Therapeutic collaboration: a conversation analysis of constructionist therapy

Olga Sutherland and Tom Strong

Collaboration has been a frequently used construct to describe the practices of different therapeutic approaches for working with clients. Missing, however, is a sense of how collaboration is enacted in dialogues between therapists and clients. After defining ‘collaboration’, we analyse the actual conversational practices of Karl Tomm in his work with a couple, using conversation analysis. Our aim is to highlight the conversational accomplishment of collaboration in observable ways that we feel may be linked to enhancing one’s conversational and collaborative practice of therapy.

Key words: client—therapist interaction; collaboration; conversation analysis; therapy process.

Introduction

Postmodern or constructionist developments in family therapy have been accompanied by increased recognition of the importance of collaboration between client and therapist (Anderson, 1997; Anderson and Goolishian, 1992; Friedman, 1993; McNamee and Gergen, 1992). Social constructionism is a postmodern tradition of thought which proposes that discourse (everyday use of language by people) is the vehicle through which self and world are created (Berger and Luckmann, 1966; Gergen, 1999). Other assumptions of constructionist practice include a preference for the metaphor of text, narrative or discourse; scepticism with respect to discovering singular objective truths; the view of problems and solutions as evolving sociocultural practices; and therapy as the process of mutual influence and
transformation. In addition, constructionists advocate for a pragmatic and non-pathological approach to working with families.

Indeed, therapeutic collaboration is now a distinguishing feature of constructionist therapies, and some even use the term ‘collaborative’ to refer to these approaches (Anderson, 2001; Hoffman, 1995). Overall, proponents of constructionism in family therapy have critiqued an expert-driven approach to working with families and proposed replacing it with more participatory, reflexive and client-driven practices.

Our research is about using language in constructionist therapy. Here we investigate how an avowed ‘collaborative’ (i.e. constructionist) therapist worked with a couple – how he shared his expertise in ways that acknowledged and incorporated each client’s preferences and understandings. We sought to explicate the means by which the therapist negotiated a non-expert position while attempting to influence the clients (Roy-Chowdhury, 2006). We begin by outlining a rationale for studying therapeutic collaboration in family therapy and then defining collaboration as we see it, before discussing conversation analysis, our research approach for examining collaboration. We conclude by discussing our results and their implications for therapeutic practice and training.

The rationale for the study of collaboration

What the constructionist therapies contribute to family therapy is of a great practical and theoretical significance, yet it is not always obvious to practitioners of traditional approaches. Narrative or solution-focused therapies are known primarily for their interventions, such as miracle questions, unique outcomes or problem externalization (not all constructionist therapists use the language of ‘interventions’: Anderson, 2001). However, a key element of constructionist therapies resides in conceiving of language as constructive. Therapists’ interventions (questions, confrontations, reflections, interpretations, silences) invite clients to develop specific constructions of their identities, problems and relationships. Karl Tomm (1992) was among the first therapists to articulate this way of communicating as ‘bringing forth’ specific descriptions from clients while passing over other descriptions (p. 112). Thus, constructionist therapists engage clients’ use of everyday language when co-constructing problems and solutions, eschewing therapeutic dialogue tied to their ‘expert’ knowledge. Instead, they reflexively attend to how clients interpret and use (or not) their
ideas and proposals. A negotiated quality to constructionist therapy should be evident; one where clients influence its development and content.

Adopting a non-expert stance (Anderson and Goolishian, 1992) when relating to clients may appeal to therapists seeking a more client-driven practice, but questions arise about the extent to which collaboration is possible in such a hierarchical relationship (Guilfoyle, 2003). Psychotherapy is not an ideologically neutral endeavour; it promotes certain cultural ideals and prescriptions regarding people’s identity, actions and relationships, while advancing values and ideas from particular cultural groups (Hare-Mustin, 1994). Therapists have greater influence on therapy as a cultural practice – as they see it. Even if they could ‘democratize’ therapy they may remain experts to clients.

We propose to consider collaboration and power as being in a fluid and dialectical, rather than dichotomous, relationship (Larner, 1995; Linell, 1998). Unequal power distributions (i.e. communicatively relevant and temporal inequalities in knowledge or participation) are inevitable features of dialogue, and without them collaboration and communication in general would be unnecessary (Linell and Luckmann, 1991). While necessary for change and development, power however may easily turn into power abuse or dominance (Guilfoyle, 2003). This may occur when clients’ attempts to resist therapists’ knowledge and practices are ignored or minimized. While assuming that practices of power are inevitable in therapy, constructionists prefer to talk with clients rather than talk to them or not talk at all; that is, withdraw their voice (Anderson, 2001). They do not view power as inherently problematic yet are sensitive to and challenging of therapists’ practices that disregard clients’ expertise and preferences. The key issue is not whether professionals share their expertise (power) but how they do it. Ideally, power is co-shared, with therapists and clients taking turns to offer their expertise (Anderson, 2001; Strong, 2002). Collaborative therapists attempt, as far as possible, to involve clients in ‘performing’ therapy, co-managing both the content and the process dimensions of talk. Therapists share their power by presenting their contributions in discourse as contestable, and by incorporating clients’ meanings and preferences as a part of their developing interactions.

While the constructionist therapy literature suggests that therapists co-construct descriptions and actions which clients prefer, few specifics are known about how the ‘co-’ prefix in co-constructing is achieved in actual practice (for exceptions of some collaborative practices see...
Ferrara, 1992; Kogan and Gale, 1997; Lepper and Mergenthaler, 2007; Roy-Chowdhury, 2006). The purpose of this study was to offer a comprehensive interpretive account of conversational practices which the participants used in collaborating with one another, and the immediate outcomes resulting from such collaborations. Due to the page constraint, only selected practices will be discussed here (consult Sutherland (2008) for an in-depth description of how meaning was co-constructed in the course of the session).

Collaboration as an interactive achievement

Bordin (1994) discussed collaboration as the key aspect of the therapeutic alliance (another aspect is the emotional bond). In the literature, alliance and collaboration are treated interchangeably, and alliance is commonly referred to as the quality and strength of the collaborative relationship between therapist and client (Horvath and Greenberg, 1994). Bordin warned against reducing collaboration to a pairing of leader-therapist and follower-client, as in examinations of client ‘cooperation’, homework completion and involvement in the patient role (Colson et al., 1988; Schmidt and Woolaway-Bickel, 2000; Soldz et al., 1992). Research needs to account for clients and therapists mutually negotiating therapy process and outcomes. In family therapy, such negotiation occurs at multiple levels. Ideally, the therapist collaborates with each family member, each family subsystem and the family system as a whole (between system alliances), and also attends to relationships among family members (within system alliances) (Pinsof, 1995).

Social constructionists have defined therapeutic collaboration as joint (mutually adequate or preferred) sharing, coordination and construction of meaning (Anderson, 1997; Weingarten, 1991). This implies that therapists and clients collaborate in co-constructing their relationship in the moment, in how each person feels included in producing meaning and action, including being able to contribute and contest ideas and actions in therapy. For constructionists, people develop and maintain their relationships using varying cultural resources and practices for understanding and influencing each other. Some family members’ preferred understandings and ways of responding may be deemed objectionable by other family members. Thus, objectionable family communications can become inadvertently coordinated, or patterned, into unaccepted ways of relating between members. Therapists can help family members re-coordinate such
objectionable ways of talking into more accepted ways for family members to go on talking and living together (Strong and Tomm, 2007). From this view, alliance researchers should focus on discourse (i.e. how people constitute meaning), to avoid considering the therapeutic alliance as statically measurable (e.g. Bachelor, 1995; Beck et al., 2006; Bedi et al., 2005). Arguably, such retrospective evaluations of the alliance fail to account for an alliance seen as evident in turn-by-turn developments in how client and therapist talk in therapy (Strong et al., 2008). We conceived of collaboration as a two-way, dynamic endeavour and attended to speakers’ responsive communications and on what was accomplished through them. We focused on how the therapist invited the clients into re-coordinating or reflexively modifying their interactions, while orienting to and incorporating the clients’ spoken preferences and understandings. Accordingly, we studied these interactions using conversation analysis (CA).

Using conversation analysis to study collaboration

Conversation analysis is a qualitative research methodology that examines talk in naturally occurring interaction (Sacks, 1995). Originating in sociology, CA attempts to describe the orderliness, structure and sequential patterns of interaction. In CA, language use is seen as the interactive means by which people relate. Their interactions are loosely shaped by normative ‘rules’ and methods (social practices: Schatzki, 2002) for keeping things familiarly acceptable to each other (Heritage, 1984). In such a manner a particular word or gesture may suggest that one speaker has finished talking while the other is invited to respond. In CA, such paired actions are termed adjacency pairs (APs; e.g. question-answer, invitation-rejection or acceptance: Sacks, 1995). APs show how speakers sequentially perform conversation through taking turns in talking. Should deviations from what is acceptably familiar occur, these become problems to be conversationally resolved, or the social organization of their talking breaks down. How speakers successfully talk their way through such conversational turns also involves negotiating preferences, understandings and implications which either party sees arising from the conversation. Therapists and clients have many such understandings and preferences to conversationally work out.

Conversation analysts view speakers as oriented towards how turns at talking between them are ‘designed’ and received (e.g. pauses, overlapping of speech, changes in volume or intonation) when
attempting to influence each other. A fall in a speaker’s intonation may signal to a possible place and time for a transition in talking between speakers (Sacks, 1995). For conversation analysts, analytic claims must be grounded in the participants’ mutually displayed interpretations of each other’s actions. Therefore, when making inferences about social conduct conversation analysts prioritize not their knowledge (though they acknowledge that it will inevitably shape analyses and resulting conclusions), but the micro-details which speakers show each other as relevant when performing their conversation (Heritage, 1984; see Table 1).

A detailed description of CA, its origins and assumptions, may be found in ten Have (1999). In family therapy, some research has already been conducted using discourse and conversation analysis. These studies have marginally addressed issues of power and collaboration in the therapeutic relationship (e.g. Buttny, 1996; Gale, 1991; Roy-Chowdhury, 2003, 2006; Stancombe and White, 1997). This article is a preliminary examination of collaborative relationships in the context of family therapy using CA. CA aims to make evident

Table 1 Transcription Notation

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Indicates</th>
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<tr>
<td>(. ) &amp; (.5)</td>
<td>A pause that is noticeable but too short to measure &amp; a pause timed in tenths of a second.</td>
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<tr>
<td>=</td>
<td>There is no discernible pause between the end of a speaker’s utterance and the start of the next utterance.</td>
</tr>
<tr>
<td>::</td>
<td>One or more colons indicate an extension of the preceding vowel sound.</td>
</tr>
<tr>
<td>Underlining</td>
<td>Underlining indicates words uttered with added emphasis.</td>
</tr>
<tr>
<td>CAPITAL</td>
<td>Words in capitals are uttered louder than surrounding talk.</td>
</tr>
<tr>
<td>(.hhh)</td>
<td>Exhalation of breath; number of h’s indicate length.</td>
</tr>
<tr>
<td>(hhh)</td>
<td>Inhalation of breath; number of h’s indicates length.</td>
</tr>
<tr>
<td>( )</td>
<td>Inaudible material</td>
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<tr>
<td>[ ]</td>
<td>Overlap of talk.</td>
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<tr>
<td>?</td>
<td>Rising inflection.</td>
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<tr>
<td>.</td>
<td>A fall in tone.</td>
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<tr>
<td>**</td>
<td>Talk between ** is quieter than surrounding talk.</td>
</tr>
<tr>
<td>&gt; &lt;</td>
<td>Talk between is spoken more quickly than surrounding talk.</td>
</tr>
<tr>
<td>↑ ↓</td>
<td>Marked shifts into higher or lower pitch in the utterance part immediately following the arrow.</td>
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<tr>
<td>-</td>
<td>An abrupt cutoff.</td>
</tr>
<tr>
<td>Bolded</td>
<td>Researchers’ emphasis</td>
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Note: Borrowed with modifications from Kogan and Gale (1997).
the conversational practices used by people in negotiating features of shared life. In therapy, this translates to how therapist and client negotiate the content and process of their dialogues. Where institutional features are relevant to the content and process of their dialogues, these, too, should be evident and consequential in those dialogues.

Although conversation analysts view all interaction as collaborative, or as involving a reciprocity of efforts (Linell, 1998; Sacks, 1995), the extent to which people collaborate in negotiating joint activities varies from one interaction to the next. In collaborative interactions speakers draw on and extend each other’s articulated meanings and intentions (Weingarten, 1991; Weingarten and Cobb, 1995), something that CA can make clear through how these activities are shown to be co-managed (Strong and Sutherland, 2007). In less collaborative interactions, such meanings, topics or activities are introduced abruptly or in ways that are unresponsive to what was co-construed thus far. Weingarten and Cobb (1995) argue that ‘although there are many kinds of elaborations, only some will lead to a co-exploration of experience or feelings. Accusations, denials, and excuses are elaborations, but they do not foster collaboration between speaker and listener’ (p. 3).

When selecting collaborative moments of talk, our aim was to demonstrate how the therapist and clients negotiated their conversation in sensitive ways reflective of each other’s preferences. Our overarching concern lay with showing how therapy was recognizably managed as a mutual activity, in which new developments were negotiated responsively. From a CA perspective, collaboration may be seen as an ongoing project of addressing each speaker’s mutually displayed concerns. We used two primary criteria for selecting collaborative interactions in the session we examined (Strong and Sutherland, 2007):

1. A therapist eliciting, taking up (i.e. incorporating as a part of his or her talk), and extending a client’s descriptions and understandings (or vice versa), co-creating a descriptive language that seems mutually adequate.

2. Therapist and clients co-developing a shared language of intentions by continuously coordinating and negotiating mutually fitting terms of engagement (e.g. topics, projects or relational arrangements). The term ‘intention’ relates to a form of description of actions or to how people describe what they are going to do (e.g. ‘I
am going to a party’ or ‘before I do X, I am going to do Y’). This is in contrast to the conventional introspective conception of intention (Anscombe, 2000).

Method

The therapy exemplars we analysed are taken from one session of couples therapy we transcribed and micro-analysed using CA. Upon receiving ethical clearance for this project, we approached Karl Tomm and invited him to participate in the study. His participation entailed selecting a session of couple or family therapy that was representative of his approach to working with clients. The participants consented independently to take part in this research. Having received the videotape from the therapist, we transcribed it using conventional CA transcription symbols. We used the transcript, in combination with the videotape of the session, as the basis for exemplar selection. Having identified a specific collaborative practice (using the criteria specified above), we analysed it using CA. We used this newly identified and examined practice to guide our subsequent selection and analysis of collaborative moments. Relying on the CA and constructionist therapy literature helped us initially to distinguish what parts of talk could be categorized as ‘participants collaborating’. We assume that conceptual maps shape researchers’ mode of engagement with the data, including the determination of what units of observation to examine (Denzin and Lincoln, 2003). Therefore, the existing literature provided us with a heuristic starting point for data selection and analysis. The exemplars of talk we selected were then used to substantiate our analytic claims by making possible a cross-comparison of various manifestations of the same discursive practice (see Sutherland (2008) for details regarding data selection and analysis).

Evaluating the rigour

Validation in CA is distinct from a traditional, positivist-empiricist notion of validity or accuracy of the results. As Couture (2005) remarked, ‘The world does not posses an overall order that we wish to discover. The order we offer in our analysis is continually constructed between people’ (p. 104). Peräkylä (2004) further suggested that, while it is possible to conjure up multiple interpretations of what a particular action might mean in abstract, when people interact they
have to ‘settle’ on specific understandings of what an action may mean. Our task was to describe and account for (i.e. offer an account of) the practices oriented to and used by the participants in collaborating with one another. We thus *re-presented* what was happening in interaction and did not claim to *re-produce* the interaction – the speakers’ ‘true’ intentions and experiences at that time (Peräkylä, 2004). Representing does not imply objectively mirroring but describing using a particular language. Representing from a CA perspective implies that research complies with a specific set of assumptions, practices and evaluative criteria. This study was evaluated by using a set of validation criteria outlined in ten Have (1999) and Peräkylä (2004). Two validation criteria we used deserve attention. First, we displayed the CA transcribed exemplars alongside our accounts of the interaction to allow the reader to judge the plausibility and validity of the interpretations. As an analytic claim is read in light of the displayed transcript, it seems plausible and valid to the reader (apparent validity). Second, we continuously attended to next turns to interpret actions, using the participants’ displayed understandings (next turn proof procedure). This procedure ensures that researchers ground their claims in how addressees interpreted speakers’ actions (Wood and Kroger, 2000).

**Summary of collaborative practices**

Nancy, the therapist who had been working with the couple (present in the session), invited Karl Tomm to attend as a consultant at one of their regularly scheduled sessions. (We changed client names and identifying information, though Karl Tomm did not wish to conceal his name.) The couple’s presenting concern was Jen (wife) being withdrawn and ‘private’, and Dan (husband) feeling frustrated that he has to ‘pull’ information out of Jen. More broadly, the couple sought therapy to deal with their communication difficulties, particularly around the issue of parenting their teenage son Fred. To avoid losing the evolving, sequential and meaningful (to the participants) nature of collaborative interactions, we incorporated their full, micro-detailed responses.

*Attending and responding to weak agreements and disagreements*

In the analysed session, the clients continuously oriented to Tomm’s efforts to involve them in developing satisfactory meanings, accepting
Tomm’s invitations to evaluate his proposals or to contest his ideas. Faced with disagreements, refusals and minimal agreements from the clients, Tomm modified his subsequent responses. In being responsive, he persistently invited them to extend their meanings into consensual descriptions he could join.

Exemplar 1

T: do you think that other people sometimes experience you as (0.9) as coming across as **being intimidating** when (.) that’s not how yo::u (.) experience yourself? (0.6) an:::d-um (0.7) so that <(0.4) is that one of the <<- dynamics (you) think that operates here?

D: >Sure < (0.7) Uh I don’t know (0.5) I I haven’t heard that as a complaint that I’m (0.6) intimidating I don’t know =

... [‘I see’ ] and **they get a bit overwhelmed then I gue[ss]**

D: [Yeah]

T: Okay

The CA literature reveals that in contrast to people who offer responsive assessments or evaluations of events, those who produce first assessments by virtue of ‘going first’ seem to have a superior right to assess something (Heritage and Raymond, 2005). In this case, Tomm is the first to produce a formulation of how Dan is experienced by others, and Dan is placed in the position of being conversationally ‘expected’ to respond to such a formulation (Hak and De Boer, 1996). Although Tomm’s formulation sequentially implicates agreement or disagreement from Dan (formulations have commonly been found to be followed by assessments), it is still structured to invite agreement over disagreement (Pomerantz, 1984) – Tomm invites Dan to co-participate in describing his actions as having an intimidating effect on others. He further marks Dan’s assessment of his formulation as relevant. (Designing his formulation as a question may be perceived as intensifying the relevance of Dan’s responsive assessment.)

Dan orients to the implicated preference for confirmation that he is intimidating and delicately manages to work around it by producing his turn in a form of agreement followed by disagreement. The term ‘preference’ within CA is not used to refer to subjective or psychological desires or dispositions (Heritage and Atkinson, 1984), but rather to characterize the circumstances in which alternative courses of action are available to the participants, and how the participants go about choosing from among alternatives.
Dan offers an agreement token ‘Sure’ – a relatively weak form of agreement, considering that it only claims agreement (Sacks, 1995). *Sure* is followed by an ambivalent statement ‘I don’t know’, viewed within CA as an example of unstated disagreement (Pomerantz, 1984). In designing his explicit or stated disagreement Dan suggests that he ‘has not heard’ (from unspecified others) the complaint that he is intimidating (Drew and Heritage, 1992). This strategy may allow Dan to ‘soften’ his disagreement, while upgrading his assessment by countering Tomm’s suggestion that there might be a concerning pattern of others finding Dan intimidating. Moreover, Dan’s use of ‘I don’t know’ in a tag position may be viewed as an attempt to inoculate himself against the charge that he is being defensive (Potter, 1996). By marking his utterance as uncertain or indifferent, Dan implies that he does not have a stake in the matter of whether others find him intimidating, and that he simply reports. This allows him to present himself as a disinterested or objective reporter rather than as someone who is biased and defensive (Edwards, 1995).

In response to Dan’s disagreeing response, Tomm ‘downgrades’ (Heritage and Raymond, 2005) his subsequent offering. Building on Dan’s response, he invites Dan to consider different descriptive language, which Dan subsequently accepts (in an overlapping *Yeah*). Specifically, Tomm modifies his talk in response to Dan’s feedback that his understanding was inadequate, showing he was open to being corrected by Dan. Specifically, he changes the description of others in Dan’s life from being ‘intimidated’ to being ‘a bit overwhelmed’ by Dan. This description of others as ‘overwhelmed’ rather than ‘intimidated’ is more acceptable to Dan, as shown by his more agreeable response to Tomm’s modification. Upon witnessing evidence of Dan’s acceptance of his formulation (‘Yeah’), Tomm proposes a move to the next activity (not shown here).

In the next exemplar, Tomm attends to ‘weak agreements’ from Jen (Pomerantz, 1984). Weak agreements allow Jen to signal that she does not fully accept what Tomm proposes. Tomm orients to the weakness of Jen’s agreements by reformulating his talk to elicit a more solid elaboration from her.

**Exemplar 2**

*T:* Are you **afraid of him** and his response “or”?

(0.9)

*J:* Um
T: Are you intimidated by him sometimes?

J: Sometimes yeah.

T: Do you ( ) with the what forcefulness of his-s his beliefs and (.) solutions and (1.5) is it that what you find intimidating or what?

J: U::h (0.9) partly that. Sometimes just not (.) not being understood.

In the last line, Jen marks Tomm’s descriptions as ‘partly’ accurate or acceptable. Her turns contain weak agreements displayed through substantial delays (from 0.9 to 4.4 seconds) and various hesitations (‘um’, ‘sometimes yeah’, ‘u::h (0.9) partly that’). Tomm attends to Jen’s responses as her refusal to join more solidly in co-developing a relational account of the problem. Tomm uses yes/no questions (Raymond, 2003) and candidate answers (Pomerantz, 1988) to invite Jen to take up a relational perspective, over an intrapersonal account, which locates the problem within Jen. Such candidate answers (e.g. ‘Are you afraid of him?’) offer Jen possible ways of responding.

Some may contend that a yes/no question format may constrain Jen’s range of answers for the next turn (Raymond, 2003), though she clearly manages to talk beyond such interactional constraints. Tomm’s displayed tentativeness in ending his questions possibly left things open for Jen to respond by showing she did not take up his proposed explanation of her experience. Pomerantz (1988) contended that such questions can elicit answers from speakers hesitant to voice concerns about their relations with others. Thus, Jen is invited to speak as an evaluator of Tomm’s potentially threatening proposal that she is intimidated by Dan, rather than being the author of this proposal.

Eliciting clients’ preferences

Tomm used a so-called candidate answers strategy (Pomerantz, 1988) to indirectly elicit clients’ preferences for moving forward in mutually accepted ways of talking and relating. Accordingly, Tomm also invited clients to endorse (or refuse) his ideas and proposals. By selecting and responding to options from Tomm’s list, clients extended his meaning, by implementing their wishes for how to go on in dialogue.

Exemplar 3

T: >do you have any questions you want to ask me? < Abo::ut me, my work, what I do ::, why I’m he ::re (0.9) >or anything<?
In the fragment above, the insert ‘or anything’, with arising intonation, suggests Tomm’s openness to what may count as appropriate questions from clients, not just the candidate options he offered. Such expressions invite clients to negotiate how they want the therapeutic dialogue to develop.

Exemplar 4

By proposing as candidates both options for the clients to pick from, and emphasizing not (getting from therapy what they would like), Tomm acknowledges and opens conversational space for clients to elaborate on their disappointment. Had Tomm presented only one option (‘do you feel like (0.5) um (1.0) you’re getting (0.7) you know (.) what you would like in terms of (1.0) our work with you he::re, or you’re not, or some things happening that (0.8) uh you wish weren’t happening, or some things that are not happening that you wish were happening?’), the clients may feel restricted on areas of agreement or disagreement. If they found therapy unhelpful, voicing their concerns if faced with a yes/no question from Tomm (Raymond, 2003) may have been challenging.

Downgrading expert status

Often, Tomm marked his talk as tentative and uncertain, a conversational strategy which Kogan and Gale (1997) identified as ‘reciprocal editing’. This refers to the tentative and uncertain packaging of ideas by the therapist in order to invite the client’s reciprocal editing of the therapist’s talk. In this fashion, Tomm used a variety of practices, including uncertainty markers (‘maybe’ or ‘I guess’), pauses, false starts and hesitations such as ‘uh’ or ‘um’ (Kogan and Gale, 1997). Here are some examples of this kind of tentative turn taking.
Exemplar 5

T: [‘I see’] and they get a bit overwhelmed then I gue[ss]
D: [Yeah]

Exemplar 6

T: °Oh good°. So sounds like you’ve gotta (.) fairly good partnership then in that regard (.) in terms of (1.1) being able to collaborate.

These examples, as well as Tomm’s lexical choices elsewhere (‘what I see’ and ‘a view from myself’), showed him downgrading his expert status. He ‘owned’ his ideas and offered them as observations rather than as objective truths, stating what he ‘thought’ was happening, while designing his offerings as provisional (Miller and Silverman, 1995). By making his ideas tentative and contestable, Tomm invited a client’s input, thereby facilitating the co-editing of a shared description.

Some may contend that subjective offerings or tentative observations coming from a person in an elevated social position (e.g. white, male, educated) will not necessarily be taken as such. Clients may take the therapist’s ‘what I see’ as an expression of objective truth. Here, however, our conversational evidence (Strong et al., 2008) shows clients actively contesting and altering Tomm’s conclusions and proposals, even when offered less than tentatively. These results suggest that therapist power can be multilateral, contestable and dynamic (Proctor, 2002). Speakers with lower social status also exercise power – they disagree, reject and undermine descriptions put forth by those in socially elevated positions. This challenges the notion that therapeutic power is role-determined and disconnected from responsive interaction, as the examples below show. This applies especially when clients evaluate their own experiences, which, as CA research shows (Heritage and Raymond, 2005; Peräkylä and Silverman, 1991; Sacks, 1995), implies a different kind of expert power or epistemic authority.

Exemplar 7

T: Mm hmm • hh Do you do you relate to:: Jen’s experience of (1.0) of uh struggling with (1.3) how safe it is to:: (0.5) to be open in raising things?
D: **Safety isn’t an issue** I don’t think. Uh-um-and this reluctance to share I don’t think it stems from (0.7) “you know” (.) fear of me and and and sharing. I Jen has been a person who uh (0.9) is hidden, and doesn’t know her own thoughts, and can be troubled, and to talk I’m no professional and to talk with somebody who seems troubled, or (.) or withdrawn, and to trying to understand what’s going on, and what’s wrong.

Exemplar 8

T: Do you ( ) with the what forcefulness of his-s his beliefs and (.) solutions and (1.5) is it that what you find intimidating or what?

J: U::h (0.9) partly that. Sometimes just not (.) not being understood.

It is possible that Tomm’s downgrading practices aided clients in offering responses they preferred (disagreements), even when it may seem that they were expected to agree. Tomm invited clients to join an empowerment pattern (Murphy et al., 2006) – the therapist’s downgraded statement followed by the client’s upgraded statement. Disagreement and its variants (e.g. rejections, refusals) are commonly pre-empted by silences and other devices (e.g. *uh, um, well*) marking the upcoming production of a dispreferred response, as in the previous two exemplars (Pomerantz, 1984). In CA terms, Jen and Dan in the exemplars presented above identify a trouble source in Tomm’s preceding turn and initiate a repair of his proposed discourse (Schegloff et al., 1977). Discursive researchers have noted that clients can circumvent interactional constraints introduced by professionals (Grossen and Apothéloz, 1996). Faced with Tomm’s yes/no ‘presumptive’ questions (Raymond, 2003), Dan and Jen produce disagreeing responses. In exemplar 7, Den denies a version put to him by Tomm – that Jen’s ‘hesitance [is] based on fear’ and presents her ‘reluctance to share’ as a deep-rooted personality disposition (Jen is not just private but a private person) (Edwards, 1995).

To present as factual the description of Jen as ‘withdrawn’, Dan uses a number of devices. These include his use of the perfect present tense (‘Jen has been a person who is hidden’) and verbs with an iterative aspect (‘Jen’s kind of gone underground with her feelings’). Dan’s recognition of Jen’s withdrawal as the problem in their relationship is a way for Dan to implicate that he ascribes blame to Jen. By marking his limited access to professional knowledge (‘I am no
professional’) Dan may be seen to imply that, although he is not formally qualified to assess relational issues, he has detected the problem (Jen’s withdrawal) in their relationship. Such devices may be used to inoculate against the potential allegation that Dan’s perspective is subjective or biased (Potter, 1996). In his response to Dan, Tomm’s delicate task is to remain aligned with Dan while inviting him to entertain alternative, potentially more helpful ways of responding to Jen.

Managing delicate topics

When delicate topics arose, Tomm used impersonal constructions such as ‘people’, ‘men’ or ‘others’ (Aronsson and Cederborg, 1996). Therapists have been found to introduce formulations in ways that conceal advice as ‘information giving’, often through oblique reference (‘people’), impersonal pronouns (‘we’) and the passive voice (Silverman, 1987). Obliqueness protects therapists from ‘the interactional difficulties of appearing to tell strangers what they should be doing in the most intimate aspects of their behaviour’ (p. 177). Here are some examples of oblique constructions and what they enabled clients and therapist to accomplish.

Exemplar 9

T: And (.) I guess she feels kind of (0.9) ummm you know when you do have a solution (.) >And I see with other people too a lot< that (.) that one person has a solution and they think it’s a good idea so they tend to impose it right? The other person for whatever reason isn’t comfortable with that (.) but they can’t (.) sort of easily (.) you know uh articulate their discomfort and and effectively protest so they feel oppressed (.5) and so that creates some fear (1.1) in the (0.7) dynamics of the relationship.

Instead of directly inquiring above whether Dan takes time to listen to Jen, Tomm indirectly discusses the behaviours of unspecified others. Below, we notice how Tomm manages to save face for Dan by highlighting that Dan’s engaging in ‘intimidating practices’ does not mean he is a bad person. Dan previously took issue with being described as ‘intimidating’, so Tomm altered his response in light of Dan’s feedback. Overall, Tomm implies that intimidating practices are extremely common (‘and I see with other people too a lot’), especially
among men, and that such practices do not necessarily mean that a person who enacts them is bad.

**Exemplar 10**

*T:* And it probably contributes to the experience other people sometimes have (0.5) of you engaging in (.) ways of talking that they experience as intimidating so you resort to ( ) intimidating practices not that you are an intimidating person (.) because your intentions are good but the effect is to (what’s the word) to reinforce her positing of privacy and hesitance to to sort of speak up and as as fully present in a conversation as she could be (.).

...  

*T:* And I think one of the dangers here is that as men we’re often socialized into positions of (0.6) privilege and entitlement (.) and I went through some of this (.) myself in my own relationship with my partner (.) not realizing how (.) much I bought <into: (.0 patriarchal (. ) culture >, assumptions about gender and so forth right– (0.9) • h and it (.) was hard for me to see what I couldn’t see because I was blind (0.5) to my (.) >you know < male, dominant position (.) you know in relationship and I was blind to my blindness I couldn’t see that I was blind “right”? (.)

*D:* That’s the way it is when you’re blind (hhhhh) =

By adding ‘as men we’re’ and engaging in self-disclosure, Tomm temporarily aligns with Dan, implying that he and Dan have been socialized to ‘blindly’ engage in dominating and intimidating behaviours.

**Using pres to prefigure actions**

We observed that Tomm and the clients used a range of practices to talk collaboratively across activities or topics. One of these practices is a pre-sequence or pre (Schegloff, 1980), commonly used by speakers to prefigure an upcoming action. Pre-sequences can take a variety of forms (pre-questions, pre-announcements, pre-invitations). Below, you will find some examples of Tomm’s use of pres.

**Exemplar 11 (uttered at various points during therapy)**

*T:* I just wanted to mention ...

*T:* Well let me begin then and ask you ...

*T:* Can I shift a bit here in terms of ask you uh a general question

*T:* Can I (interrupt for a second? Do you) think ...

*T:* Before we wind up for today ...

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Instead of introducing initiatives that are disjointed from what was said previously, Tomm introduced them with *pres*, showing that his new initiative constituted a departure from the previous discourse. They demonstrate a willingness to build on what has been co-developed in the conversation. A therapist’s use of *pres* can provide conversational space for clients to challenge and influence the proposed direction of a conversation. For example, clients may interrupt therapists during or following a *pre* to assert a preference to go back to the previous activity or topic. If thought of as a way of shifting discourse from prior talk to talk Tomm would like to initiate, *pres* offer a way for clients to decline Tomm’s initiatives before he more fully launches into them.

**Conclusions**

In this article, we have shown some examples of how a constructionist therapist co-constructed therapeutic meaning and action in ways consistent with clients’ responsive understandings and preferences for how their therapeutic dialogue developed. It is important to highlight that our aim was to show some examples of what collaboration looks like inside dialogic sequences from a particular consultation, not to represent how a particular model of therapy is ‘done’, or how Karl Tomm typically works with families.

Our micro-analyses challenge a perception that clients are docile and passive recipients of therapist knowledge. They further suggest examining therapists’ and clients’ interactions in adjacent rather than disjointed ways. Much research examining therapist interventions focuses on therapists’ influencing efforts with little consideration of clients’ preceding and subsequent responses to those efforts. We suggest that understanding therapy this way is limiting for overlooking how clients and therapists actively shape each other’s initiatives and responses. Recently, researchers began generating and using measurement instruments that allowed them to examine the interactive dynamics of family therapy and to treat clients’ and therapists’ actions in interaction as adjacent and interrelated rather than discrete and disconnected (e.g. Friedlander et al., 2006; Murphy et al., 2006; Pinsof and Catherall, 1986; Symonds and Horvath, 2004). While welcoming these developments, we found none the less that the scales and coding systems that assessed interactive dynamics in therapy were inadequate for answering our research question. The use of coding...
systems tends to answer questions about whether, and to what extent, certain phenomena (e.g. therapist control, noncompliance) occur in discourse. In contrast, we sought to answer the question of how interaction, or a specific theorized aspect of thereof, is assembled and interpreted by its participants.

Overall, we saw therapeutic relationships as derived from the conversational practices used within them rather than being derivatives of social structure or mental attitudes. Our research shows collaboration as variably attended to and negotiated through how clients and therapist talk. In our study, therapist and clients observably adjusted their talk to fit each other’s preferences, by actively and resourcefully negotiating mutually adequate descriptions. Our results suggest that a more dialogical and dynamic approach to conceptualizing and studying therapy is needed that accounts for all participants’ reflexive and negotiated interactions as significant.

We have offered some orienting ideas and practices which therapists may find useful when collaboratively engaging clients in reflecting upon their relationships and developing more mutually acceptable ways of relating and conversing. Our intent for this study was not to generate a comprehensive list of practices used by a constructionist therapist. Rather, we focused on in situ use by the participants in this particular session of which ever interpretive and interactive practices they chose in collaborating with one another (Have, 2004). Rather than identifying generalizable practices to be replicated by therapists, we offered possible ways to achieve and sustain collaboration in the context of therapy. Practitioners may orient to these collaborative practices as they respond to clients in their own practice and, through their application, may find these practices useful.

This research does not suggest that constructionist therapies are uniquely collaborative. Presumably, the features of talk discussed in this article can be observed in any ‘good’ therapy. As researchers, however, we would argue that this assertion should remain a matter of empirical scrutiny rather than theoretical speculation. Furthermore, some may find this analysis overly focused on behavioural developments in counselling and for being stripped of emotional content (e.g. emotional attunement or responsiveness of a therapist). From a CA standpoint, participants in interaction use each other’s displayed contributions to discourse – their ways of observably making sense of each other – through their subsequent responses. Analytically, a CA researcher can comment only on what is observably identifiable ‘be-
tween’ people rather than on what is assumed to be ‘within’ people (e.g. the client’s experience that the therapist is emotionally attuned).

When therapy is regarded as a conversationally constructive activity, the focus can shift from uncovering and addressing root causes of problems to assisting families in renegotiating their communications into more collaborative and less polarizing lines of talk. Our study highlights how therapists can foster collaborative relationships with clients at each conversational turn. It is in the immediacies of dialogue, as Karl Tomm and we have shown, where building therapeutic collaboration occurs.

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