratamiento con Pete

54. (0.6)

55. X: (I wanted to see that)
(yo quería ver eso)

56. P: th- th- that [tha::t of if
e- e- eso [eso:: de si

57. B: [but let's see
[pero a ver

58. (.) so that
(.) para que

59. Claudia err (.) [can see
vea este (.) [Claudia

60. P: [Clau (.) these are
[Clau (.) estos son

61. your two brothers
tus dos hermanos

62. B: yes
sí

63. C: he (.) is a brother
él (.) es hermano

64. E: ye:::s
sí:::

65. P: and she is err- (.) ↑Evely::n
y ella es est- (.) ↑Evely::n

66. B: [((laughter))

67. C: [how ↑terrific
[qué ↑bárbara

68. (.)

69. E: .hhhhhh .hhhhhhhh

70. C: ([pretty)
([bonita)

71. P: [that's why
[con razón

72. C: he who is he (.) what's his name
él quién es (.) cómo se llama

73. E: Antonio

74. (.)

75. C: Antonio

76. B: yes (.) he is the middle one
sí (.) él es el de en medio

77. C: [uh huh

78. P: [how si::::milar is
[cómo se parece::::

79. (.)

80. B: Aníbal?=
=Aníbal a ti verdad?

81. P: =Aníbal to you isn't he?
=Aníbal a ti verdad?

82. B: a(h)h ye(h)s ((laughter)) .hhhhh
a(h)h s(h)í ((laughter)) .hhhhh

83. (1.6)

84. P: Antonio and A [níbal
Antonio y A [níbal

85. C: [what a nice
[qué bonita

86. picture this one Evely::n=
foto ésta Evely::n=

87. P: =very pretty
=muy bonita

88. C: it's beautiful
está preciosa

89. [(look how beautiful)
[(mira qué bonita)

90. P: [is it Acapulco?
[es Acapulco?

91. C: (this one)
(ésta)

92. E: no::: it's Verac- it's Veracruz
no::: es Verac- es Veracruz

93. C: [Veracruz

94. P: [°Veracruz°

95. C: and the dress you're wearing
y está precioso el vestido

96. is beautiful
que traes

97. E: it's a tu::::nic
es una túnica::::

98. (.)

99. P: ah::: it's a tunic (.) see:: how
ah::: es una túnica (.) mira:: qué

100. pretty
bonito

101. (0.8)

102. C: you look really well
te ves muy bien

103. P: [very well
[muy bien

104. E: [>well< y(h)ou se(h)e ho(h)w
[>pues< ya ve(h)s qu(h)e s(h)í

105. I(h)'m fa(h)t Pe(h)te
e(h)sto(h)y go(h)rda Pe(h)te

106. (.)

107. B: ((laugh [ter))

108. P: [well darling
[bueno querida

109. (.)

110. C: and he (.) [he he
y él (.) [él él

111. [If I see you
[si te veo

112. with that picture
con esa foto

113. B: he is Tati Aníbal
él es Tati Aníbal

114. C: uh huh

115. B: the youngest
el más chico

116. (.)

117. B: and he is Antonio(.) the middle one
y él es Antonio (.) que es el mediano

118. C: uh huh (.) and Evelyn:::n
uh huh (.) y Evelyn:::n

119. B: she's the eldest
es la más grande

120. C: mm ↑hum

121. B: yes
Sí

122. C: (really)
(en serio)
123. (2)
124. P: well compared to the picture yes (.)
bueno en comparación a la foto sí (.)
125. you put on weight
engordaste

Chapter 6 Appendix

Extract 29

Ex120 (m4b) M: client, C: therapist.

1. C: the emergency plant (0.8) it isn't
la planta de emergencia (0.8) no es
2. (0.6) it isn't e- within the idea
(0.6) no es e- en la idea
3. that (.) there are rea::lly bl- no
de que (.) rea::lme::nte sí:: hay a- no
4. (.) do I make myself clear (.) it's
(.) me explico (.) es
5. within the idea that (.) that (.)
en la idea de (.) de que (.) de
6. rea::lly what resources can you have
ve::ras qué recursos puedes tener
7. like the ele::ctric power
como la pla::nta de
8. pla::nt (1) in case there is a
lu::z (1) por si hay un
9. blackout (2.6) I mean I sta::y a
apagón (2.6) o sea me quedo:: un
10. little with pe- with the e-
poco con pe- con la e-
11. with what was verbalised by Allan
con lo que verbalizó Allan
12. regarding (0.6) lo::ts of times
acerca de que (0.6) mu::chas veces
13. we ↑a::ll (.) tend to blackou::t
t↑o::dos (.) tendemos a apaga::rnos
14. (1.6) >so< maybe:: hhhh
(1.6) >entonces< a lo mejor:: hhhh

15. (.) °I don't know () (.) but
(.) °no sé () (.) pero
16. (.) I::° (.) yes I stay with that
(.) yo::° (.) sí me quedo con esa
17. idea that seriously well (1.2) what
idea de que en serio bueno (1.2) qué
18. if the problem are not the blackouts
tal si el problema no es que haya apagones
19. but what we do when there a::re
sino lo que hacemos cuando hay::
20. blackouts (1.2) do I make myself
apagones (1.2) sí me
21. clear (.) maybe (.) that there are
explico (.) a lo mejor (.) que haya
22. blackouts is something (.) °natural°
apagones es algo (.) °natural°
23. (2)
24. M: it's like () no? (.) >I don't
es como () no? (.) >yo no
25. bother< so much that someone will:::
me preocupo< tanto que alguien me
26. will will rape me on the street (.)
vaya:: a::: a violar en la calle (.)
27. but what do I do if someone
sino qué hago si alguien
28. °() rapes me on the street?°
°() me viola en la calle?°
29. (3)
30. M: is it something like that? I
es algo así? o
31. mea::n (.) I'm not so sca::red that
sea:: (.) yo no tengo tanto mie::do
32. someone comes a::nd - assau::lts me
en que alguien venga y:: me as- asa::lte::
33. o::r o::r () I mean what
o:: o:: () o sea qué
34. to- what am I going to do ()
ha- qué voy a hacer ()

35. (1.4) in this case (0.8) what am
(1.4) en este caso (0.8) qué voy a

36. I going to do [if ()
hacer [si ()

37. C: [(:::::) (.)

38. () (0.8) for example what
() (0.8) por ejemplo qué

39. can I do (.) () (.)
puedo hacer (.) () (.)

40. may:::be
a lo mejo:::r

41. (.) err:: (1.6) precisely because the
este:: (1.6) precisamente porque el

42. problem isn't (.) isn't that they
problema no es (.) no es que me

43. ra::pe me in a given moment
vio::len en un momento dado

44. () (.) no? (.) but what am I
() (.) no? (.) sino qué voy a

45. going to do (.) because ↑maybe there
hacer (.) porque a lo mej↑or hay

46. are certain ↑streets (.) that I'm not
ciertas c↑alles (.) que no voy a:::

47. going to::: try::: (.) may:::be (.)
procura:::r (.) a lo mejo:::r (.)

48. there are certain hou::rs in which I
hay ciertas ho::ras a las que no voy

49. won't () alo::ne (.) on the
a () so::la (.) en la

50. stree::t no? (.) may:::be there are
ca::lle no? (.) a lo mejo:::r hay

51. ce:::rtain ways of dre::ssing that
ciertas::: formas de vesti::rme que

52. I'm going to privilege (.) at certain
voy a privilegiar (.) a ciertas

53. hou::rs °in° the day (2.6) may::be
ho::ras °en° el día (2.6) a lo mejo::r

54. (.) there are certain places on the
(.) hay ciertos lugares en la

55. street which I am not going to get
calle a los que no me voy a

56. close to (.) maybe (.) there are
acercar (.) a lo mejor (.) hay
57. certain visual contacts that I'm not
cierto contacto visual que no voy
58. going to do with certain people (.)
a hacer con ciertas personas (.)
59. it's (.) that's what I mea::n and
es (.) a esto me refiero:: y
60. maybe that is the electric power
a lo mejor esa es la planta
61. plant (.) no? (.) fo::r the person
de luz (.) no? (.) para:: la persona
62. that °is° wo:::rried () (1.4)
que °esté° preocupa:::da () (1.4)
63. what happens is that that is::: (.)
lo que pasa es que eso es::: (.)
64. so pe:::rsonal (.) tha:::t (2.4) that
tan personal::: (.) que::: (2.4) que
65. what can be useful no? (.) for::
qué puede servir no? (.) para::
66. for María °I mean what what° what
para María °o sea es qué qué° qué
67. ca::n be useful for María
pue::de servir para María
68. (.) () (.) too::: pe:::rsonal
(.) () (.) demasia:::do persona:::l
69. ()
70. M: °is it (.) more or less (.) it's (.)
°es (.) más o menos (.) es (.)
71. you mean tha::t (.) more or less
quieres decir que:: (.) más o menos
72. li::ke (.) like the resources
como:: (.) como los recursos
73. I've discovered when ()
que descubrí cuando ()
74. (.) like to pray:: like the
(.) como el hacer oració::n como el
75. [()
76. C: [°uh huh°

77. (.)

78. M: ()

79. C: °I thi::nk that tha::t (.) do you
°yo cre::o que eso:: (.) tú crees

80. think tha::t could be useful
que puede servir e::so

81. (.) I think
(.) yo creo

82. [that it could be useful
[que podría servir

83. M: [but for that ()
[pero para eso ()

84. (.) to know (.) how I feel when
(.) saber (.) cómo me siento cuando

85. I am (.) (lighte:::ned) (.)
estoy (.) (prende:::da) (.)

86. and when I am
y cuando estoy

87. [switched o::ff no?
[apaga::da no?

88. C: [()

89. (1.6)

90. M: >so< like I don't
>entonces< como que yo

91. I still don't (.) I mean I (.)
que yo todavía (.) o sea yo (.)

92. ↑I ↑fee:::l like that (.)
m↑e:: si↑e:::nto así (.)

93. that I still (.) don't kno::w
que todavía (.) no sé::

94. what I am doing (.) ()
qué estoy haciendo (.) ()

95. still
todavía