

## Transcending a Differend: Studying Therapeutic Processes Conversationally

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**Abstract** Studies of actual conversational behaviours used to generate positive change in family therapy are relatively rare. In this study such conversational details were examined as they occurred in a single session of family therapy. With passages identified by family members as helpful, discursive methods of analysis (conversation analysis and critical discourse analysis) were used to examine an actual conversation between a renowned family therapist (Karl Tomm) and a family formerly at a conversational impasse. Conversational practices and sequences in talk used by the therapist and family members to bridge these differences in their ways of relating are discussed.

**Keywords** Process research · Discourse analysis · Family therapy · Adolescent · Impasse

Traditionally, process researchers have focused on examining change moments in therapy as one-way interventions delivered by the therapist. Few researchers have investigated how therapists and families constructed change in the back-and-forth of their conversations. As a post-modern family therapist I find this an important area of focus as I understand therapists and clients as constructing change in therapeutic interactions. Being influenced by post-modern notions I believe a person can alter her or his actions by constructing different understandings through language (Anderson, 1997; Kaye, 1995). Furthermore, as a family therapist I see this construction as occurring through non-linear, ongoing circular processes. Consequently, I utilized discursive methodology in my research. With a discursive investigation I could study the conversational behaviours of both the family and the therapist and highlight the importance of interaction and language in creating solutions.

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## Analyzing Therapeutic Talk: Discourse Analysis

Two people, who may understand the world very differently, make sense of each other and develop shared understandings using various conversational practices (e.g., between and within turn pauses, intonation, and word choice). These practices help people in conversation orient and respond to one another on a turn-by-turn basis to achieve understanding at an adequate level to move forward. What are the details of this process? To date traditional researchers have made little movement toward the goal of understanding processes of therapy as sequential communicative behaviours. However, some emerging research has provided a detailed empirical look at how interaction produces change (e.g., Buttny, 1990; Edwards, 1995; Gale, 1991; Kogan & Gale, 1997).

These researchers used various types of discourse analysis. Discourse analysis is the study of language in use (Taylor, 2001). Many research methods are labelled discourse analysis; however, researchers commonly group this work into two types of analysis—critical discourse analysis (CDA) and conversation analysis (CA). CDA mainly utilizes a noun understanding of discourse, while CA often conceptualizes discourse in a verb sense by looking at discursive practices people use in interaction (Strong & Paré, 2004).

As a noun, discourses are forms of communication that hang together to produce a particular version of events through how people continue to use them (Burr, 1995). Utilizing a noun lens (CDA) facilitates a macro-analysis investigating “how conversations give form to and privilege some ways of understanding over others” (Strong & Paré, 2004, p. 3; e.g., “individualism” vs. “collectivism”). A discussion of discourse in this sense can lead to a more static way of understanding, as discourses are named and discussed as “things.”

As a verb (CA lens), discourse is understood as conversational activity. Analysts (e.g., Sacks, Schegloff, & Jefferson, 1974) examine in detail the mundane communicative behaviours or discursive practices speakers use to interact. Drawing on a sociological tradition of ethnomethodology, conversation analysts aim primarily to make evident the methods that speakers use to reach their goals. They examine how people attend to each other within the mundane or “taken-for-granted” activities of conversation (Garfinkel, 1967). Using CA I could demonstrate how therapists and family members reached their goals on a turn-by-turn basis on terms that matter to them.

At a broad level then, discourse is a systematized way of understanding and communicating (the noun side), that is socially transacted using particular micro-practices in dialogic conversations (the verb side); practices that generally escape notice. One of the main distinctions between CDA and CA is that CDA researchers tend to discuss previously identified cultural discourses by assigning a broader discourse to the object of study (e.g., “patriarchy”). On the other hand, CA researchers strive to understand talk in the participant’s own terms by focusing on how the participants orient and respond to each other in the actual talk in turn (Schegloff, 1999). CA shows that the speakers are themselves analytic experts by highlighting the mundane details of how they orient to and make sense of one another (Couture & Sutherland, 2005).

In my analysis, I have combined CDA and CA to examine therapeutic conversations (Couture, 2005). Both methods are useful to practitioners concerned with

what people do with their talk (CA) and with what resources people draw on in the course of their interactions (CDA). Although discourse analysis has been used to answer various questions in family therapy as briefly discussed earlier none have addressed the question I am interested in. How do therapists together with family members move beyond impasses in therapy?

### **Impasses or Opportunities: Talking Through Impasses**

As a therapist working with adolescents and their families, I have witnessed conversational impasses, or what Lyotard (1988) called differends, on a consistent basis. These are commonplace conversational occurrences in which speakers are stuck because they are all invested in their own often different or conflicting ways of understanding a topic. As each participant in the conversation draws from different discourses, family members speak a different language from their speaking partners and their ability to make sense of each other self-destructs (Shawver, 1998).

Lyotard (1988) described such differends to be difficult to negotiate because, as in family therapy, the legitimacy of one person's way of understanding something does not necessarily negate the validity of the other. Impasses, in the differend sense, are powerful, as forward movement through the impasse is not as simple as one party understanding that he has it wrong while one's speaking partner has it right. Applying a single judgement in favour of one party has the potential to wrong the other.

#### **Forward moving conversations**

Following Lyotard, I suggest that families negotiate movement beyond impasses when they construct something new in the conversation that creates mutual ground for forward movement. Family members can use "stuck" conversations as opportunities in which small shifts in understanding and communicating occur (Harré & van Langenhove, 1999). In my research I labelled these transcending interactions "forward moving conversations." In these conversations, new shared understanding and fresh connection between family members and therapist can form (Hare-Mustin, 1994).

### **Details of the Study**

The family who participated in this study chose forward moving conversations from a videotape of one of their sessions with therapist Karl Tomm, which was videotaped one month earlier. The adolescent and the parents reviewed the session separately to pick forward moving conversations. The reviewing process constituted an adaptation of Kagan's (1975, see Elliott, 1985) Interpersonal Process Recall, a method for retrospectively reviewing videotaped counselling sequences. Only conversations that both adolescents and parents chose as significant and "forward moving" for all family members were transcribed (see Table 1 for the transcription conventions) and used in the analysis.

**Table 1** Transcription notation

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

Source: Kogan (1998, p. 232)

### Macro and micro-analysis

In the macro level of the analysis (CDA) I chose to utilize Harré's and van Langenhove's (1999) notion of discursive positions to investigate cultural discourses and their respective resources that the participants draw from in their interactions. Discursive positions are dynamic locations (e.g., consoler and bereaved) from which people engage others as they converse. They are both ways people understand (e.g., discourse) and act in conversation in relation to one another that they constitute and reconstitute through the various discursive practices in which they participate (Davies & Harré, 1990).

In this broader analysis discursive positions acted as an umbrella or heuristic starting point for the more detailed micro-analysis. As I analysed the transcripts, I asked myself, "What are the participants' parts (positions in a differend and forward moving dialogue) in the conversation as they invite their conversational partners to take up certain positions and accept certain positions for themselves?" (Davies & Harré, 1990). I supported this analysis further with a micro-look at how participants constructed these positions in the dialogue. Using CA strategies (Pomerantz & Fehr, 1997; ten Have, 1999), I looked closely at how these positions were constructed through communicative behaviours (words, pauses, intonation, and non-verbal behaviour) as turns are taken in dialogue. In sum at this level of my analysis, I looked at how the participants were orienting and responding to one another in turns they took adjacent to one another (adjacent pairs). Using the CA methodology, I asked myself, "How are discursive positions (incommensurate ones and more mutually satisfying ones) being continually negotiated as the talk unfolds?" This detailed lens offers an understanding of what therapists actually do and how they do it.

## Negotiating a differend

The session I reviewed was the first one after Joe, the 14-year-old son, was released from the hospital after concerns about his recent self-harming (“cutting”) behaviours. Before leaving the hospital Joe had created a contract that listed a number of things that he could have done to keep himself safe. The family began the session firmly entrenched at an impasse. The parents were talking from a place centered in the notion of certainty. Joe, on the other hand, did not appear to be as certain about the power of the contract; he spoke from a position of doubt. While the parents demanded unconditional certainty that their son would ensure his safety, Joe defended his doubts, saying he would try his best to accomplish what was expected of him, thereby expressing his hesitancy to commit to the contract. Such opposing positions (doubt and certainty) exemplify a family stuck at an impasse—based on their use of incompatible ways of talking and understanding.

In the subsequent session I noticed a shifting from this conversational impasse towards a dialogue where all parties have taken up a similar discourse focused on the family making “smaller two-way steps” (language used by the participants). Rather than staying stuck in an impasse over the parents’ position of certainty regarding Joe and the contract, complemented and intensified by Joe’s expressed doubts regarding his ability to follow through, they began to conversationally develop a hybrid position or middle ground that they could move forward in. I will focus on the overall sequential structure (Heritage, 1997) I developed to understand this movement and some of the specific practices used by the participants in this process.

### Sequential structure

Using CA I examined the turn-taking in the transcripts and developed a map of the session as typical sequences recurred (see Fig. 1) to provide the practitioner with one possible conceptualization of how to accomplish forward movement. The family did not talk in invariant sequences, but a general organization was evident in how they organized their talk (Heritage, 1997). The overall structure presented here is not a theory (in existence apart from the participant’s interaction) that I developed and then fit into the transcripts. I was committed to looking at the details of the talk for what the participants made evident in their interactions and discerned patterns as they generally oriented and responded to each other in ways that I saw as a sequential structure. Practitioners who strive to work with their clients in a collaborative process may find this framework a useful way of conceptualizing forward movement.

In the top half of Fig. 1, I have visually demonstrated how Tomm engaged the parents and Joe to develop both positions in a differend (e.g., practicing multipartiality; Anderson, 1997) while attempting to bridge the two (invite to the middle). In these interactions Tomm subtly asked the family to rethink their positions and tested for a potential middle-ground. In the bottom half of Fig. 1, I have visually depicted how Tomm and the family accomplished forward moving common ground by negotiating what I called a step-wise entry into advice giving (Couture & Sutherland, in press). In a cyclical step-wise process, Tomm invited the family members to consider his ideas in relation to theirs until a hybrid position developed. He did not move forward into advice giving until the family demonstrated some acceptance of

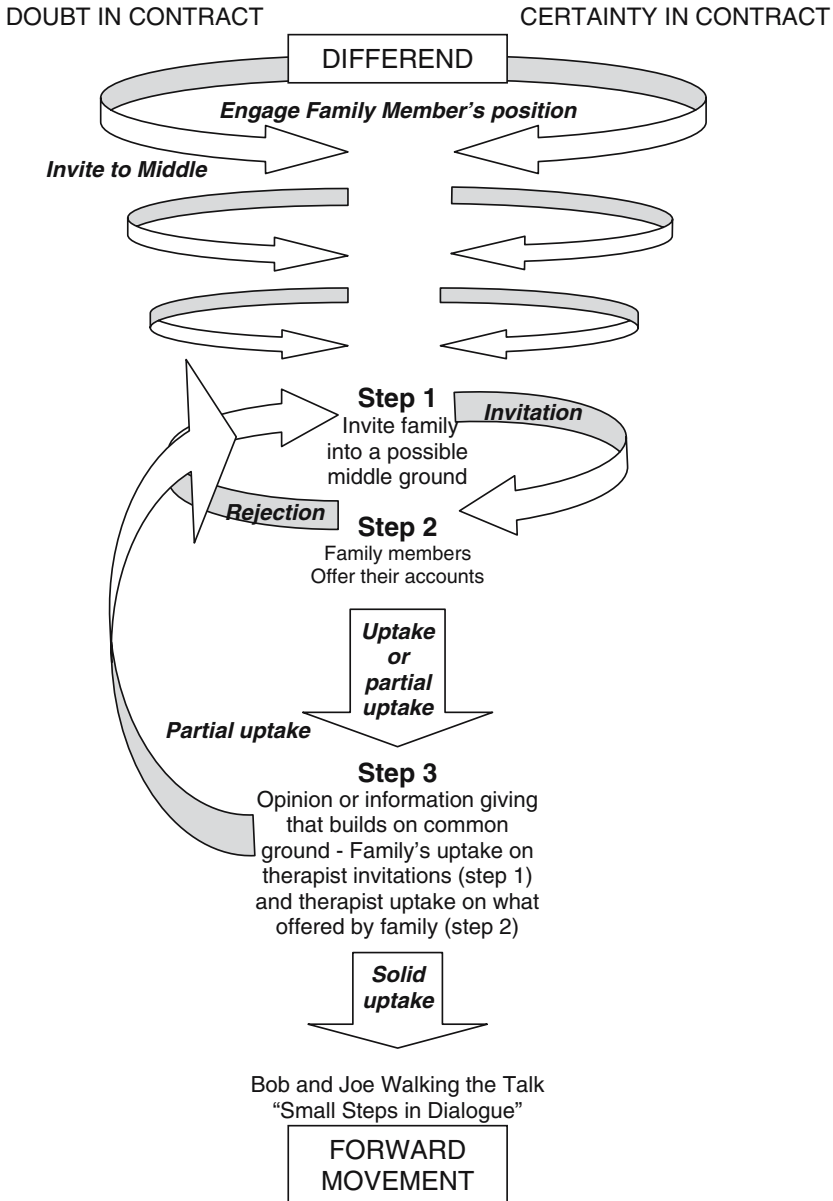


Fig. 1 Overall structural organization

what he proposed and he would return to step 1 of this circular process when the family offered less than solid uptake of what he offered in his advice. After these five sequences, I saw the family solidly take up a new hybrid position where they began to talk about and actually practice taking “two-way small steps” (evidence of positive outcome).

## Opening space for middle ground: integration of practices

I will now tie the previous discussion of an overall framework back to the specific practices used by the family and therapist to provide clinicians with concrete ways to join their own clients to accomplish similar goals. The three categories of practices I discuss correspond with sections of the sequential structure I have presented above (a) engaging positions (b) inviting and proposing (c) the family's contribution. I have not presented these categories as representations of the practices involved in creating forward movement. They are heuristic shortcuts for organizing incoming information (Edwards, 1991) to help therapists make sense of and apply my analysis.

### Engaging positions: practicing multipartiality

In this section, I present practices participants used to “set the stage” for the negotiation of a middle ground. They worked to developed positions in the differend and made initial bridging efforts (see Fig. 1). Here Tomm practiced multipartiality (Anderson, 1997) as he developed each position as an equally valid option to consider.

#### *Using ambivalence*

Tomm and Joe illustrated how forward movement can be cultivated even as an adolescent offers ambivalence or what some might call “dead end” responses (e.g., “don't know” or “\*Ya\*”; Hutchby, 2002). In the Exemplar 1 below the therapist's question (lines 88–90) invited Joe to acknowledge and consider committing to the hospital's way of “going forward”—the safety contract.

#### *Exemplar 1*

88	T:	> Okay < (.7) um (1.2) now how do you feel about this like is
89		this is something you feel that you can live or (.5) or are you not
90		sure that you can live up to this or not er:: (3.4)
91	J:	> I don't know < (.4) I don't know yet I guess (.)
92	B:	{Bob furrows brow}
93	T:	Don't know ya (1.2) well that is probably an honest statement
94		because you don't know for sure right? (.)
95	J:	*Mhmm* (.)

In Tomm's response to Joe's ambivalent response (“don't know”) he demonstrated that he was not invested in an allied position with the parents to “make sure he follows through with a safety contract.” Tomm practiced a version of O'Hanlon and Wilk's (1987) “utilization strategy” as he used what Joe offered to build “a bridge from where the client is now to the eventual goal” (p. 133). When faced with Joe's ambivalent response, Tomm “selectively listened” and responded utilizing the portion of what Joe communicated that facilitated continued discussion. He treated Joe's response as a legitimate answer, not an avoidance strategy, and collaborated to develop a position of doubt in the contract.

Many of Joe's ambivalent utterances are examples of what Kitzinger and Frith (1999) called weak agreements. Tomm's attention to Joe's “weak agreements”

provided another useful way to negotiate forward movement when faced with ambivalence.

### *Exemplar 2*

- 222 Oh! It sounds like you did a lot of work! (1)  
 223 B: {Bob sits up straight with a small smile}  
 224 J: \*Mhmm\* (.7)  
 225 T: Oh (2.4) you must feel (.) > pretty good about < (.6) what you've  
 226 done here eh? (1)  
 227 J: {Joe looking down at his bottle of pop}  
 228 T: ya no? (1.5)  
 229 J: \*Ya\* {Looking down and fiddling with bottle}(1)  
 230 T: Or do you feel like you were kind of forced into it? er:: (1.9)

In lines 224 and 229 Joe produced weak agreements to the therapist's suggestion (quietly mumbled “\*Mhmm\*” after a long pause and “\*Ya\*”). Tomm could have oriented to these utterances as signs of agreement or avoidant strategies but instead he attended to these ambivalent responses to invite Joe to develop his position further (lines 225 and 230). In Exemplar 2 Tomm demonstrated another device that he used to engage Joe's position when faced with ambivalence—candidate answers. By setting up Joe's reply in line 228 with candidate answers (“ya no?”), Tomm encouraged what Bangerter and Clark (2003) called an agreement response (“ya”) rather than an acknowledgement response (“uhuh”). This candidate answer invited Joe to “take a position” (Bangerter & Clark, 2003) in a similar way to what Tomm (1993) has called bifurcation questions. By attending to a weak agreement and using a candidate answer, the therapist successfully invited Joe to co-construct his position as one valid way of viewing the situation. By examining this conversation, therapists can discern three more methods of practicing multipartiality if an adolescent offers ambivalent utterances.

I have described some practices Tomm used to join and extend Joe's position. Bob demonstrated more ease in offering his position in the differend and was simply given “space” to develop this position. In providing two contrasting descriptions, the family members could draw new distinctions that provoked new responses (White, 1989).

### Inviting and proposing: “Talking to listen”

As Tomm worked to bridge a differend he balanced a combination of a commitment to what he introduced or proposed with a tentativeness or uncertainty that communicated a sense of contestability in what he was offering—he “talked to listen” (Hoffman, 2002). He clearly communicated a particular way forward but also packaged his talk to show his willingness to listen to the family's understanding or to hear the unexpected. Let us look at how he did this in the details of the conversation.

### *Tentative yet strategic invitations*

One tentative yet strategic practice Tomm used to invite this family to a middle ground was extreme case formulations. An extreme case formulation is a way of referring to an object or event, which invokes its maximal or minimal properties (Hutchby & Wooffitt, 1999). By offering Joe and Bob an extreme assertion packaged



as contestable (Pomerantz, 1986) Tomm subtly invited them to speak from a less extreme position and consider a more moderate stance.

*Exemplar 3*

46 B: that (1.3) he says he's gonna follow through. (1.1) um I just want to  
 47 make sure that (2.6) Joe opens up (.9) to us and he has (1.1)  
 48 J: {Joe bites on his nails}  
 49 S: {Sandy looking at Joe}  
 50 B: um =  
 51 T: = Cause you can't really make su[re] {Looking at Bob}  
 52 B: [Ar]e are concern and we  
 53 said this to Joe today when we left and we know it is a concern  
 54 with kids as well, is (.6) unconditionally (.9)

In the above exemplar, with the phrase “make su[re]” Tomm reformulated Bob's use of this same phrase (line 51) by prefacing the phrase “make su[re]” with “you can't really.” He invited Bob to rethink his position of certainty in the contract by drawing attention to the difficulty of meeting extreme expectations. He also did this with Joe.

*Exemplar 4*

91 J: > I don't know < (.4) I don't know yet I guess (.)  
 92 B: {Bob furrows brow}  
 93 T: Don't know ya (1.2) well that is probably an honest statement  
 94 because you don't know for sure right? (.)  
 95 J: \*Mhmm\* (.)

Tomm used a similarly packaged extreme case formulation in line 94 to invite Joe to understand the contract in less extreme terms. In his utterance, Tomm invited Joe to a middle ground between extreme certainty and extreme doubt by suggesting that Joe doesn't know “for sure” if he could or could not follow through with the safety contract.

Tomm offered these formulations tentatively as they were brief, careful, contestable invitations to a small shift in position (e.g., line 94; Exemplar 4). At the same time, they were strategic as they clearly influenced the course of the conversation in a particular way. For example, he would use therapeutic interruption/anticipatory completion (O'Hanlon & Wilk, 1987) to strategically work to pre-empt (interruption in line 51; Exemplar 3) Bob from talking himself into an unhelpful corner—in this case an extreme position opposite to his son's. In a similar manner, therapists interested in inviting families into more moderate positions may strategically yet tentatively offer extreme formulations to elicit those moderate positions.

Tomm also initially utilized tentative yet strategic questions; then he extended his invitation through a combination of extreme case formulations and humour.

*Exemplar 5*

423 ...Should you u::mm should that be  
 424 part of (1) your contract to him (1.2) offer him something (.8)  
 425 if he is able to achieve some of the things that are on here

Tomm strategically asked a question that implied a possible hybrid position that the parents should make a “contract to him (Joe).” He paired this strategic question with “turbulent delivery patterns” (restarts, drawn out words, and pauses; Silverman, 1997) to add a tentative feel to his inquiry. By asking strategic yet tentative questions, a therapist may shift a family’s conversational focus and help family members bring into being different, potentially helpful, understandings and ways of relating (e.g., “interventive” interviewing; Tomm, 1987).

### *Exemplar 6*

- 426 (6.9)  
 427 B: Part of the part of the (1.8) the major success (.) that would be was that (.)  
 428 that would be in my opini[on  
 429 T: [Not buying him a Ferrari or something like that  
 430 S: [ (laughter)  
 431 T: [ (laughter)  
 432 B: [Don’t go there= (Bob now joins the therapist  
 433 and Sandy in laughter)  
 434 T: =Sorry about that (laughter continues) (2) ...

The above exemplar shows the follow-up to the question offered in Exemplar 5. In this exemplar Tomm demonstrated another combination of tentative yet strategic strategies (humour) to extend his invitation. This exchange occurred after the parents rejected the first question (long pause in line 426 followed by a discussion of Joe’s major successes rather than the issue of a parental contract in lines 427 and 428).

Through humour in line 429, Tomm tentatively lessened the tension evident in the space after line 425, and facilitated the introduction of an awkward topic (in this case one the parents were hesitating to take up). With such an extreme suggestion (“Ferrari”), the therapist potentially repaired the parents’ rejection of his previously stated question (lines 423 through 425) by decreasing the pressure they might have felt (Buttney, 2001). He comically compared buying an expensive car to other actions they could take under a two-way contract. At the same time, Tomm’s interruption of Bob shows his commitment to what he previously suggested in his strategic questions (lines 423–425).

In his use of extreme case formulations, questions, and humour Tomm balanced a tentative delivery (restarts, pauses, drawn out words, and the introduction of small shifts rather than “directed” large changes) with more strategic practices (interruptions, questions, and humour implying a position). Therapists may use similar practices as they commit to co-constructing a middle ground but remain open to possible ways of understanding a common position.

### *Incorporating the family’s responses*

Tomm acknowledged the usefulness of what the family offered and incorporated their response (Step 2) into his propositions (Step 3, see Fig. 1). He did this by reformulating the actual content of the family’s previous utterances but he also incorporated information communicated in the “performative” actions (the behaviours in lines 395–398 below) of the family.

*Exemplar 7*

395 B: Which ones are your biggest concerns Joe? (2.3) {looking down not at Joe}  
 396 J: \* > don' know < \* {looking down}  
 397 (5.6)  
 398 B: {Looks up to the ceiling and pierces lips} See part of wha[t]  
 399 T: [S]ee I would of I think one of the biggest worries would  
 400 be the second one (.8) ummm that when he is feeling unsafe that he can  
 401 ta::lk to people (.)

Previous to Exemplar 7, Tomm attended to Joe's uptake of his invitation to voice worry about the contract as it stood. In line 395 Bob interjected asking Joe a question about his "concerns." The laboured dialogue in lines 395–398 (Joe's minimal response and Bob's abandonment of direct dialogue with Joe) provided an extension to Step 2; father and son offered further information of what Joe's worry may be in talking to his dad. Tomm incorporated how Joe and Bob performed their problem between lines 395 and 398 in his opinion giving in line 399—"feeling unsafe that he can ta::lk to people (.)". A therapist who incorporates what the family offers, in both what he says and how he says it, is more likely to facilitate movement to a position that fits with the family members (Strong & Tomm, 2004).

*Committed yet contestable propositions*

In Step 3 Tomm "talked to listen" as he downgraded his opinions to "provisional suggestions." While offering opinions, he left space for the family to join the process. In lines 329–330 below Tomm used, what I have called assumptive yet tentative questioning.

*Exemplar 8*

329 T: Cause I (.) I w:: imagine that you probably believe that right now (.6)  
 330 Joe has good intentions (.6) right? (.)  
 331 B: Mh[mm] {Hand still on his mouth and nods slightly}

The therapist designed the question to have a tentative, contestable feel that invites the family into "dialogic knowing." Tomm expressed caution (Silverman, 1997) in his delivery (quiet voice tone line 317 and tentative language, "w:: imagine" and "probably" in line 329) to package his talk as tentative. He also showed his tentativeness in his use of the word "right," accompanied by a rising inflection that invited the family's input rather (line 330) than their compliance. At the same time, he also demonstrated some commitment to a certain hybrid position as the additional word ("right") invited only a limited response (e.g., "yes" or "no"). In addition, Tomm asked a strategic question that was strongly influential where the language used strategically "led" the family to a particular way of discussing the topic. He balanced his commitment to a particular way of going forward, while still leaving room for, if not inviting, the family to contest this suggestion; he "talked in order to listen." When Tomm gave opinions in Step 3, he continued this packaging. However, he upgraded his efforts with additional practices therapists might use to offer contestable opinions cautiously as shown below.

*Exemplar 9*

- 343 J: {Joe is leaning forward looking down at his hands}  
 344 T: ... (hhh) Now (.) let's assume (.4) that he doesn't right? that he is (.4)  
 345 trying to give you more than he can actually do (.8)  
 346 B&S: {Bob leans side of face on his hand and Sandy uncrosses her legs}  
 347 > I don't know if that is the case maybe he is able to do all this right?  
 348 < but let's assume for a moment that he can't (hhh) follow through (.9)

First, Tomm introduced the idea that Joe did not have the ability to follow through as a hypothetical possibility ("let's assume (.4) that he doesn't right?"; Peräkylä, 1993). Furthermore, Tomm used a stake inoculation (line 347). A stake inoculation is a phrase that is used to manage the risk that a person could be perceived as having a stake in what he said and might not be open to other possibilities (Potter, 1996). With the use of both practices Tomm could underscore he was not heavily committed to the propositions he offered and provide space for the family to continue contesting (e.g., line 346.) Tomm displayed contestability in his utterances in his use of some additional strategies.

*Exemplar 10*

- 362 T: or it sets up conditions for umm what I refer to sometimes as  
 363 promissory violence (1.2) where (.8) umm (.9) people like  
 a::h if in  
 364 your case (.6) a:: parents (hhh) would (.) um (.7) confront (.6)  
 365 Joe > in not fulfilling the contract < in ways that he can  
 feel are  
 366 umm (1.1) violating him?  
 367 S & B: {Both Sandy and Bob raise their heads}

In Exemplar 10 the therapist paired strong language (e.g. "violating him") with the use of what Potter (1996) called vague descriptive categories ("parents") and impersonal constructions (use of the word people, "people like a::h if in your case"). If Tomm had implicated Bob and Sandy in the practice of "promissory violence," he would have been directly accusing them and strongly aligning himself to Joe. With the use of these strategies, the parents were likely to feel they had a choice to contest Tomm or further articulate themselves (rather than having to defend themselves).

Throughout the transcript Tomm continued to pair this contestable feel in his opinion giving with a certain commitment. He marked his commitment to his opinions throughout this transcript by voicing versions of "I think" (e.g., "I refer," line 362, Exemplar 10; or "I mean," "I find"). Because of the often-assumed role of a therapist/psychiatrist as expert, these phrases can hold strong authority.

*Exemplar 11*

- 514 T: S[ee  
 515 B: [making a progression= {Hands come down and leans forward}  
 516 T: =Ya right I think it might be useful to actually do that (.2)  
 517 Bob because (.8) I think it would (.5) umm (.4) create a bit of a  
 518 process of reciprocity (.1)  
 519 B: Mhmm (.3)

Exemplar 11 shows Tomm using the phrase “I think” in his opinion giving. In addition, in line 516 he used “right” as an assessment of the previous utterance rather than an invitation to contend (Assumptive yet Tentative Questions, Exemplar 8) its earlier use to open space for contention. Tomm showed his own commitment to a position and closed down the negotiation by marking it the prior turn as the correct answer. In addition, this exemplar showcases Tomm’s frequently used interruptions. In the above exemplar, as in other exemplars, he used an interruption to keep the floor and extend the point he had started to make before Bob interrupted him. Through these interruptions, Tomm clearly demonstrated a certain authority or commitment to his proposition. Again, however, he continually paired this show of commitment with pauses and “umms” to construct a contestable proposition. Even in Exemplar 11 which occurs at the end of the transcript as Bob increasingly showed evidence of accepting the newly developed common ground, Tomm left space for contention.

In his propositions, Tomm talked to listen (Hoffman, 2002). He took a stand by committing himself to a location that this family could move forward in, but also gave them the conversational space to contribute their own ways of understanding and proposing forward movement. The concrete practices that I have outlined here offer therapists some actual methods they can use to develop their own balance between offering direction and inviting client contributions in the therapeutic process.

### The family’s contribution

Tomm’s practices offered the family ways to join the conversations as active participants. He offered questions and propositions in order to orient and respond to what the family was offered in return. It is helpful for the practitioner then to look at some of the practices they might orient to in this process. By offering this brief but very rare focus on the family’s half of the construction process, I have worked to counter the idea that the family’s contributions are mere responses to the therapist-delivered interventions rather than practices in their own right. Tom did not just deliver key forward moving questions and propositions. I found that forward movement developed as Tomm’s offers were partially or fully rejected (through specific client practices) and the participants continued to orient and respond to each other until a common ground was negotiated. In this section I can help practitioners equally recognize both pair parts in their interactions and stimulate therapists’ interest in orienting to the details of what clients offer.

### *Coordinated or uncoordinated behaviours*

Sandy initially showed signs of speaking from a less certain position (e.g., attended to Joe’s non-verbals). In noticing the subtle differences in positions, Tomm focused on the relationship with Bob and Joe throughout the session because he had oriented to Sandy’s behaviours. Bob and Sandy also demonstrated their similar positions as they coordinated their behaviours in a synchronized way (e.g., Both parents joining Tomm with loud laughter) or showed their allied acceptances through collaborative completions (Kangasharju, 2002; Exemplar 12).

*Exemplar 12*

352 T: ...(.6) if you can't take *big* steps then you  
 353 have to take small steps? (.)  
 354 S: Mhmm=  
 355 B: =Absolutely=

As a team Sandy and Bob communicated an allied acceptance of Tomm's proposal. The therapist could then build on that acceptance. Further, when faced with synchronized conflicting positions (e.g., Both parents leaning their heads down into their hands in unison) the therapists can recognize the need for further negotiation of common ground to offer propositions in. Throughout the session Bob and Sandy made evident their alliances or differences in positions. The parents' actions (either allied or differing) offered the therapist something to orient to in making his decisions on how to join them. By looking closely at how Sandy and Bob accomplish these actions, therapists can become more sensitive in orienting to their own clients' offerings.

*Offering information*

Tomm incorporated what the family offered in Step 2. Adjacently, the family directly offered information (in the content of their talk) and indirectly "performed" information (e.g., laboured dialogue between son and father discussed earlier). Below is another example of what this family offered in their turn in talk (Step 2) for the therapist to orient to.

*Exemplar 13*

275 S: I just (.6) thought it was indefinitely ((Short Laughter)) (.7)  
 276 T: Oh well that is kind of tough isn't it {Therapist looks to parents and Laughs  
 277 Loudly. Sandy joins him and Bob smiles}For life at age 50 ((Laughs))  
 278 Joe you have a contract here {Said in a voice of an old man while holding  
 279 the actual contract} (3)

Sandy's turn in line 275 ended with brief laughter which opened space for Tomm to extend his use of humour as he continued to invite this family to consider contract renegotiations. By building on Sandy's invitation, the therapist was able to co-construct his extended invitation rather than impose it on the parents. If therapists orient and respond to these types of offerings as openings to construction sites, their conversations can become more shared or collaborative.

*Qualified reformulations or partial uptakes*

Families rarely meet therapists with solid uptakes or rejections. Just as Tomm reformulated the family's responses the family reformulated language or ideas introduced by the therapist.

*Exemplar 14*

299 B: > you know so < for the length of time I mean  
 300 I agree I mean this:: this is not going to be (.)  
 301 forev[er  
 302 T: [Okay]...

In line 299–301 Bob accepts Tomm’s previous use of humour, in which he alluded to Joe having this contract at the age of 50. However, he (with Sandy in a collaborative completion in line 309) reformulated this uptake with his qualification in lines 303–309.

*Exemplar 15*

303 B: ...This] has to [be]  
 304 T: [hhh]  
 305 B: [until] we have some sort of a (.6)  
 306 T: {The therapist begins to lean forward, put his head down and  
 307 scratch the back of his head}  
 308 B: a degree that Joe shows us (.7)  
 309 S: That he’s sa[fe]

In qualified reformulations, the parents demonstrated a certain acceptance of what the therapist had introduced, while also communicating that they had reservations. By looking closely at how partial uptakes are accomplished by their clients, therapists may better formulate their talk to join clients. In this case, Tomm did orient to the uptake communicated in these reformulations by moving on to Step 3 of the model, but in his tentative packaging of his opinion, he attended to the parents’ reluctance to join what he proposed.

*Listener responses*

Researchers (Bavelas, Coates, & Johnson, 2000) have found that listeners take an active role in co-developing what seem to be one-way narratives (e.g., opinion giving). The family also used devices to facilitate Tomm’s narrative (opinion giving) or end it.

*Exemplar 16*

318 I mean clearly (.9) umm Joe does have good intentions because  
 319 they are clear in what he has written here right?=  
 320 B: =Mhmm {Nods his head in agreement}(.9)  
 321 T: But the second point is not so obvious and is more diffi cul(.)t

Similar listening responses as seen in line 320 were used periodically throughout by the parents as Tomm cautiously proposed a middle ground. In the transcripts I found that more specific listener responses (showed in understanding of the implications of the previous turn) elicited Tomm’s continuation compared to general responses (turns less connected to the talk in that it could be used in a wide variety of narratives to communicate general understanding). In addition, Tomm ended his opinion giving as he oriented to the family’s decreasing use of listener responses. As in “story telling” (Bavelas et al., 2000) opinion giving falters or fails when it is offered to inattentive listeners, and is facilitated as the listener contributes to the extent and quality of her or speaking partner’s narration. If therapists fail to orient to these small client offerings, they may be at best “preaching to the converted” or at worse “talking to deaf ears.”

## Discussion

This study offers therapists a broad understanding (overall organizational structure) of how they can work with families to move forward at conversational impasses. The overall understanding practitioners gain from the broader piece of this analysis can help them reorient to how they can stop and talk with, rather than against, their speaking partner. I suggest speaking with clients includes accepting and developing differences rather than eradicating differences through debate. This orientation is not new to family therapists (Bateson, 1972). However, in a culture that encourages us to argue to “prove a point” (Tannen, 1998), it is an important orientation to explore further.

This overall understanding is increasingly useful when I tie it back to the actual details of the conversational process. These detailed descriptions are intended to heighten therapists’ sensitivity and abilities to orient to how they can co-develop this movement with families. I described how the therapist together with the family did or accomplished therapeutic concepts (e.g., “multipartiality” or “inviting collaboration”). Rather than simply discussing the endeavour of talking to listen (conceptually or theoretically) as facilitative and making general efforts to practice it, practitioners can use my research to inform how they might accomplish it.

Using CA to study two-way constructions rather than therapist delivered interventions facilitates an important shift. By adopting this orientation, “Over time, it will be difficult to even isolate one person’s actions as separate, or unconnected from the interactions of the social group” (Gale, Dotson, Lindsey, & Negireddy, 1993, p. 4). A good therapist is then not one who knows how to deliver the “right” questions but one who orients and responds to clients in co-developing these questions and propositions. Consequently therapists can develop an appreciation of how creative, interactive and performative talk is as they work with family members to transcend impasses and develop something new.

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