Turning differences into possibilities: using discourse analysis to investigate change in therapy with adolescents and their families

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Discourse analysis affords researchers and practitioners improved understandings regarding how positive outcomes are accomplished in the conversations of family therapy. By investigating how change is constructed or 'performed' in therapeutic interactions, its analyses conceptually parallel those of the social constructionist approaches to family therapy. In this respect, discourse analysis offers empirical methods to examine claims about the constructive aspects of therapeutic conversations. These conceptual and research parallels are examined in how impasses in family therapy were transcended, rhetorically, between an adolescent, his parents and the therapist. We conclude that the research methods of discourse analysis can directly enhance the conversational skills and methods of therapists.

Key words: discourse analysis, adolescents, family therapy, differend

What can the research methods of discourse analysis teach therapists about practicing family therapy? No, you have not read a typographical error. Here we will be asking you to consider the merits of a family therapy informed by the reasoning and methods of discourse analysis. Normally, therapists turn to research for answers about *therapy's* methods: if/how they work, how they are experienced, how they compare to other methods, and questions of that sort. Our approach, however, is to reverse things. We think the methods of discourse analysis point to some ways of practicing therapy, so here we shall elaborate on and examine this claim. In the last half of this paper, I (Shari) will describe my research; though elsewhere we will write collaboratively.

For us, family therapy, and the problems it tries to address, can be understood in conversational terms. It may seem obvious that therapy is a form of conversation, but until recently conversation has been largely ignored in therapy, save for it being seen as the conduit through which problems are assessed and change initiatives are delivered. This view sees talk as instrumental (a means for transmitting understandings and directives) or informational (for gathering data useful to therapy). However, talk in therapy is not unlike talk in families. People don't necessarily do what they are told, nor does a question simply elicit information. We see talk as the primary means by which people come to know what they do, and their primary resource (or challenge) when trying to coexist with other – therapy and family life being prime examples. Whether in families or therapy, problems and changes can be seen as processes and products of people's talk. How one talks with others, what results from such talk – these are matters of curiosity that concern discourse analysts and therapists alike.

Our view of therapy, and of research, has been spurred on by developments in social constructionist theory and its practical applications in contexts such as psychotherapy. In particular, we have been drawn to collaborative language systems and narrative therapies (Anderson, 1997; White and Epston, 1990), while profitably drawing from theorists such as Kenneth Gergen (1999) and John Shotter (1993). What these therapies and theorists share is a view that we are shaped by, and shapers of, the ways we talk. That means that how things have been understood and discussed influences later understandings,

What does this study explore?

- How do families and therapists move beyond entrenched positions to satisfying ways of continuing their conversations?
- How can the use of discourse analysis enhance the understanding of these processes?

conversations and relationships. At the same time, however, people are not bound to prior understandings and ways of talk; they can talk beyond them. In the context of the family, talk is where and how people either stay stuck in particular understandings or ways of talking, or find new ways to talk beyond how they have stayed stuck.

We are interested in what people bring to their many conversations as they try to be understood, influential or different. While systemic approaches to therapy have helped family therapists look beyond individual actors, we see cultural and other influences surfacing in their conversations. But these influences are not just conceptual as social constructionists sometime indicate; we see them as participatory in the manner suggested by Goffman (1974). For us, cultural and professional discourses (Hare-Mustin, 1994), narratives (Holstein and Gubrium, 2000) and metaphors (Lakoff and Johnson, 1980) show how some understandings are talked into being, to the exclusion of others. Problems can occur, naturally, when people use different discourses, stories or metaphors to be understood or influential. These differences in *what* people bring to their conversations find a counterpart in *how* those differences are discussed. We see discourse analysis helping us examine the 'what and how' of people's conversations. More importantly, we see conversation as a 'construction zone' (Strong, in press, a) where such discussions lead to varied accomplishments, some desired, some not.

Context

The ethnomethodological ideas and practices of Harold Garfinkel (1967, 2002), in our view, add much to social constructionist theory and practice. Garfinkel approached social interaction with a theoretically agnostic point of view, seeking the methods individuals used in making sense of, and in coordinating their relations with, each other. Family therapy, and popular social constructionist versions of it (e.g. narrative, collaborative language systems and solution-focused therapy), is generally based on theoretical views, translated into particular ways of assessing, and intervening in, problems. Stephen Tyler likened such theory-driven approaches to those of a mythical anthropologist who went to study an unknown culture with textbooks taped to her eyes (cited in Hoffman, 2001). For us, Garfinkel seeks 'local understanding' according to the terms and practices used by such 'locals'. Families can be seen as distinct forms of cultural life, each with its own understandings and practices, however similar they might seem. Garfinkel, and the ethnomethodologists and discourse analysts inspired by his work, seek 'bottom-up' understandings, insider views of the social groups they want to describe. They study how people recognisably attend to and influence each other in the course of their social interactions – their ethnomethods.

Garfinkel (2002) sees social orders, like families, 'teaching' outsiders and insiders what is required to participate effectively and compatibly within them. For him, their ethnomethods are 'instructably observable'; ideally one can learn them so as to participate with the competence of an 'insider'. This does not require the anthropological equivalent of 'going native' (or in family therapy terms, becoming 'enmeshed'). For discourse analysts (e.g. Potter and Wetherell, 1995), Garfinkel's insights and methods point to what people attend to in each other's behaviour; to what their social interactions conserve and accomplish.

For family therapists, this is not foreign territory. They have a long history of examining communication as the means by which problems are talked into being, and resolved (e.g. Watzlawick, Bavelas and Weakland, 1967). What contemporary discourse analysts, particularly those schooled in conversation analytic approaches (Sacks, 1995; Ten Have, 1999) bring to their studies of social interaction, however, is a refined attention to the micro-dynamics and accomplishments of social interaction. Harvey Sacks (1995), for example, conceived of accomplishments in talk in technological terms: how did people *use* talk to address relationships. In the case of families, our discourse analytic curiosities relate to members' methods in how arguments are performed or transcended.

Some interesting developments have occurred within both discourse analysis research and discursive research of family therapy. For one, the discursive psychology project of the

Loughborough Discourse Action Research Group has focused on psychological constructs often central to the practice of therapy. For example, emotions and cognitions are often depicted as properties of individuals and thus regarded as individual projects requiring management (Edwards, 1997). For these researchers, social interaction and such outcomes point to a rhetorical way of being (Billig, 1996). From this perspective, conversation has a somewhat improvised quality as people use distinguishable conversational resources and methods to be understood and influential. But the accomplishments of such conversations are more than individual matters: the words used, and how they are used, shape relationships as much as they shape thinking and behaviour. Disagreements in families (those recurring in 'instructably observable' ways to use Garfinkel's 2002 phrase) can be seen as 'choreographies', as members' methods and words can regrettably accomplish strained relations.

Of course, we are interested in the possibilities of being instructed by families as to how they talk their way out of such strained choreographies. While a scant literature has been developing that researches family therapists' use of discursive methods (Frosh, Burck, Strickland-Clark and Morgan, 1996; Kogan, 1998; Kogan and Gale, 1997), we see the close scrutiny to therapist-client interactions these researchers have made their focus worthwhile in conceptualizing our own research, *and* for approaching family therapy. Specifically, these researchers, by studying the actual talk of family therapy, identify communication methods used by therapists and family members. These methods, used on the fly (and often bearing little resemblance to those found in the theories held by therapists), can be examined for their effects on the course of therapeutic interaction. How, for example, might a particular question fare when used in therapy? Answering such a question involves examining its situated use in conversation; how it came to be used, and what it brought forth in immediate and subsequent responses to it.

Our interest is even more naturalistic than this, however. We are not so much interested in therapist techniques as we are by the ways families, together with therapists, orient to and build on possibilities in talk that take them beyond impasses. From French postmodern theorist, Jean-Francois Lyotard (1988), we've become curious about what he calls *'differends'*. These are commonplace conversational occurrences where speakers stay stuck in misunderstandings or impasses because they relate to each other using incompatible discourses. Figuratively put another way, and in the language of pop psychology, this can be where men talk Martian while women speak Venusian (Gray, 1993). Such differences in ways of talking and understanding keep the speakers stuck and on different terms, in ways that promote poor listening and poor communication.

Impasses in the *differend* sense are powerful. Forward movement through the impasse it is not as simple as one party finally understanding that they have it wrong while their speaking partner has it right. Such conversations need mutually satisfying 'ways of going forward', as Wittgenstein (1958) frequently put it.

Talking beyond *differends* is something we believe families and therapy can teach us. We could take part in these more promising ways of talking if we learn to recognise such developments, given how they are created in the micro-dynamics of their conversational interaction. But those micro-moments of possibility often go unrecognised and are talked back into insignificance. Too often, people closely attend to the familiarities of their discourses or stories and therapists may listen for their own familiarities using their theoretical conceptualisations. In our view, discourse analysis can help family therapists recognise more profitable lines of talk. Even in the most seemingly recalcitrant interactions we believe therapists can find such possibilities, joining clients in talking from those possibilities, however tentative or unproductive they might initially seem. In this sense, we see discourse analysis offering micro-sensitive tools to orient counsellors and clients to talk that might transcend *differends*.

We are curious about how people talk beyond *differends* and about how they orient to, and extend, 'potentially productive lines of talk'. For us, asking clients to select such occurrences from their talk, and studying them closely, can teach them and us about different ways of 'going forward'. We also reflexively know that we are contributing another piece as researchers for opening up such lines of inquiry and further talk. We now turn to Shari's research, to provide a walk-through of one such example and its therapeutic possibilities.

Impasses and opportunities: a discursive investigation

As a therapist working with adolescents and their families, I (Shari) have consistently

witnessed conversational impasses, or what Lyotard (1988) calls *differends*. *Differends*, where each family member is invested in her or his own way of understanding a topic, often lead to breaches in relationships, given how relationships are usually sustained by conversations. Often participants in such conversations derive their positions (and speak) from different cultural discourses. This should not be surprising since discourses can be seen as systematised ways of talking and understanding, which reflect values that dominate the thought and speech of those who engage in such discourse (Potter and Wetherell, 1995). In families, a typical *differend* might arise out of the interaction between a teen's discursive position that s/he is a responsible and capable adult. This position can be quite at odds with those of the parents who see their roles as readying the 'not-there-yet' teen for such responsibilities and capabilities. It is important, in our view, to see these differences in discursive positions as language-related instead of person-related, a view familiar to narrative and collaborative language systems therapists. Family members can become stuck, unable to conversationally move forward. Such differences are demonstrated in the ways they attempt to further their positions – in heated arguments or withdrawn stalemates with strong undertones of hopelessness. These differences in position should be evident in the discourses used by those who are stuck, or in a *differend*. My study examined change events where family members transcend such *differends*, through generative conversational work with and without the help of therapists.

Forward-moving conversations

Family members can become locked into *differends* or they can use them as conversational opportunities where they shift their discursive positions to continue their ways of relating (Fuller and Strong, 2001). In my project these shifts are labeled 'forward moving conversations' where new shared meanings and fresh connections between family members and therapist are created through dialogue (Hare-Mustin, 1994) positively affecting future family interactions and communications. In therapy, it is in such conversational moments that utterly new possibilities can be created, as people 'live out' solutions to their problems (Shotter and Katz, 1999). When people join in making these shifts, what they say and hear can take them beyond former entrenched positions, especially if their conversation builds on them (Strong, 2002). My study investigated how family members and therapists naturally make such discursive shifts – from *differends* to moving forward together, in mutually satisfying ways of continuing their conversations. To study the moments in therapy when family members experience these shifts the following method was developed.

'Differends, where each family member is invested in her or his own way of understanding a topic, often lead to breaches in relationships'

Collecting and analysing conversations

The families who participated in this study chose forward-moving conversations from videotapes of their past therapy sessions, taped with their prior consent. The forward-moving conversations *they* chose met two criteria: a) they exemplified conversational shifts between adolescents, therapists and parents from past differences to a mutually shared position; and b) the adolescents and parents identified these shifts as having fostered continued positive interactions and communication between them thereafter.

Approximately two weeks after a family session was taped the family met me for a follow-up meeting. To keep with a systemic focus, the views of all family members were solicited and focused primarily on how these conversations affected the family as a whole. The adolescents, however, initiated the process. In my first meeting with the adolescents, they reviewed the taped sessions, separately from their parents, to pick forward-moving conversations. This is an adaptation of Kagan's (1975; see Elliott, 1985) Interpersonal Process Recall (IPR), a method for retrospectively reviewing videotaped counselling sequences. After these conversations, the parents were shown the moments that the adolescents selected as forward-moving conversations. They also offered opinions on the significance of these forward-moving conversations in a semi-structured interview (Kvale, 1996). Only forward-moving conversations that both adolescents and parents chose as significant and 'beneficially impactful' on the family were transcribed and used in the analysis.

The chosen segments of the sessions were transcribed according to micro-detailed symbolic conventions common to the field of conversational analysis (see Table A). A combination of discourse and conversation analysis was used to examine these transcriptions at two different levels, permitting analyses of the 'what and how' aspects of discourse discussed earlier. First, at a macro level (*what* people bring to their conversations), patterns of variability (Parker, 1999) and

contradiction (Potter and Wetherell, 1995) were examined to highlight differences in discourses each family member drew on as they talked. Second, through micro-conversational analyses (*how* those differences were performed), the paralinguistic features of their talk, including how they co-managed turn-taking as they talked were examined. These analyses showed how meanings and actions were constructed in the selected passages of their conversations (Gale and Newfield, 1992; Heritage, 1988). A micro focus on the sequence of turn taking has special relevance for therapists who, regardless of their approach, want to better co-manage therapeutic conversations on a turn-to-turn basis (Kogan, 1998). The next section illustrates a particular portion of conversation examined in this study. This conversation, for its attention to microdynamic details, will seem to *put in slow motion* how conversational movement was *accomplished*.

Working up forward-moving dialogue

The example described here involved a father (Bob), mother (Sandra), son (Joe) and therapist. The session is the first one after Joe, the 14 year old son, was released from hospital after concerns about his recent self-harming ('cutting') behaviour. Before leaving the hospital Joe 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 in a *differend*. The parents were talking from a place centered in the notion of *certainty*. They described Joe as having created his own contract that '…he is going to follow through…' and '…he is not going to cut anymore and hurt himself…'. The parents spoke from the position that '…it is going to be totally different'. Joe, on the other hand, did not appear to be as certain about the contract's power; he spoke from a position of *doubt*. When asked if he could live up to what was written in the contract, he responded by saying, 'I don't know yet, I guess'. When he is asked who he think believes most strongly that the contract is important he said 'They (parents) probably think it is…'. This position of doubt and slight indifference to the contract was also exemplified in Joe's withdrawn body language. He was slouched in his chair with his head down.

The adolescent and the parents in this case began speaking from positions that did not leave a lot of room for discussion or forward movement. The parents phrased their parental concern with certainty when demanding his compliance. From their version of events, it was imperative that Joe unequivocally follow through on changing *his* behaviours to meet the contract. Although Joe had signed the contract, he spoke with doubt, a less certain position. While the parents demanded unconditional certainty that their son behaved safely, Joe defended his doubts, saying he would *try* his best to accomplish what was expected of him, expressing his hesitancy to commit to the contract. In sum, the parents spoke from a position of certainty, to keep Joe safe, while Joe spoke with doubt about stopping his cutting behaviours.

Their positions, offering incommensurate ways of understanding the same situation, left little room for dialogue on how they would collaborate in making Joe's safety a reality. The more the parents spoke from a place of certainty, the more Joe doubted openly he could live up to their expectation of avoiding mistakes. The more Joe voiced his doubt, the more his parents entrenched themselves in their discursive position of certainty, fueled by concern. Such opposing positions exemplify a family stuck in a *differend* – based on their use of incompatible ways of talking and understanding.

An analysis of the interaction in the subsequent session illustrates a shift 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 way to move forward in their conversation. A complete analysis of how this conversational movement was accomplished is beyond the scope of this paper. To help better understand how discourse analysis can be used by practitioners, we will share three exemplars of actual clinical talk that demonstrate this type of movement, from a *differend* to a forward-moving dialogue. Each examplar shows a portion of this accomplishment. The analysis is kept brief, to offer readers an entry point into appreciating how this approach to understanding communicative interactions within therapy could enhance their own practice. The conversational behaviours of both the clients and the therapist are highlighted to show how possibilities were created within the dialogue. This departs from the typical conceptualisation of the therapist delivering a one-way

Exemplar 1

1	T:	So uhhh that is one of the things that (.) is an issue here I believe. (1.6)
2	T:	Wwwwhat do you think about what I have just said (.)Joe, does that make sense to
3		you?=
4	J:	=Yep (.) {looking down}
5	T:	It does? (2) Umm well do you worry a little bit about (.)
6		whether you might be able to follow through on some of these agreements?(3.6)
7	J:	Ya {He shrugs his shoulders}
8	T:	(.)Y[a]
9	J:	[*I guess*] {Looks up at the therapist}
10	T:	[Ya]I'm not surprised I would worry too (1) you know. (2.8)
11		Oka::: (1.3)(hhhh) Ummm (2.5)
12	B:	Which ones are your biggest concerns Joe? (2.3)
13	J:	*don know* (5.6) {looking down}
14	B:	See part of wha[t]
15	T:	[S]ee I would of I think one of the biggest worries would be the
16		second one (.8) ummm that when he is feeling unsafe that he can ta:::lk to people (.)

intervention. It should be noted that, as I am speaking on the behalf of the participants, I have made a number of interpretations derived from the micro-details of the text. As is normal in reporting conversation analysis research, you, the reader, are invited to judge the plausibility of the inferences I make.

The first exemplar (Table A lists the transcritpion symbols) shows how the therapist introduced an entry point, or proposal, for him and Joe to talk about his worries about following through on the contract. In their dialogue, they negotiated an opening for talking about the idea of taking small steps to safety. This small passage follows a long therapist monologue where the therapist proposed the importance of 'renegotiation' and 're-evaluation' of the contract because if 'big steps' were unfeasible, then 'small steps towards the big steps' were needed. After this monologue, the therapist invited the adolescent's views.

In the opening statement, the therapist began what conversation analysts (Sacks, Schegloff and Jefferson, 1974) describe as an adjacency pair. Questions can be viewed as occurring in pairs (like call and response singing). So, Joe's utterance that follows can be seen as cued by the therapist's question (Kogan, 1998). In other words, Joe's talk is given context by the therapist's talk immediately prior (Heritage, 1997). Note the therapist's hesitancy in beginning his question and the brief pause that followed, to elicit Joe's responses. Joe's quick answer in this adjacency pair extends and renews the context given his uptake of the question. Typically in question-answer adjacency pairs, there are slight delays in the respondent's answer (Hutchby and Woofitt, 1998). Joe's quick response to this question invited the therapist to inquire more about the subject matter under discussion: the contract as it stood. Line 5 shows the therapist pausing for a considerable amount of time to ponder Joe's quick uptake while he invited a challenge to the parent's position of certainty in the contract by asking if Joe worried about following through with the agreement. Follow-through on this invitation can be seen as 'collaborative accomplishment in the working' given how Joe hesitantly takes it up in the sequence between line 7 and 9: in his pause before responding in line 6, in line 7's shrug of the shoulders, and in his quieter inflection in line 9. Joe also gave a rare instance (given his nonverbal behaviour throughout the interview) of looking at the therapist in his uptake (line 9) of the therapist's question, underscoring his investment (to the therapist) in what he was saying. In lines 10 and 11 the therapist demonstrably attended to Joe's worries about living up to the worry, by overlapping his speech to agree to a 'legitimate worry', and by accenting his use of the words 'surprised' and

'too' to reinforce that others would share in this worry. The therapist attended to Joe's discussion of worry (line 11), using a series of drawn out words, pauses, breath intakes and verbal fillers (Ummm). Still attending to Joe's worry, the therapist followed up by interrupting Bob's (the father's) question. Here he rephrased Joe's position, proposing that small steps in talking – like those he and Joe had been undertaking together – can be very difficult. In this small section of dialogue we witness a shift in how the discussion developed. The *differend*, in the discursive positions of the parents and Joe, toward the contract and its follow-through, was challenged by the therapist's invitation to Joe to talk differently about the matter at hand. The therapist and Joe can be seen as creating mutual understandings, as is evident in the relevant ways they built on each other's prior turns at talk.

Later, the therapist invited Joe to discuss how talking, as they had been, could be a 'real struggle for him', and how there could be 'reason to celebrate' if he was able to say, for example, '…you know, mom, you know I am really struggling now for the last half hour…'. The therapist also offered a perception of Joe's capacity for this kind of disclosure, as a 'major success'. As the therapist pursued a conversation focusing on such small steps (instead of the big step of 'simply not cutting'), the father went on to talk about how his son's sharing would be an important small step without mentioning how both parents might also participate in such a development. However, exemplar 2 highlights a more collective effort toward a new understanding about '*two-way contracts*'.

Examplar 2 demonstrates how a commitment to *two-way small steps* was accomplished. Line 6 shows the therapist checking back with Joe, after Joe seemingly withdrew from the immediately preceding conversation. The therapist interrupted Bob's lengthy discussion of what Joe needed to do with a proposal that going forward might best be served by a two-way (i.e. between Joe *and* his parents) process. In line 8 he directly asked if Joe wanted his parents to join him in developing a contract and followed this with a request that the parents 'hear Joe out' on his answer to this question. Earlier, we introduced the notion that talk can be seen as performative. Here it is clear that the therapist's utterances do more than convey information, they invite a particular range of possible responses from his conversational partner. Joe responds, in lines 7-10 and 11, to both 'invitations' (the one put to him, and the one put to his parents to grant an audience to Joe's response to the therapist's question) and builds on them in lines 13, 17, 20 and 24. Though Joe's words suggested that his future behaviour should not concern his parents, the way he voiced these words (e.g. line 17) illustrates his uptake of the therapist's invitation to participate in developing a two-way contract. Joe's long pause before responding in line 13, and quiet voice thereafter, along with his downward glance and playing with the bottle label, can be seen as practices or 'devices' used to signify his pessimism about his father's ability to listen. 'Devices' in this sense are meaningful behaviours (whether *used* intentionally or unconsciously) that influence the course of the developing conversations. The same could be said about line 17's extensive pause where it seems Joe showed his uncertainty about agreeing with the therapist and his parents.

To 'work up' the proposed *two-way contract* with Joe, the therapist also used a number of conversational practices, or devices, evidently helpful in furthering the construction of the contract, and the participation of Joe and his parents in carrying it forward. For example, he matched Joe's hesitancy using a number of pauses in his talk (e.g. line 21), and quiet voice tone and quicker mumbled words (e.g. line 9). Such 'matching' or 'mirroring' has frequently been equated with good conversational rapport in the counsellor training literature (e.g. Cormier and Hackney, 1999). With a careful invitation by the therapist in line 26 and 27 (more pauses, drawn-out words, quiet phrases, etc.) Bob noticeably began attending more to the therapist's proposed two-way contract. This is evident at line 31 with Bob's quick uptake of the therapist's question in line 30, especially as emphasised in his use of the words 'sure' and 'absolutely'.

Bob went on to say that he was 'very open' to this development and was ready to start 'making a progression'. The therapist discussed his belief that it could be useful to create a 'process of reciprocity' and 'collaborating efforts'. Bob took up these notions, responding by continuing to build on the idea of the family using 'two-way small steps'. This can be observed in his raising an instance when he went to the hospital and spent a few hours together between himself and Joe, to 'just talk' (exemplar 3).

In exemplar 3, the use of phrases such as 'we need to do things a little different' (line 8),

Exemplar 2

1	B:	Sorry ( ) {Joe is very quiet and Bob touches him and he moves away}
2	S:	I:[::]
3	B:	[b]ut he's got to mean it (.5) you know what I am saying (.5)
4	T:	(hmm)={ Joe looking down and fiddling with the label of a pop bottle}
5	B:	=THAT MEANS A LOT TO US and (.)until[l]
6	T:	[O]kay ww just hang on
7		(.hhh)...ummm (hhh) ›can I check out with you Joe‹ (.8) {Joe looks up}
8		Ww::ould you like your parents to consider making a contract with you? (2.3)
9		›Otherwords‹Do you trust your dad (.) to be able to hear you ›*hear ya out*‹
10		when you are feeling uncomfortable right? (.5)
11	J:	uhumm=
12	T:	= that you can actually talk to them about some issues (1) do you trust him?(2.1)
13	J:	*Ya I guess* (1) {shrugs and remains playing with the label on the bottle}
14	T:	You don't sound too convinced (2.1) :::or do you think that (.hhh)
15		You'd like to see your dad make some commitments to work towards (.9) you
16		know showing you that he is willing to hear you in (.9) in new ways or something?
17		(16.5)
18	T:	›Or d you think that I'm‹getting into dangerous territory ›by even raising this‹?
19		(2.1)
20	J:	›Doesn't matter‹(1.3)
21	T:	›Doesn't matter to you‹ {Joe looks up at therapist} but (.)
22		what about your dad do you think your dad might be a bit (1.4) offended by me
23		suggesting that he could make a contract with you too? (.9)
24	J:	*I don't know*
25		(3.4)
26	T:	Am I:::treading on (.) risking (.) territory here ›with you *you t[hink*‹?] do you
27	B:	{shaking his head no} [hmmmf]
28	T:	think it would be useful for you to (.) srt ov (.)
29		›give some thought‹ to a contract that you can make (.hhh) for yourself
30		to::to srt ov ›try to‹ follo::w (.3) with him? (1.5)
31	B:	Sure (.) absolutely I mean I'm I'm not opposed to that umm (.3)

show Bob using the word 'we' where formerly he had talked only about Joe's responsibility for making the small steps on his own. Phrases such as '…stuff I have done... stuff I have done right... stuff I've done wrong' show Bob's increasing participation in developing the contract as 'two-way', particularly for how these utterances communicate his awareness that his behaviours were also in need of changing. Joe's positive response to Bob's discussion here (a quick response to Bob in line 2) illustrated his acceptance and continued the forward movement of this (as opposed to the earlier oppositional) discussion within the family. Afterwards, Bob continued to carry on a direct conversation with Joe about how they both could be able to begin taking these small steps.

The three exemplars show micro-details of how this family and therapist used their talking to accomplish a shift from former, incompatible, discursive positions to a resumption of forward-moving dialogue. At stake was the possibility for a contract to curb self-harming behaviours and with the therapist's help they developed a shared discursive position that enabled discussions of 'small steps' toward a contract all could support. It is worth noting that, in choosing these passages in the follow-up interview, Joe commented that these

Exemplar 3

1	B:	Remember that Joe? (.2)
2	J:	Mhmmm (1.3)
3	B:	a::nd we talked about a lot of stuff (.2) we talked about (.9) stuff I have done
4		stuff I have done right stuff I've done wrong. We just ›we just‹ talked (.7)
5	T:	Oh neat =
6	B:	= a::nd and it was (.) I think (.) ::I think we both kind of came up out of there (.3)
7		and ›Joe you can (.) speak for yourself‹ but (.) what I came out of it was that (.1)
8		ummm ›we need to do things a little bit different‹ (.5) we need to start (.1)
9		›do things a little bit different‹

discussions gave him and his parents a '…better understanding (about) what they could do to take it slow and notice the details, listen and share feelings.' He said his parents began to 'notice small things and I (Joe) did more of them'. The parents discussed responding differently to Joe: 'We began to stop and listen not just react..or just punish'.

These exemplars show how the speakers collaborated to create talk that was therapeutic or helpful to their relationship. As discussed by Gale, Lawless and Roulston (in press, 2003), 'It can be initially confronting, and perhaps even disconcerting, to see our speech transcribed with repairs, interruptions, repeated questions, pauses and clarifications'. But such close inspections offer an awareness of how organised our talk can be and can help us build on what we say to one another. From such a detailed examination of the back and forth of therapeutic conversation one can see what gets 'talked into being', or co-constructed by participants (Gale, Lawless and Roulston, 2003). These are the tools of the discursive researcher so how does this relate to the practitioner?

Discursive tools for practitioners

The analytic resources of discourse analysis can be beneficially used by practitioners to enhance their practice of therapy. In one way, turning a microanalytic lens on recorded passages from one's own therapeutic conversations can be a valuable source of self-supervision (Gale et al, 2003; Couture and Sutherland, 2004). We also contend that regarding one's practice in such a fashion can further one's appreciation of the therapeutic dialogue. Clients *do* things with therapists' words (Austin, 1975), as do therapists with the words of their clients. Their communications can be seen as efforts to construct particular relationships, articulate problems, and propose solutions in dialogue. Across potentially fertile conversational gaps, and at each conversational turn, experiments in constructing meaning and relationships occur (Strong, 2003b). Change, from this perspective, is seen as being constructed within the immediacies of therapeutic conversation. Rather than seeing interventions as static descriptions or directives, for example, we understand the words of therapy as literally 'played into action' in conversational interactions as they develop. To paraphrase Bakhtin (1984), the word in any dialogue is only half ours, so how we use words with clients really matters. Like discursive researchers, clinicians can take nothing for granted about the influence of their communications. Instead we encourage curiosity about how understandings and the course of relationships are 'socially constructed' from therapists' participation in therapeutic conversations. They can investigate how important developments – like transcending *differends* – are constructed or accomplished within dialogue.

Practising discursively 'involves sensitivity to the meaning-making possibilities and activities inherent as clients and counsellors exchange turns in the course of their conversations' (Strong, in press, a). The same methods used in discursive research to investigate the micro-details of shifting discourses can enhance the sensitivities and responsiveness therapists bring to therapeutic conversation. Therapists might consider how clients might answer questions such as, 'How might my actions facilitate or shut down clients' cooperation and collaboration?'; 'How might the ways I orient

What does this study tell us?

- Clients and therapists together conduct experiments in constructing relationships, articulating problems and proposing solutions
- Therapists can become more sensitive to how they conduct dialogue
- Attention to the micro-detail of dialogue can enhance therapist effectiveness

to and participate in therapeutic conversation help clients transcend *differends* in their stuck and conflictual communications?'; 'How do I shape my language so diversity is valued and does not privilege particular ways of being?' (JJ Lawless, personal communication, October 14, 2003). Answers to these questions can be found in the use of simple unnoticed practices such as pauses or overlapping talk between turns, intonations, choices of words or phrases. Noticing these previously unseen practices opens an entirely new repertoire of ways to co-constructing change with clients. If therapists ask these questions as they work with clients or review tapes of their own sessions (for more on the use of these methods for 'self-supervision' see Gale, 2000; Strong, 2003) they can become more more aware of their role in constructing meaning in the process of therapy, and better understand how to participate helpfully in therapeutic interactions. As Garfinkel proposed, if one understands the use of language, one understands how actions are constructed in context (Heritage, 1984). ■

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Table A: 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
Underline	Underlining indicates words that were uttered with added emphasis
CAPITAL	Words in capitals are uttered louder than surrounding talk
(.hhh)	Exhalation of breath; number of h's indicates 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 clarificatory 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)