

Karl Tomm's Collaborative Approaches to Counselling

Tom Strong

Olga Sutherland

University of Calgary

Shari Couture

Private Practice, Calgary, Alberta

Greg Godard

Private Practice, Medicine Hat, Alberta

Tom Hope

Private Practice, Red Deer, Alberta

ABSTRACT

Karl Tomm, a Canadian psychiatrist and family counsellor, has been at the forefront of developments in collaborative practice with clients for over 25 years. We situate Dr. Tomm's ideas in relation to counselling, noting some of his important contributions to conceptualizing counsellors' engagement with clients. We will also depict Tomm's innovations as dialogic, suggesting that he looks upon his interactions with clients as co-creating accomplishments in the back and forth of therapeutic interaction. We highlight detailed discursive analyses of his actual interviews with clients, illustrating some conversational practices that further collaborative practice. The article concludes by summarizing Tomm's ideas and conversational practices as they relate to fostering collaborative dialogue with clients.

RÉSUMÉ

Karl Tomm, un psychiatre et un thérapeute familial Canadien, a été au centre des développements en pratiques collaboratives avec clients pour plus de 25 ans. Nous présentons les idées significatives en counselling de Dr. Tomm pour conceptualiser et faciliter le rapport et les résultats avec clients. Aussi, nous décrivons ses pratiques innovatrices comme "dialogiques" parce qu'il voit les interactions avec ses clients en termes de "co-construire" les résultats dans le dialogue thérapeutique du counselling. L'analyse du discours des entrevues entre Tomm et ses clients démontre les pratiques de conversation qui contribuent à la collaboration. Nous concluons avec un précis des idées et pratiques de conversation de Tomm qui facilitent le dialogue collaboratif avec clients.

In recent years, many counsellors have shifted their attention to discourse or people's use of language. Inspired by constructivist, social constructionist, hermeneutic, feminist, and post-structural critiques, they have focused on what transpires when communicating with clients and on how larger, socio-political processes shape counselling and its outcomes. Karl Tomm, a Canadian psychiatrist and therapist, has been among those at the forefront of these discursive developments. Tomm is a professor of psychiatry in the Faculty of Medicine at the University of Calgary and director of the Calgary Family Therapy Centre, which he founded in 1973. Tomm's ongoing reflection on his own practice, his struggles to interpret,

synthesize, and apply the ideas of others in the field, and critical events and developments in his professional and personal life have resulted in a rich theoretical and practical legacy that, we believe, deserves special attention. In this article, we review Tomm's contributions to counselling, primarily focusing on his ethical and discursive innovations in facilitating resourceful dialogues with clients.

Since the 1970s, Tomm has constructively written about counsellors' communication with clients, both its practical and conceptual aspects (Tomm & Wright, 1979). Not only has he introduced innovative ways of conversing with clients, but new ways of thinking about counselling as well. His most influential writing (Tomm, 1987a, 1987b, 1988) reconceptualized *all* counsellor interactions with clients as potentially interventive, exploring ethical and constructive implications of this perspective for counselling practice. If everything counsellors do or say is of potential consequence, it is easy to get overwhelmed and immobilized under the pressure to minimize harm and maximize good. To address this concern, Tomm devised a framework of *ethical postures* to guide counsellors' moment-by-moment conversations with clients. For Tomm, how counsellors engage with and relate to clients is not only a matter of heuristics but one of ethics and politics. He has dedicated his career to challenging unjust societal practices, particularly those potentially taking place in counselling (Tomm, 1993, 2003).

Inspired and influenced by Tomm, we perceive in his ideas possibilities for enhancing the therapeutic, collaborative, and ethical potentials in the dialogues of counselling. In this article we outline some of these ideas as Tomm adapted them to his writing and practice over the last 30 years. These ideas, as Tomm would readily point out, are not "his" but come from a career of learning from others and adapting their ideas to enhance his own approach to counselling. Specifically, we introduce Tomm's framework of ethical postures and his perspective on the client-counsellor relationship as a dialogical and reflexive endeavour. We then demonstrate, from a transcript of his interaction with clients, how Tomm's ideas translate to collaborative practice. We contend that counsellors can benefit from attending closely to Tomm's (and their own) communication with clients, regardless of their preferred theoretical orientations. We conclude the article by speaking generally to how Tomm's ideas can be useful to all counsellors.

A CHRONOLOGY OF THE WRITINGS AND INFLUENCE OF KARL TOMM

Shifting from Linear to Circular Assumptions

After completing his M.D. at the University of Alberta in 1963, Tomm was in a first-year internal medicine internship when a man with whom he worked, who was dying of cancer, made a suicide attempt. Tomm, who had been trying to keep this man alive, found it hard to reconcile his effort toward sustaining life with this man's effort toward obtaining death. Figuring he had a "blind spot," Tomm switched to a residency in psychiatry, and was increasingly drawn to the field of family therapy, dominated at that time by the systemic-cybernetic perspective (e.g., Bateson, 1972; von Bertalanffy, 1950). From this perspective, the

family is a homeostatic mechanism with communication patterns similar to those in information-processing systems. Family therapy was thus shifting from linear to circular thinking, a shift from what occurs *within* individuals to what occurs *between* them. In defining problems as circular, the issue of who initiated problems becomes less relevant than how each participant contributes to sustaining problems. Influenced by this systemic thinking, Tomm articulated a framework for counsellors conducting whole family interviews (Tomm, 1973) and expanded this framework into an outline of family therapy skills useful for training beginning counsellors (Tomm & Wright, 1979).

Tomm's growing expertise in systemic approaches culminated with the development of a system of circular pattern diagramming based on Gregory Bateson's work on cybernetic feedback loops (Tomm, 1998a). Circular diagrams highlight the consequences of each person's behaviour in maintaining a problem pattern. In his practice Tomm focused on what he called "pathologizing interpersonal patterns" (PIPs) and "healing interpersonal patterns" (HIPs). He assumed that patterns of interaction significantly influence each client's experiences and mental health (Tomm, 1991). Such patterns may problematically stabilize *within* interpersonal relationships, conveying a sense of pathology within people, diverting the attention away from what is happening *between* people in relationships. An example of a PIP between two people is criticism coupled with defensiveness. Increased criticism triggers increased defensiveness and defensiveness invites further criticism and so on (see Figure 1). It is due to its problematic effects that a pattern like this is referred to as "pathologizing" (Tomm, 1991).

Tomm's approach is to identify pathologizing patterns while introducing alternative, healing patterns (HIPs) incompatible with PIPs (Tomm, 1991). Other systemically oriented counsellors have also attended to patterns of interaction in human relations (e.g., Bowen, 1978; Johnson, 2004; Minuchin, 1974) and, similar to Tomm, have facilitated therapeutic change at the relational level. Tomm's unique contribution lies in his *collaborative* approach to identifying PIPs and developing HIPs. Rather than rhetorically "moving" clients to adopt *his* (systemic) ideas,

Tomm uses theory to guide his contributions to interaction—he attends closely to and incorporates family members' perceptions, understandings, and preferences as he offers systemic observations that he thinks *may* be of value to the family. In his writing and teaching he is quick to point out that the counsellor can work jointly with the client to develop alternative, more mutually fitting descriptions or courses of action if the client does not find the counsellor's ideas meaningful or useful (Tomm, 2003).

Tomm's Popularization of the Milan Style of Family Therapy

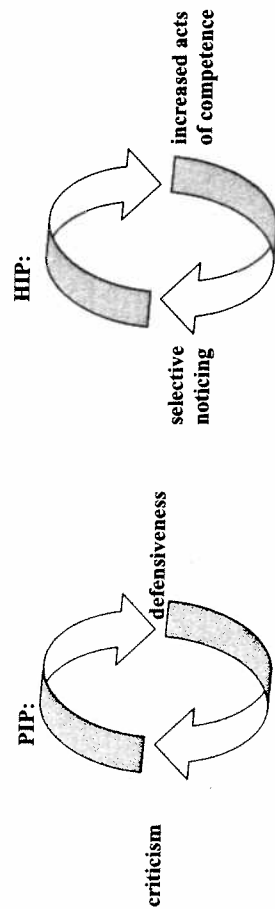
Among the various developments in systemic practice Tomm found particularly appealing the approach to family therapy practiced by the group of therapists in Milan, Italy. He first encountered the writing of Palazzoli, Boscolo, Cecchin, and Prata, the Milan team, while on sabbatical in Europe in 1978 (Bubbenzer, West, Cryder, & Lucey, 1997). The Milan team emphasized the notion of circularity (i.e., people in interaction influence each other in reciprocal fashion) and held the belief that families are self-correcting (i.e., they can and do change if left alone). These ideas helped challenge the notion of the counsellor as expert and privilege family members' expertise and lived experience (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978). Their approach to therapy profoundly affected Tomm, who incorporated circularity into his practice from that point forward (Tomm, 1981) and wrote well-received articles detailing the Milan approach (Tomm, 1984a, 1984b). Building on these concepts, Tomm integrated other theories, such as Cronen's Coordinated Management of Meaning (CMM) for its focus on language use in circular interactions. He saw similarities between CMM and Milan concepts and sought common ground between them by bringing both parties to the University of Calgary in 1982. Thereafter, his writing included the concept of *reflexivity* (that speaking alters not only the listener but also the speaker *as they interact* [Cronen, Pearce, & Tomm, 1985]), as well as *positive connotations of behaviour* (the belief that good intentions often underlie unhelpful responses [McNamee, Lannamann, & Tomm, 1983]).

Tomm's Use of Questions in Therapy

These experiences informed Tomm's three landmark articles on using "reflexive" questions in therapeutic interviews (Tomm, 1987a, 1987b, 1988). These articles extended Tomm's understanding of the ideas of Bateson, Maturana, the Milan team, and CMM theory, as well as his work with circular interviewing (which assesses interpersonal rather than intrapersonal dynamics). In these articles, Tomm adopted the so-called second-order perspective in family therapy, which views a counsellor as a part of the system of therapeutic observation and not as an observer objectively evaluating the family "from the outside," as assumed by the original (first-order) family therapists. Tomm maintained that the counsellor "must examine his or her patterns of looking and must work to understand how looking and seeing things in different ways has different effects on his or her behavior and patterns of interaction with family members" (1998b, p. 410). Based on this view,

Figure 1

An example of a PIP and a HIP (adapted from Tomm, 1991).

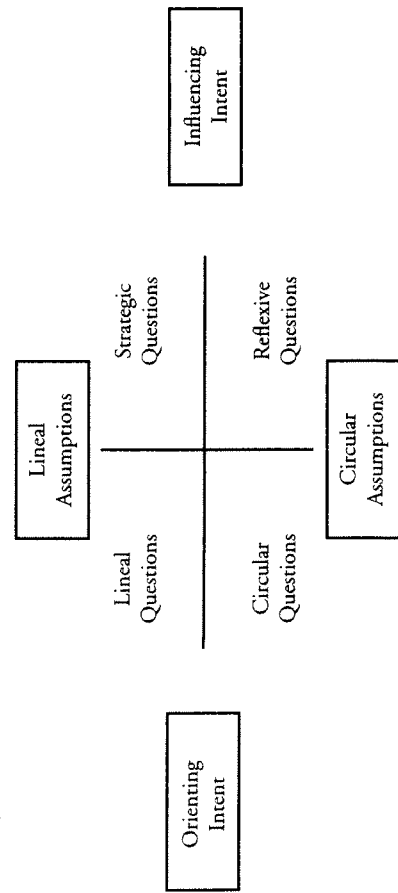


innovatively proposed a framework of *interventive interviewing* and argued that everything an interviewer does and says, and does not do and does not say, is ... an intervention that could be therapeutic, nontherapeutic, or countertherapeutic" (Tomm, 1987a, p. 4). In other words, Tomm proposed to consider the impact of everything counsellors do, not just what they intend as interventions. He also suggested that "listeners hear and experience only that which they are capable of hearing and experiencing (by virtue of their history, emotional state, presuppositions, preferences, and so on)" (1987a, p. 5). The effect of what the counsellor does is ultimately determined by the client, not by the counsellor. In relation to this, Tomm proposed the idea that questions are interventions and challenged the traditional perspective on questions as mere information-gathering tools. He classified questions according to the counsellors' intent (orienting or influencing) and assumptions (lineal or circular) (Tomm, 1988), proposing two axial dimensions and four quadrants of questions (see Figure 2).

When the counsellor's actions are grounded in the orienting intent, he or she is trying to understand (i.e., orient himself or herself in) the client's situation. The influencing intent, on the other hand, is about influencing the client in a specific direction toward change. In short, orienting changes the counsellor while influencing changes the client (although these are not mutually exclusive). The "reflexive" questioning style preferred by Tomm falls in the constellation defined as "circular" and "influencing." Circular assumptions orient a counsellor to look beyond cause-and-effect (lineal) descriptions, and toward systemic or interactive patterns. Reflexive questions invite clients to reflect on how their ideas affect their lives and relationships and to consider alternative, more helpful understandings and ways of relating. The resulting articles (Tomm, 1987a, 1987b, 1988) laid the groundwork for Tomm's later work on ethical postures: his concept that counsellors can more explicitly choose how they orient and respond to clients.

Figure 2

A framework of four questioning styles (adapted from Tomm, 1988).



An Evolving Ethic and Moving Toward Social Justice

Tomm's work in distinguishing the action's intent from its effect translated into a concept of therapeutic distinctions on what influentially is listened for and conversationally "brought forth" (Tomm, 1992). Drawing on Maturana (Mendez, Coddou, & Maturana, 1988) and social constructionist ideas (Andersen, 1991; Gergen, 1999), he saw different observers bringing forth different distinctions, tendencies linked to their histories and prior social interactions (Bubbenzer et al., 1997; Tomm, 1992). He also described bringing forth particular distinctions as ethical and political acts of power, suggesting that "if a person chooses to use a certain description (rather than other descriptions, which could have been employed in the same situation), that person has implicitly chosen a particular political position in relation to the phenomenon being described" (Tomm, 1992, p. 120). Not surprisingly, Tomm (1990) critiqued diagnostic labelling. His objection to the practice of labelling individuals using diagnostic criteria is well documented. Inspired in part by post-structuralism (e.g., Foucault, 2003), he referred to using the term "patient" as a political act that supports the dominance of professionals and the submissiveness of clients (Tomm, 1998a, 1999). While diagnostic labels may predict certain patterns of behaviour, they can tautologically confer problem causality and disempowerment for clients (Strong, 1995). Instead of labelling individuals, or even families, Tomm suggested labelling patterns of interaction (Denborough & Tomm, 2001; Tomm, 1991). This shift, when enacted by counsellors, provides family members with space to separate themselves (their identities) from descriptions of problems (Tomm, 1989; Tomm, Suzuki, & Suzuki, 1990). This perspective resonates with the "problem externalization" practiced by narrative therapists (White, 1989).

Tomm's systemic orientation is not limited to the context of interaction between family members (or between therapist and clients); it extends to the socio-cultural dynamics and issues shaping family and counselling relations (e.g., Tomm, 1993, 2003). Not unlike feminist and narrative therapists, Tomm proposes to attend to larger systemic patterns that constitute culture and society (Denborough & Tomm, 2001; Tomm, 1993). For him, socially just actions are needed when cultural and community patterns proliferate misery and conflict (Tomm, 1998a). Tomm contends that such patterns should not be treated case by case, but must be addressed at the societal level, where "root causes" are located (Denborough & Tomm, 1998a). Counsellors have an ethical responsibility to promote social justice because they benefit financially from the consequences of social injustice (Tomm, 2003). While recognizing that the micro-level of counselling interaction alone cannot bring about social change, Tomm nonetheless continues to work on promoting ethical and effective counselling practice.

While embracing a social constructionist position (Gergen, 1999; Shotter, 1993), Tomm suggested that constructionism, in supporting a multiplicity of perspectives, fails to provide an ethical basis from which counsellors can select and act on specific versions or understandings of reality (Tomm, 1998a). He therefore turned to the work and ideals of Humberto Maturana to guide his ethical decision

making and for informing his interactions with clients (Sanders & Tomm, 1989). Maturana defined love as "acknowledging the legitimacy of the other in relation to the self" (Tomm, 1998a, p. 185). Tomm expanded on Maturana's position, articulating an ethical and therapeutic view of "love" as involving opening space for the enlivened existence of others (Tomm, Hoyt, & Madigan, 1998).

We now turn to some particular ways in which Tomm has conceptualized ethical practice, in postures that operationalize his social justice concerns.

FRAMEWORK OF ETHICAL POSTURES

Tomm's interest in counsellors' use of language is quintessentially social constructionist (e.g., Gergen, 1999; McNamee & Gergen, 1992; Shotter, 1993). To social constructionists, using language in dialogue does more than represent experiences—it is how understandings of experiences are negotiated and constructed between people. Understanding, in this sense, can be a constructive activity of putting language to experience in ways speakers find apt and agreeable. Conversely, to name such experiences "for others" (e.g., pathologize them) can invite disagreement or strain their dialogue. Thus, social constructionist counsellors are concerned about how their language performs relationally (e.g., Austin, 1962). Their words and utterances inescapably convey some understandings over others, and what matters is what those understandings invite back from clients in response. Their aim is therefore construction of a shared language of understanding and action with clients in the back and forth of dialogue. A variety of cultural descriptions are available to counsellors and clients in formulating the client's situation. Constructionist practitioners are concerned with who decides how to define and remedy clients' concerns. They contend that clients, as discriminating users of counselling services, must be involved in producing *their* subjectivity (Foucault, 2003), not only at the initial assessment stages of counselling, but throughout each stage. As such, constructionists advocate for collaborative dialogue in which client preferences and understandings are focal to what is being constructed (e.g., Anderson, 1997; White & Epston, 1990).

Tomm developed a framework of ethical postures providing counsellors with a conceptual resource for guiding collaborative practice. Viewed alongside coinciding notions from positioning theory (Davies & Harré, 1990; Harré, 2002), this framework can assist counsellors in becoming more intentional in collaborating with clients. Harré suggests that collaborative relationships can be intentionally forged by speakers, since their positions with respect to each other and to the conversation's direction are worked out on a turn-by-turn basis. Individuals can position themselves, or be positioned by others, in relation to cultural discourses or dominant narratives (Hare-Mustin, 1994; McLeod, 2004; White, 1991). Winslade suggests that positioning informs the notion that people are "never speaking in a vacuum but always from some place, some time, some social context and in response to other utterances that have gone before" (2003, p. 88). This frequently occurs when counsellor and client are positioned in the cultural roles

of knowledgeable expert and compliant patient. These discursive influences are often taken for granted, but can be reproduced or contested in social interaction. When counsellors take up a position, they adopt its vantage points as well as the metaphors, images, and concepts salient in the discursive influences of that position (Davies & Harré). For example, a client may be situated non-consciously in a discursive position that the counsellor is an expert and the client a deferential patient. This position will influence the client to talk in ways that solicit the professional advice of the counsellor, who may take up or refuse this positioning. The counsellor might then invite the client to contest this discursive position for a more egalitarian discursive position to better serve them both. From this perspective, counselling can engage clients in collaboratively analyzing salient discursive influences in their lives. This, in turn, can help clients better contest unpreferred cultural discourses and be aware of positions taken up within preferred discourses. Such mindfulness regarding discursive positioning dovetails neatly with Tomm's framework of ethical postures (Godard, 2006).

Tomm's framework emerged over four decades of counselling and aims to encourage counsellors to be (a) mindful when positioning themselves in moment-to-moment relating with clients, (b) intentional in selecting postures, and (c) reflexively aware of how their postures are being taken up (or not) by clients. Tomm encouraged counsellors to act intentionally and ethically out of consideration for clients' well-being, placing clients' understandings and agendas ahead of their own. He described a *posture* as "an enduring constellation of cognitive operations that maintain a stable point of reference which supports a particular pattern of thoughts and actions and implicitly inhibits or precludes others" (1987a, p. 3). Ethical postures can guide a counsellor's moment-to-moment decisions in interacting with clients, enabling them to become mindful in choosing postures and in responding to clients.

Tomm's framework spatially constructs four possible ethical postures in four quadrants, each depicting a constellation of counsellor cognitions and intentions (Figure 3). The vertical axis delineates a continuum from a "pathology-based" approach toward clients at the top (in which a client's options for how to move forward are decreased) to a "wellness-based" approach at the bottom (in which a client's options are increased). Counsellors decrease clients' conversational options, for example, if they diagnose clients with mental disorders and follow standardized treatment plans, while counsellors who help clients engage in new ways of talking about their situation can be said to be increasing options. The horizontal axis depicts a continuum from professionally applied knowledge (change occurs outside the conscious awareness of the client, as with hypnotism) to shared or co-developed knowledge (change occurs in the client's conscious awareness). Professional knowledge is applied when counsellors prescribe interventions (like medications) or understandings, while shared knowledge is exemplified by counsellors who share professional knowledge and process decisions with clients. Tomm labels the postures as follows: *manipulation* (professional knowledge reduces client options), *confrontation* (shared knowledge reduces client options), *succorance* (professional

knowledge increases client options), and *empowerment* (shared knowledge increases client options).

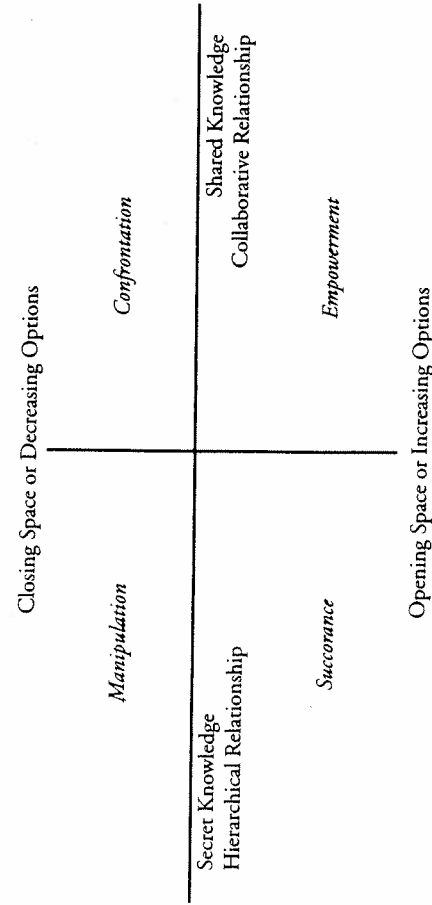
The posture of manipulation involves effecting change outside of clients' awareness to reduce client options, as when using counsellor-directed hypnosis to help an addicted client quit smoking. The posture of confrontation is about eliciting change on a more client-conscious level, using interventions to reduce client options, such as by translating irrational cognitions. The posture of succorance entails that counsellors use their separate, professional knowledge to open space and increase options for clients' healing and wellness. Succorant counsellors seek to free clients from constrictions, much like parenting a child. Finally, the posture of empowerment is about counsellors collaboratively inviting clients to take up increased options while opening conversational space for clients to discuss their ideas on wellness. Each posture can guide moment-to-moment decisions in counselling. Although Tomm prefers the empowerment posture, he also asserts that all four postures are ethical if counsellors use them intentionally to meet client needs and improve their well-being. Additionally, he asserts that a competent counsellor will fluidly shift in and out of various postures in response to client responses. Tomm's framework of ethical postures grew out of his lifelong concern for enhancing collaborative interactions with clients. It is this more general dimension of his practice to which we now turn.

TOMM'S COLLABORATIVE APPROACH TO COUNSELLING

As someone studying family counselling at the University of Alberta in the 1980s, it was hard *not* to be influenced by Karl Tomm. My (Tom Strong's) first exposure to him as an educator was at the 1988 Canadian Counselling Association's

Figure 3

Karl Tomm's grid of ethical postures as delineated by two continua (axes)



conference in Edmonton. It was a heady time for family therapy; a paradigm shift toward therapeutic conversation and meaning co-construction was occurring, and Tomm was among those best at articulating it. His family therapy centre hosted outstanding conferences and was a thriving hive of ideas from fields as diverse as linguistics, neurobiology, philosophy, and family research. I now practice part-time and conduct research at this centre (e.g., Strong & Tomm, 2007). The operative prefix in Tomm's still-evolving practice and teaching was "co," as in co-constructing meaning and action.

Tomm's approach had been shaped by structural and poststructural approaches to systemic practice. By systemic, I refer to how client problems are understood in relational context, as products and processes of patterns of relational interaction. Structuralists saw such patterns as objectively assessable, to inform the use of corresponding interventions, much like a medical approach of diagnosis and treatment. Poststructuralists questioned such objectivity on linguistic, relational, and interpretive grounds, seeing "structures" as cultural ways to put language to phenomena. For them, ethical questions arise if counsellors fit client experiences into *their* categories (Tomm, 1991) and then intervene accordingly. These concerns spawned social constructionist approaches to practice focused on co-constructing (i.e., with clients) descriptions and solutions to client problems. Tomm's writing was instrumental in this shift.

Tomm increasingly focused on counsellors' reflexive use of language. Reflexivity suggests counsellors invariably shape what gets attended to in counselling through what they orient to and inquire about as significant (Strong, 2005). So, Tomm began asking questions like: Who gets to decide what gets talked about in counselling? Whose descriptions and ideas should be the focus of counselling? Why should counselling occur with a focus on individuals? At worst, counsellors can pursue *their* emergent other-fulfilling prophecies as they talk with clients.

Tomm's mindfulness about reflexive participation doesn't stop with what counsellors say; it extends to their curiosities as well. For example, listening to clients from a deficit focus (Gergen, 1990) fosters a conversation about what is wrong with or for clients that needs fixing. Alternatively, a conversation focused on client resourcefulness brings forth clients' ideas on what they can do to address their concerns. For Tomm, counselling is shaped by counsellors' ways of talking and relating to clients and their goals. But his ethical intent is to collaborate—inviting clients' resourceful ways of talking that draw on their preferences and resourcefulness.

There is a further aspect of Tomm's conversational focus to which we would like to bring attention here. Specifically, *how* counsellors communicate and how clients respond—quite apart from their words—can further inform a counsellor's mindful practice. Hypnotherapy writers (e.g., Gilligan, 1987) speak of this as pacing and leading clients' nonverbal communications. Close observation of Tomm's counselling shows how attuned and resourceful he is in this dimension of dialogue as well. His nonverbal communications not only reflect back his attunement with clients in terms of intonation, speed of delivery, and so on, but he also communicates nonverbally in an interventive or reflexive way. This is particularly

noticeable in family counselling where his nonverbal communications can help shift how the conversation occurs as much as its content. For example, a husband may speak in one tone of voice while the wife speaks in a dramatically different tone. Initially, Tomm may speak with each person in their accustomed tone, but shift to using a tone with each that becomes shared, a melding of their initial tones. What matters is whether the clients take up a proposed new tone over turns of talk to more easily talk to each other (Strong, 2007). Collaboration, in the manner just described, involves carefully orienting not only to differences in *what* clients say, but in *how* they say what they say. It also involves joining how clients talk, in how counsellors "perform" their talking. We want to now focus on these "what" and "how" dimensions of Tomm's conversational practice.

CONVERSATION ANALYSIS OF TOMM'S INTERACTION WITH THE FAMILY

In showing two brief segments of Tomm's communication with the family, we wish to highlight how he engages with the family members reflexively and collaboratively. These segments were analyzed using a research method of *conversation analysis* (CA; Sacks, 1992; Sacks, Schegloff, & Jefferson, 1974). CA is famous for attending to micro-details of social interaction and for highlighting specific social practices people use to understand each other and to accomplish social tasks and projects. CA has been used to describe *how* counsellors talk with clients (the process) and the conversationally displayed changes experienced by clients in the course of interaction. For example, CA can show how clients' concerns are phrased or formulated in particular ways (e.g., more or less jointly). Conversation analysts transcribe pauses and silences, volume and speed of speech, places where overlapping of speech occurs, intonation falling and rising, and other details (see Table 1 for transcription notation). They assume that people in interaction find these details relevant and significant for making sense of what is happening and for organizing their responsive actions. In the interest of space, we do not offer a detailed description of CA. Introductory and more advanced sources are available for those who are interested in learning more about this research approach (see ten Have, 1999).

Practicing reflexively and collaboratively entails attending to what clients say in response to what counsellors offer and adjusting subsequent discursive contributions in light of clients' explicit or implicit understandings and preferences. We argue that Tomm's collaborative intent is evident at the level of each response he issues. We believe that CA can offer valuable insights to counsellors who believe in the therapeutic, ethical, or political significance of language. By displaying segments of Tomm's interaction with the family, we also hope to show that the conceptual and theoretical underpinnings of his practice are grounded in actual conversation. The first segment demonstrates how Tomm creates a conversational space for the client (son) to articulate ideas objected to by his parents. The second segment represents an example of how "reflexivity" can be enacted discursively. In it, Tomm observably attends to how the son responds to him and shows persistence

in collaboratively finding a *shared* language to describe the son's experience. Before we show the details of talk accounting for Tomm's collaborative engagement, let us provide some context for this session.

The session analyzed included a father (Bob), mother (Sandy), son (Joe), and therapist (Karl Tomm). This is the first session after Joe, the 14-year-old son, was released from hospital after concerns about recent self-harming ("cutting") behaviours. Before leaving the hospital Joe had agreed to a contract that listed things that he could do to keep himself safe. In the session, the parents began talking from a position of *certainty*. They described Joe as having created "his own" contract in which he stated that "he is going to follow through" and "he is not going to cut anymore and hurt himself." Joe, on the other hand, appeared uncertain about the contract and spoke from a discursive position of *doubt*. When asked if he could

Table 1
Transcription Notation

Symbol	Indicates
(.)	A pause that 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.
Underline	Underlining indicates words that were uttered with added emphasis.
CAPITAL	Words in capitals are uttered louder than surrounding talk.
(.hh)	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.
{ }	Indicates clarificatory information.
?	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.
Bolded	Researchers' attempt to direct the reader's attention.

Note: Adopted from Sacks, Schegloff, and Jefferson (1974).

live up to the contract, he responded, "I don't know yet, I guess." Such opposing discursive positions show a family stuck at a discursive impasse—evident in their differing ways of talking and understanding (for details see Couture, 2005). Part of CA's aim in showing transcripts, like that below, is to enable readers to check their reading of transcripts with analytic claims made from them.

Segment 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: {B furrows his brow}
93 T: Don't know ya (1.2) well that is probably an honest statement
94 because you don't know for sure right? (.95)
95 J: *Mhmm* (.)
96 T: But I guess your intention at the moment is to try to (1.2) honour
97 this (.7) agreement? (.3)
98 J: Uhuh (1)

Let us highlight some ways we perceive Tomm (T) collaborating with Joe in this segment. Tomm offers Joe an option to disagree with his parents' position that he will live up to the conditions of the contract (line 89). Tomm further treats Joe's response (line 91) as a *legitimate* answer (instead of an avoidance strategy) and collaborates to elaborate Joe's position of doubt about following through with the safety contract (line 93). He does this by incorporating Joe's words ("don't know") as a part of his response (line 93). In contrast to Bob's prior nonhesitant talk implying that he expects Joe's commitment to the contract, Tomm offers his ideas tentatively (pauses, rising intonation, and uncertainty marker "I guess"; lines 88–90). Such tentativeness can show the speaker as not firmly committed to what is being said and that what is said is potentially revisable. While joining Joe's position, Tomm at the same time invites a slight shift in what Joe is offering (lines 96–97). Specifically, he encourages Joe to consider a middle ground position between extreme certainty (his parents' initially articulated position) and uncertainty (Joe's current discursive position). Tomm accomplishes this by suggesting that Joe doesn't know "for sure" if he could or could not follow through with the safety contract. Tomm also highlights (possibly for the parents) Joe's *present* ("at the moment") intention to honour the contract, a position contrasting sharply with the parents' concern for Joe's safety in the future.

The following segment shows how Tomm manages to align discursively with the positions of all family members.

Segment 2

- 218 T: That's great stuff (1.4) wow (.8) (hhh) the following are
219 things that I still need help (.4) with from my parents or
220 others (1.2) (hhh) shelter (.6) money support food (.9)
221 advice for problems (1.2) school.: life (.5) general I guess (2.3)

- 222 Oh! It sounds like you did a lot of work! (1)
223 B: {B 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: {J looking down at his bottle of pop}
228 T: ya no? (1.5)
229 J: *Ya* {Looking down and fiddling with bottle}(1)
230 T: Or do you feel like you were kind of forced into it? er.: (1.9)
231 J: *Kind of* (1.4)
232 T: Or pushed a little bit? (.)
233 J: Ya (1)
234 T: Not forced but pushed=
235 J: =*Ya* (1.2)

In line 223, Bob nonverbally joins Tomm's validation of his position that the contract is "great stuff." Joe produces weak agreements to Tomm's ideas (lines 224 and 229). By attending to Joe's weak agreements (quietly mumbled "*Mhmm*" after a long pause and "*Ya*" and using a candidate answer ("ya no?")—encouraging a response (yes or no) rather than mere acknowledgement (uhuh)—Tomm successfully invites Joe to take a position rather than remain disengaged. It is noteworthy that Tomm shows noncommitment to *what* position Joe takes as long as Joe articulates a position on the safety contract (Joe's withdrawal of meaning may be viewed as a part of a PIP). Moreover, Tomm keeps "repairing" his talk *until both find a shared language* for describing Joe's experience. For example, he offers a description of Joe's experience in line 230 ("forced into [signing a contract]"), which Joe does not fully take up in his next turn (quiet "*Kind of*" instead of a more firm response such as "Yes"). Tomm orients to Joe's lack of solid uptake (lines 232 and 234), modifying his talk until Joe offers a firmer acceptance. Both passages show Tomm inviting and negotiating collaboration from the son by formulating his ideas tentatively (pauses, restarts, or breath inhalations), attending to weak agreements, and building on Joe's current understandings to facilitate change. By offering snippets of actual counselling discourse we demonstrate some ways used by Tomm to facilitate collaborative counselling practice. We further propose that counsellors could deliberately attend to the micro-details of how counselling "gets done" using language and modify their discursive participation to enhance the therapeutic and collaborative potential of their work.

CONCLUSIONS

We have presented some of Karl Tomm's contributions to the field of counselling, family counselling in particular. Tomm's counselling approach is constructive and collaborative. For Tomm, how counsellors engage with clients is not benign or neutral, but consequential for the "conversational realities" (Shotter, 1993) emergent in their dialogues. Following Tomm's lead, we suggest that counsellors

be mindful of the ethical postures they take up, the curiosities from which they respond to clients, and the ways in which they use language when interacting with clients to co-construct client-preferred outcomes. This mindfulness can extend to counsellors' attentiveness and responsiveness to what each turn in their talking "brings forth" from clients. Tomm's use of language not only informs his ethical positioning with clients; more importantly, it also invites, negotiates, and extends clients' meanings. He meticulously attends to how clients respond to his words and ways of talking, modifying his talk from their feedback as they talk.

Tomm continues to counsel, write, teach, and learn. At present, his work continues to attract others to his ideas, such as to how counsellors can better adopt his ethical postures (Godard, 2006). Others have used discourse and conversation analyses to show how his theory and ideas translate into practice (Couture, 2005; Couture & Sutherland, 2006). He continues to publish with others who are equally fascinated with exploring the therapeutic potentials of conversations (e.g., Strong & Tomm, 2007). Most recently, he was recognized for his work and accomplishments by the American Family Therapy Academy, who honoured him with their 2006 Lifetime Achievement Award.

Whether focused on the conceptual, verbal, or nonverbal aspects of counselling, we have highlighted Karl Tomm's approach to reflexive dialogue in counselling: how the content or manner of what counsellors say and do elicits responses in kind (or not) from clients, requiring further mindful responding by counsellors. This is something Tomm brings to his teaching and supervisory conversations of which we have each been beneficiaries. By cultivating a focus on mindful conversations in counselling, we feel Tomm's notions on reflexive dialogue help counsellors communicate with greater intent and collaborative responsiveness in the conversational work they do with clients.

Acknowledgements

Funding for this paper was made possible by the Social Sciences and Humanities Research Council of Canada.

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About the Authors

Tom Strong, Ph.D., R. Psych., is a counsellor educator with the Division of Applied Psychology at the University of Calgary and with the Campus Alberta Applied Psychology: Counselling Initiative. Tom's interests include social constructionist approaches to counselling, ethical practice, and conversation and discourse analysis.

Olga Sutherland, M.A., Ph.D. (cand.), R. Psych., is a doctoral counselling psychology student at the University of Calgary who is using conversation analysis to examine therapy processes and outcomes. Olga's dissertation research is about collaboration in the therapeutic relationship.

Shari Couture, Ph.D., R. Psych., specializes in family therapy. Shari used discursive analysis in her doctoral research to study forward-moving therapeutic conversations.

Greg Godard, M.C., is a graduate of the Campus Alberta Applied Psychology: Counselling Initiative. Greg examined Karl Tommm's "ethical postures" as a framework for guiding counsellors in collaboratively positioning themselves with clients.

Tom Hope, M.C., is a graduate of the Campus Alberta Applied Psychology program, who explored in his project research how Karl Tommm's ideas and theories evolve over time and are negotiated.

Address correspondence to Dr. Tom Strong, Division of Applied Psychology, #310 Education Tower, University of Calgary, Calgary, AB T2N 1N4; e-mail <strongt@ucalgary.ca>.