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GIVING ADVICE ON ACVICE-GIVING: A CONVERSATION ANALYSIS OF KARL TOMM'S PRACTICE

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In this article we challenge a common definition of therapeutic advice as a linear, one-way accomplishment, enacted by therapists toward clients. We also offer a novel conception of advice as a dialogical "performance" to which both therapists and clients contribute. We discuss the results of a conversation analysis of a family therapy session, showing sequential practices employed by a family therapist and a family as they jointly work out common ground to set the stage for the therapist's eventual offering of advice. We discuss the results of this study in light of the literature on advice provision in various contexts.

Early in our careers as counselors we were advised to refrain from giving advice to clients. We were informed that telling clients what they should do was antitherapeutic, at best ineffective, and at worst harmful to clients and therapeutic rapport. Having been introduced to discursive approaches to research and therapy (in which one typically questions how particular ways of understanding are developed and negotiated by people) we became curious as to how this prevailing view on advice-giving came to be legitimized and widely accepted within the field of counseling and marriage and family therapy.

In this article we, first, would like to examine critically the conventional "antiadvice" position in (family) therapy. Our goal is not to eradicate the perspective that advice-giving is unethical or ineffective. We do not wish to negate the potential dangers associated with therapists offering advice to clients. Many therapists, however, have seemed to remove advice from their "toolbox" of interventions, which, to us, seemed somewhat premature and unnecessary. We consequently decided to initiate a dialogue around the issues of advice-giving in therapy.

Our second objective is to offer an alternative, sociolinguistic formulation of advice as an interactional accomplishment, to which both clients and therapists contribute, rather than a unilateral act administered by the therapist toward the client. By "interactionally accomplished" we mean that both the advice-giver and the advice-recipient, in designing their communicative actions (what to do or say next), draw on the preceding and anticipated actions of their opponents (Heritage & Sefi, 1992). Drawing on this conception of advice, we finally want to offer the results of a discursive (linguistic) analysis of an actual family–therapist interaction. We aim to describe the communicative processes and strategies involved in the offering of advice in the context of family therapy.

COUNSELORS ON ADVICE-GIVING

In the Webster's *New World Dictionary* (Agnes & Laird, 1996, p. 11), "advice" is defined as "an opinion given as to what to do." In the context of psychological counseling, advice-giving can be seen as a specific communicative choice that counselors make to enact the optional aspect of their role, namely information provision. Prochaska and Norcross (2003), however, distinguished between "provision of

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information" and "advice." For them and others, advice-giving involves a prescription of a particular course of action for the advice-recipient to follow, an unethical (Corey, Corey, & Callanan, 1998) and antitherapeutic/disempowering (e.g., Shebib, 2000) practice. In contrast, information-giving consists of sharing relevant information about the issue or problem, leaving the decision about the final course of action to the client. Further review of the literature (e.g., Beck, 1995; Ellis, 2001; Haley, 1978; Ingram & Scott, 1990; Mosak & Maniacci, 1998; Rogers, 1951; Strean, 1985) revealed the following rationales for avoidance of advice-giving by counselors: (a) advice could prevent clients from mobilizing their own resources and competencies; (b) clients may become dependant on therapists and demand more advice or magical solutions; (c) clients may blame therapists for advice that led to unsatisfactory action, and this dissatisfaction may eventually lead to termination of therapy by clients; (d) advice provision can be seen as an imposition of therapists' value and belief systems; (e) clients would not comply with advice anyway; they could further reject any attempt on a part of counselors to guide and influence; (f) clients may misinterpret the advice and may injure themselves or others; and (g) therapists may be disappointed if clients refuse to follow advice.

The theoretical origins of these ideas deserve investigation. In 1930s, Sigmund Freud was already cautioning analysts against giving advice or interpretation (Strean, 1985) The reason for this warning is as follows. First, clients' request for advice is one type of resistance and if analysts gratify such request, they interfere with clients' psychological growth. Second, advice-giving by analysts is most often a manifestation of an unresolved countertransference problem. Finally, advice rarely works because clients do not want to heal because they unconsciously desire gratification from their problems. These ideas gave rise to a long-lasting conviction that advice-giving by counselors is inappropriate and non-therapeutic.

Similar in nature are the ideas of Alfred Adler, the founder of individual psychology, who suggested that the request and provision of information are valid activities, whereas the seeking and reception of advice are the clients' method for sabotaging or prolonging therapy. Clients could say that they had tried what therapists advised and things did not turn out in a way that the clients felt were satisfactory (Mosak & Maniacci, 1998) Adlerian therapists maintain that advice giving should be avoided in order to place responsibility back where it belongs, that is, with the client. Likewise, Albert Ellis (2001), the founder of rational emotive behavior therapy, while using directives and giving clients homework assignments in his own practice, proposed that therapists try to convince clients to direct themselves in order to avoid the trap of client dependency upon therapists. Other cognitive behavior therapists (e.g., Beck, 1995; Ingram & Scott, 1990), although offering client homework assignments and suggestions, prefer to engage with clients collaboratively and abstain from imposing their own ideas on clients. In the same way, Carl Rogers (1951), an originator of a person-centered approach to counseling, stated that offering advice, suggestions, and judgements is detrimental to the therapeutic enterprise.

Within the field of family therapy, a proponent of strategic therapy, Jay Haley (1978), distinguished between a directive and advice He claimed that rather than telling clients what they should do when therapists want them to do it (advice), therapists should direct families to do what therapists hope clients would stop doing (directive). According to Haley, the provision of good advice is useless, as it presumes that people have rational control over what they are doing. For therapy to be successful, therapists should drop this idea and try to facilitate client-change outside of clients' awareness, through, for example, paradox.

To summarize, within numerous of approaches to counseling, including family therapy, advice-giving by therapists has been viewed as a form of social control, with the locus of control for treatment lying in the expert hands of the therapist. Major proponents of various schools of psychotherapy have recommended that therapist avoid engaging in advice provision. They suggest that by using this practice, therapists show a desire for control, lack of faith in clients' resourcefulness and competency, and a naive belief that clients would follow the therapists' advice. From this standpoint, clients—onto whom therapists impose their expertise—are presumed to lack the capacity to negotiate and contest therapists' ideas. They are excluded from the interaction and therapists are seen as unilateral deliverers of interventions.

OFFERING A CHALLENGE

We wish to challenge this view on advice-giving and clients' role in therapy by introducing an alternative conceptualization of advice-giving as a dialogical and sequential performance. Following Tomm (1987), we believe that everything therapists do or say in the course of their interaction with clients is *interventive*, that is, potentially facilitative of a transformation in clients. All therapists propose and pursue certain directions for construction of meaning in therapy, whether or not they acknowledge it. We advocate for a *discursive micro* reflexive practice in place of *macro interventions* in discourse. Micro-oriented therapists continuously, but not necessarily consciously, orient to the perceived effects of their actions on clients and the therapeutic relationship and modify their further actions on the basis of feedback they receive from clients (Kogan & Brown, 1998). These therapists prefer a mutual and spontaneous exchange of actions and ideas in therapy in favor of therapists' invariable generic knowledge and pre-planned interventions. In such interactions both therapists and clients become active contributors to the local, ongoing, and joint (re)production of client reality in interaction. Consequently, advice giving as a discursive micro reflexive practice includes both information and advice elements, but they are offered in a manner that is respectful and ethical.

We further argue that advice can have generative and healing potential when it is offered collaboratively and sensitively. Anderson (2001) suggested that it is not advice *per se* that hinders therapy but the manner in which advice is initiated, delivered, and received, that is, the subtleties of the interactional context in which advice is embedded. We object to dialogue excluding therapist use of advice giving and propose its usefulness when understood as an accomplishment inclusive of what the client offers. Vehviläinen (2001) suggested, "in counseling, which involves a strong orientation to the clients' autonomy and 'expertise on their own affairs,' and to the obligation to respect the client's experience, advice giving requires particular interactional work on the adviser's part" (p. 373). This study presents an opportunity for therapists to further develop their reflexive skills, particularly skills related to offering ideas and suggestions to clients. Prior to presenting the findings of this study, let us describe the research approach we used and review results of language-focused research on advice provision in various settings.

CONVERSATION ANALYSIS: STUDYING THERAPEUTIC CONTEXTS

To examine the specifics of *how* the therapist collaboratively offered advice to the family we used a research method called "conversation analysis" (CA hereafter). Conversation analysis is a sociolinguistic research tradition that studies verbal interaction in various contexts, such as psychotherapy. Proponents of CA (e.g., Sacks, 1992; Sacks, Schegloff, & Jefferson, 1974) conceive of language as more than a neutral medium that allows people to exchange autonomously generated meanings and messages. When people communicate, they not only convey or reflect social reality (e.g., identities, roles, relationships, psychological states, contexts, problems, and solutions), but also, more importantly, produce or constitute reality (e.g., Wetherell & Potter, 1992). Viewing people's use of language as performing things (Austin, 1962) allows CA researchers to examine how people employ language to understand each other and to accomplish things together.

To arrive at and sustain mutual understanding, people draw on shared interactive procedures and strategies (Sacks, 1992). In the absence of some consensual and normative system of sense-making and acting, people would not be able to communicate and engage in shared projects or would be destined to create a common language each time they encounter each other. This dynamic system of acting and interpreting, which is jointly (re)produced by people, makes interaction organized and provides people with a sense of familiarity and predictability. Hence, any kind of social practice (psychotherapy) is embedded in ordinary or typically taken for granted social competencies, such as rules for acting; recurrent patterns of interaction; and devices, techniques, and procedures used by people.1 Conversation analysts claim that such competencies are not static or independent of their users, but are generated, deployed, and transformed by the interactants themselves. People in interaction organize human communication themselves by jointly and methodically using commonsense knowledge (Garfinkel, 1967; Sacks, et al., 1974). Conversation

analysis researchers take singular (and potentially exemplary) cases of interaction and examine them up-close in hopes of finding procedural ways of acting and reasoning that allow people to accomplish orderly and intelligible interaction and associated tasks (ten Have, 2004).

The details of how interaction is produced as orderly and intelligible play a crucial role for people in conversation and for analysts alike. Often a slight change in how something is said or—when it is said—changes the meaning of the thing said. Consequently, people have to be very attentive to even seemingly insignificant details of talk (pauses, overlapping of talk, changes in intonation, etc.). Such orientation is mastered to the point of being unproblematic or taken-for-granted by people (Garfinkel, 1967). Conversation analysis brings to light and rigorously examines these details of talk that are typically taken for granted by participants and by the majority of social scientists. It offers methodological tools that allow researchers to demonstrate how people jointly create, and make sense of, social reality (e.g., therapeutic change, relationships, roles).

Hence, the goal of CA is to describe and explicate micro-procedures with which people produce social life and reality (settings, institutions, orders, identities, psychological states, problems, solutions, etc.) in the hopes of arriving at a better understanding of how people do what they do. Conversation analysis is unique in that it has the means for examining how social life and relationships are practiced in their complexity, in participants' own terms (Schegloff, 1999). Often social scientists attribute their own ideas and theories about what people in interaction may be thinking, intending, expecting, or doing and consequently ignore the contextual subtleties that people in the interaction find relevant and significant for their meaning-making and acting. Consider the following example:

1. A: Would you like to come to a party?
2. B: You know Bill broke up with me last weekend.
3. A: Yes, he was a jerk.
4. B: Ok, I'll come.

Typically researchers would interpret A's question in line 1 as an invitation. These researchers would use their own competencies as members of a culture to make sense of the data. In contrast, conversation analysts prefer to attend to participants' own meaning-making, specifically, to how B appears to have made sense of A's question, as evidenced in response in line 2. B's response seems to point to his or her interpretation of A's action not as an invitation but as an offer to cheer B up. If B interpreted A's move as an invitation, his or her immediate response in line 2 would have been designed as a response to the invitation (e.g., acceptance or rejection). Thus, CA researchers assume that people's motives, psychological states, roles, and alike—if important or relevant for the people involved in a conversation—would be recognizably displayed in talk. How people interpret what other participants in conversation do would thus be evident and "hearable" to both the "insiders" to the interaction and the "outsiders" (researchers).

We conceive of therapeutic encounters as ongoing, complex, meaningful, coordinated, improvised, context-bound, and joint performances (Kaye, 1995). Conversation analysis is precisely a research approach that captures these features of the participants' talking, often deliberately or unwittingly overlooked within other approaches to psychotherapy research (Couture & Sutherland, 2004). Conversation analysis allows assembling a long-needed bridge between therapy research and practice. It offers analytical tools to describe and explicate specific, clinically significant occurrences within a treatment session in order to develop an understanding about the events that may be related to change. Practitioners are more likely to use results of research that are easily accessible and relevant to what these practitioners actually do in their interactions with clients (Pinsof, 1989) CA offers opportunities for therapists to witness how meaning and action are produced by clients and therapists. By observing how therapy is conducted on a turn-by-turn basis, therapists may develop sensitivity to the clinical value of their contributions and interventions. They may then work on strategizing their talk in order to enhance the therapeutic (and ethical) potential of their encounters with clients (Tomm, 1987).

RESEARCHERS ON ADVICE-GIVING

Conversation analysis has been used to examine practices of advice initiation, delivery, and reception in both ordinary conversations (e.g., Goldsmith & Fitch, 1997; Jefferson & Lee, 1981) and institutional settings, such as schools, medical clinics, and counseling centers (e.g., Erickson & Shultz, 1982; He, 1994; Heritage & Sefi, 1992; Kinnell & Maynard, 1996; Maynard, 1991; Vehviläinen, 2001). It was found that telling of "troubles" or problem of living by one person to another often turned into dispute when there was an asynchrony of participation (Jefferson & Lee, 1981). For example, when the trouble-recipient acted as the advice-giver, advice was typically rejected by the trouble-teller. It was observed that *not* advice itself—its quality or applicability—that impacted its receipt, but rather its timing in the interaction (e.g., in case of "pre-mature" delivery, advice was typically rejected, Heritage & Sefi, 1992; Jefferson & Lee, 1981). To presumably enhance the recipients' preparedness for advice or information (e.g., diagnostic news), speakers preferred to take a *circuitous*, rather than *straightforward* interactive pathway (Maynard, 1991). They first elicited the interlockers' perspectives on the discussed matter and then fitted their ideas or advice into the offered information (Erickson & Shultz, 1982; Vehviläinen, 2001). This process was characterized as a "step-wise entry" into advice giving (Vehviläinen, 2001) and typically consisted of three interactive moves: (a) perspective elucidation by the speaker; (b) perspective explication by the listener; and (c) advice/information delivery by the speaker (Erickson & Schultz, 1982; Maynard, 1991).

All of these analyses seem to highlight the importance of the interactional context (e.g., relative communicative rights and obligations of participants) for how participants in a conversation interpret and respond to "advice." Also the extent to which advice providers orient to and incorporate advice recipients' perspectives and preferences appears to impact advice reception (full/partial acceptance or rejection). Further research is needed to understand how therapists and clients in psychological counseling settings accomplish advice initiation, delivery, and reception. We initiated this study to explicate and describe how the family therapist gave advice to the family.[2]

PERFORMANCE OF ADVICE IN FAMILY THERAPY

In this section we offer a discourse analysis[3] of how a family with an adolescent used talk to move beyond a conversational impasse[4]. In the larger analysis (Couture, 2005) the first author suggested that an impasse arose from differences in discursive positions[5] (Harré & Langenhove, 1999) or cultural discourses brought forth by participants in therapy. This more abstract macro analysis provided the framework or heuristic starting point for the detailed CA focus we discuss in this article. In this broader analysis a framework was developed which included two positions taken by family members stuck at an impasse and the subsequent more mutually satisfying "forward moving" position they co-constructed with the therapist. The part of the study described in this article shows how the therapist and family members used particular conversational practices and strategies as they sustained an initial impasse, tried to develop more promising lines of talk, and ultimately initiated talk from a shared position. Although the larger study was not specifically developed to investigate advice giving in therapy, the therapeutic conversations often included instances of the therapist offering advice.

The family in the analysis[6] included a father (Bob), mother (Sandra), son (Joe), and a therapist (Dr. Karl Tomm).7 Joe, the 14-year-old son, was released from the hospital after concerns about his recent self-harming ("cutting") behaviors. Before leaving the hospital Joe had created a contract that listed a number of things that he could have done to keep himself safe. The family began the session firmly entrenched at an impasse. The parents were talking from a place centered in the notion of *certainty.* 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." 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 power of the contract; he spoke from a position of *doubt.* When asked if he could live up to what was written in the contract he responded by stating, "I don't know yet I guess." Further to this, when asked who he thought believed most strongly that the contract was important he responded that "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. While the parents demanded unconditional certainty that their son would ensure his safety, Joe defended his doubts, saying he would *try* his best to accomplish what was expected of him, thereby expressing his hesitancy to commit to the contract. In sum, the parents spoke from a position of certainty, to keep Joe safe, while Joe spoke from doubt about stopping his cutting behaviors. Such opposing positions exemplify a family stuck at an impasse—based on their use of incompatible ways of talking and understanding.

In the larger study of the interaction in the subsequent session the first author noticed a shifting from this conversational impasse towards a dialogue where all parties have taken up a similar discourse focused on the family making *"smaller two-way steps"* (language used by the participants). Rather than staying stuck in an impasse over the parents' position of certainty regarding Joe and the contract, complemented and intensified by Joe's expressed doubts regarding his ability to follow through, they began to conversationally develop a hybrid position or middle ground that they could move forward in. A complete analysis of how this conversational movement was accomplished can be found elsewhere (Couture, 2005). In this paper we will focus on how advice-giving was key to this process.

Below we offer an understanding of how a family and therapist jointly arrived at a shared or "middle-ground" position with respect to the issue under discussion (see Figure 1). In this analysis we suggest that the participants negotiated a gradual, reoccurring "step-wise entry" into advice (Vehviläinen, 2001). These step-wise entries into advice-delivery facilitated a circular process that enabled the therapist to provide a direction to the family while staying relevant to the clients' ideas.

In Step 1 the therapist invited the family to consider a possible middle ground or hybrid position between the two conflicting positions from which they spoke. In Step 2 the family gave their account related to this invitation. In this step the family showed various levels of acceptance or rejection of Tomm's invitation and sometimes offered more information for the therapist to consider. If the therapist's initial offer was rejected, the therapist extended his invitation by returning to Step 1 until he received evidence that the family had at least partially accepted his offer. Only when the therapist saw the family demonstrate some acceptance of what he proposed did he go forward to Step 3. In Step 3 the therapist proposed an alternative position through advice-giving. The use of a step-wise entry into this third stage allowed the therapist to give advice that built on a developing common ground.[8] The advice that the therapist finally gave built on the family's uptake of what the therapist offered in Step 1 and the additional information the family offered in Step 2.

In this analysis, the family and therapist moved through this step-wise entry five times as what the therapist offered in Step 3 was only partially accepted by the family (as shown in the family members' communicative behaviors along with or after advice-giving). With this partial acceptance the therapist returned to Step 1 and began the negotiation process again. After these five sequences the family solidly took up a new hybrid position where they began to talk about and actually practice taking "two-way small steps." Evidence of this positive outcome was seen in the content of their talk and how they talked; however, in this article we will focus on the step-wise entry the participants took to accomplish this outcome. Let us now take a concrete example of the first two step-wise entries we suggest the family and therapist negotiated (see Appendix for transcription notation).

Exemplar 1[9]

270	T:	Okay (1.6) (HHH) umm ah now is there been any understanding about
271		how long this contract (.4) is in place and will it be reviewed and
272		renegotiated? (.4) {First looks down and then looks at all family members}
273	J:	No (2.3) {Looking down and playing with bottle}
274	B:	We didn't talk about (.9) a timing (2.1) {Looks to Sandy}
275	S:	I just (.6) thought it was indefinitely ((Short Laughter)) (.7)
276	T:	Oh well that is kind of tough isn't it {Therapist looks to parents and Laughs
277		Loudly. Sandy joins him and Bob smiles}For life at age 50 ((Laughs))
278		Joe you have a contract here {Said in a voice of an old man while holding
279		the actual contract} (3)

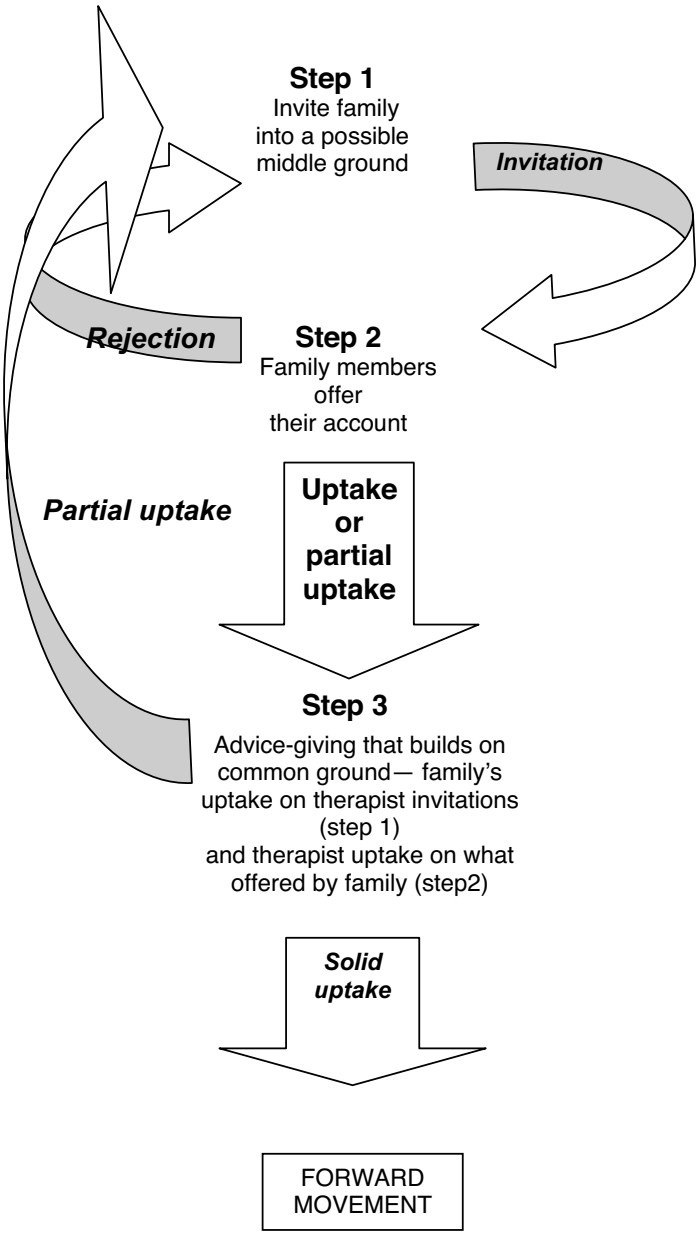

Figure 1. Step-wise entry into advice-giving.

280	B&S:	{Bob and Sandy join him in loud laughter}
281	T:	Well >I think I think< it would be important to:: (.6) for Joe to have (.)
282		an opportunity to (.6) ah reopen the (.7) contract? to renegotiate? (1)
283	B:	{Now leaning his head in his hand and looking down}
284	T:	because otherwise (.9) it would (1.1) It'd feel like a trap (.) and there is
285		a need to >get out of the trap<? (.9)
286	B:	The issue I think that we've got here is (1.2) is (1.0) you know Joe

287		talks about trust (1.6) umm (1.2) the issue we have is that we've
288		got (0.7) some trust that needs to be built back up (0.7)…
299	B:	… >you know so< for the length of time I mean
300		I agree I mean this:: this is not going to be (.)
301		forev[er

In lines 270 through 272 the therapist enters Step 1 of the entry into advice-giving as he elicits the family members' ideas regarding the renegotiation of the contract. In the first line of Exemplar 1, Tomm "collectively solicits" (Garcia, 2000) perspectives of all family members, rather than that of one individual. Tomm shows evidence of offering a collective solicit in his non-verbal behaviour as he looks down when asking the question and looks back-and-forth to all family members at the question's end. Garcia discussed how this creates a sense of "we-ness" to solicit and encourage collective or collaborative responses, something that Tomm invites as they look for a mutually shared position to interact within. Tomm begins this solicitation by offering "Okay" as a discursive marker (Schiffrin, 1987) to invite the participants to jointly navigate movement into a new topic, concentrating on renegotiating the contract (Clark, 2002).[10] Tomm also uses a slow build-up to his question (through pauses, loud inhalations of breath, and utterances such as "umm" and "ah"). This build-up creates a sense of curiosity for the clients by underscoring the question's important (Erickson, 1977) while inviting closer attention to it (Clark, 2002; Goodwin, 1980). In CA one looks to the adjacent turn for evidence to support claims made about the prior. In lines 273 through 275, Bob, Joe and Sandy relate their ideas about renegotiation (Step 2). The strategic, collective solicit is successful in setting up a response from both the parents and the adolescent. It invites a quick response from Joe (line 273) and succeeds in its design to invite parental curiosity (lines 274 and 275). Bob attends to this question thoughtfully (as shown in his pause to think before the word "timing") and then invites Sandy to join him in this curiosity (he looks to his wife in line 274). The responses given by the family offer acknowledgement but show little uptake on the idea that the contract should be revisable. With laughter, Sandy offers Tomm an opening to follow up this simple acknowledgement and return to Step 1.

In lines 276 through 279, Tomm uses humour to return to Step 1 and continue to open space for an alternative position: that the family periodically renegotiate the contract. Buttny (2001) states, "humour offers the therapist a way to reframe the on-going interaction or the discursive position being advocated" (p. 303). In this case, Tomm is articulating a challenge to the previously developed position of certainty in the contract. He attends to Sandy's short instance of laughter in line 275 with an "extreme case formulation" (Pomerantz, 1986).[11] Extreme case formulations are a common way that therapists use humour; they exaggerate the experience discussed in the dialogue (Buttny, 2001). Here Tomm also uses a "non-linguistic vocalization" (by talking in the voice of an old man in line 278) to "key the talk from the serious into the humorous" (Buttny, 2001, p. 308). In addition, he offers the discursive marker "Oh" (line 276) to mark the previous responses as unanticipated and further invite the family to attend to his humour (Heritage & Raymond, 2005).

In this case, the extra step the therapist takes to solicit the parents, using humour, is important. With the use of these practices, the therapist and the parents are successful in co-creating the notion that the contract is absurd without renegotiations (they coordinate their laughter as it grows in intensity). Through collective laughter, the parents show evidence of accepting (Osvaldsson, 2004) the notion that renegotiation is inevitable (line 280; Step 2) and set the stage for Tomm's opinion-offering in lines 281 through 285. With demonstration of acceptance in his opinion-giving in lines 281 through 285, Tomm is able to build on the parents' uptake rather than simply delivering his opinion in opposition to those of his speaking partners. As CA studies investigating advice-giving have found, we found Tomm's opinion-sharing was productive when the participants developed it through an interactive process (Heritage & Sefi, 1992; Jefferson & Lee,1981; Maynard, 1991).

As Tomm offers his opinion, Bob also makes evident that his uptake is not complete (line 283) with his changing non-verbal behaviours. In response to this, Tomm clearly gives his opinion by stating that he "thinks" it would be important for Joe to have an opportunity to reopen the contract. However, when Tomm does offer what he "thinks," he does it collaboratively. He "downgrades" his authority by inviting

the family's input, rather than closing down dialogue or delivering a one-way directive (rising voice tone in line 285). Tomm also offers his opinion tentatively. He begins with the marker "Well" to, once again, help coordinate their talk. According to Schiffrin (1987), this discursive marker commonly invites speaking partners to orient and respond to an upcoming contribution not fully consonant with prior contributions. He also uses what Silverman (1997) called a "turbulent speech pattern" (repetition of words, rising voice tone throughout, quickly stated phrases, and multiple pauses) to express caution in this proposition. This turbulent delivery, along with use of humour, works to downgrade his opinion to a "provisional suggestion" (Miller & Silverman, 1995) or another contestable way of seeing the topic (Buttny, 1996). He invites the family to consider another way of viewing the contract, which might lead to a more mutually satisfying position. Consequently, he creates a balance between the authority of the therapist and the autonomy of the client to rid the opinion-sharing of a directive feel.

Tomm's incorporation of a rising intonation into the design of his opinion giving begins another step-wise entry, as he elicits the family to share their response to the therapist's opinion in line 284 (Step 1). Bob offers Step 2 in his discussion of how "trust" needs to be earned before renegotiations start In addition, however, he does build on the developments in the previous step-wise entry regarding contract renegotiations. He shows evidence of partially accepting the space opened by Tomm ("I agree I mean this:: this is not going to be (.) forever") and sets the stage for Tomm to offer another Step 3. Exemplar 2 shows the very beginning of this opinion giving sequence.

Exemplar 2

314	T:	(hhh) Kay so there is two issues (.) that are important to look at
315		when there is issues of trust (1.3) Like >like< (.) when you trust
316		somebody you have to first feel they have good intentions (.6) ..

As discussed earlier, therapy in general is an activity where therapists understand the client as the main agent in the learning process or the "expert in her/his own affairs." However, the therapist also needs to use his own understanding and knowledge in the process (Vehviläinen, 2001). A detailed CA exploration of the talk can help us understand how a therapist invites or proposes things without being coercive. The key is in how the advice is worked-up or co-managed in the interaction—most importantly, how the therapist *orients and responds to* what the client does with what he offers.

In Exemplar 2, Tomm uses a discursive marker ("Kay") that signals another shift in topic that he offers in a subsequent "reformulation." Conversation analysis researchers refer to a formulation as an utterance that formulates how the speaker understood the previous turn and what was being proposed as important (Gale, 1991). A reformulation[12] is a response that accepts portions of the previous assertions while also modifying them. In line 314, Tomm accepts the parents' focus on the issues of earning back "trust" by mirroring their language used in Exemplar 1 (lines 287 and 288). Mirroring is a practice commonly used by therapists (e.g., Cormier & Hackney, 1999) and discussed in CA studies (e.g., Clark & Brennan, 1991; Mellinger, 1995) as a practice people use to work out mutual understandings. However, Tomm reformulates the topic by characterizing trust as having two components. Consequently, Tomm has begun his opinion giving sequence by building on and slightly modifying a topic that was previously introduced by the family.

Above we describe how Tomm works collaboratively to introduce his opinions through two family shared step-wise entries. He attempts to engage the family in the development of his opinions through a step-wise process and works to downgrade his opinions to suggestions (Buttny, 1996; Miller & Silverman, 1995). At the same time, he strategically uses questions and humour and overtly marks his utterance as his own (e.g., with the use of "I think"). Tomm does offer his own ideas, but instead of simply instructing, he is stepping back, making space, or evoking and attempting to combine "expert and collaborative postures" as he "speaks in order to listen" (Hoffman, 2002). Within what we have called a step-wise entry he slows the process down, shows patience and demonstrates a certain earnestness to invite the family to "drop something into his lap." This stance of "talking to listen" facilitates a collaborative forward moving process. The family members act as active participants rather than passive opinion recipients in what is developing in the conversational performance. Tomm seemed to balance his commitment or stake in his ideas with

his clients' potential for contesting these ideas (e.g., lines 286 through 288) He operated from "authorative doubt" so that he is both an expert and uncertain, to create the space for mutual co-construction of new meanings (Larner, 2000).

In these two step-wise entries some small forward moving shifts are made towards cultivating common ground Bob and Sandy show their increasing acceptance of the idea of re-visiting the contract (line 280), and Bob even communicates an uptake of Tomm's opinion giving in lines 299 through 301 (by stating, "I agree I mean this:: this is not going to be (.) forever" in his turn). However, in line 283 one can see evidence that Bob has not completely accepted what Tomm is offering (he leans his head into his hands and looks down). Furthermore, after the first opinion-giving piece Bob continues to show his partial uptake as he talks about Joe earning trust before even thinking about re-visiting the contract. As we discussed above, Tomm orients to Bob's only partial acceptance in his opinion giving (ends his tentative opinion-giving with a question to restart another step-wise entry in lines 284 and 285; incorporates topic of earning trust in Step 3 through a reformulation in lines 314 through 325). In this session Tomm orients to a number of similar partial uptakes by downgrading his opinions, incorporating the family's contributions and returning to Step 1 to continue to develop their co-construction of a forward moving hybrid position. The family members and the therapist go through multiple sequences until there is a solid uptake of an accepted common ground.

Below, we present an example of a deviant case (the family rejecting Tomm's advice) to show how alternative practices to enter into and offer advice can solidify impasses. A deviant case increased the validity of our claims by demonstrating how alternative practices led to alternative outcomes.

Exemplar 3

157	T:	Oh Okay (.2) So Brooke and you did this together (.) w::ere your
158		parents involved? (.)
159	J:	No (1.4)
160	T:	(hhh) But they signed it? (1.3)
161	J:	W::ll ya they signed it after it was done (.8)
162	T:	Okay so they agree with it (.4)
163	J:	*Ya* =
164	T:	= But they didn't have anything to say in developing it (.8)
165	J:	No (.4) {shaking his head no}
166	B:	We had no input (2.1)
167	T:	Oh that's a bummer (1.4) {Sandy laughs in the background}
168	T:	You [should have had some input]
169	B:	[YOU KNOW WHAT YOU KNOW WHAT] [I::I::]
170	S:	[I'm happy with that]
171	B:	[I'm] real
172		happy with that because (.7) we were talking today with with
173		with Brooke (.8) um (.6) this came from Joe (.5) All she said
174		she did was give the questions? and Joe filled in the blanks (.4)
175	T:	Really (.6)
176	B:	So I am real happy with that (1.2)

In the exemplar above the participants are unable to cultivate a shift towards common ground between the son and parents. Instead, an impasse is solidified as the parents remain entrenched in their position that they are happy with the contract; a stance in opposition to Joe's position of doubt in the document. A key difference in this deviant case is the lack of interactional work done leading up to and as the therapist offers his opinion, or, in this case, straightforward advice ("You should…", line 168). The therapist asks if the parents had been involved in the contract (lines 157 and 158, Step 1 in Figure 1). Here Tomm uses another tentative (pauses before question and drawn out word "(.) w::ere") yet strategic invitation as he asks the family to consider thinking about this contract as "two-way." The therapist extends his invitation (re-offers Step 1) in line 164, and Joe and Bob offer their responses to the question of who was involved in

developing the contract (Step 2). Bob's and Joe's responses (lines 159, 165, and 166, Step 2) are similar to the acknowledging responses seen in the previous example (lines 273 through 275). The family acknowledges (line 166; schematically represented as the rejection arrow in Figure 1) what they did. Family members do not show any uptake on what has been strategically introduced in Step 1—the importance of involving all in the safety contract to make it a two-way or collaborative process.

In line 167, the therapist attempts another extension to the above invitation in Step 1 through humour ("Oh that's a bummer"). However, although Sandy shows some evidence of accepting the humour offered (laughter in line 167; Osvaldsson, 2004)[13] in that she does not outright ignore Tomm's humour, there is no evidence that the person Tomm is directly talking to (Bob) has accepted his offer. Regardless, Tomm delivers his advice in line 168. In addition to giving his advice, before receiving an uptake from his speaking partner, Tomm also omits "downgrading practices" used in the earlier example. In a straightforward delivery lacking tentativeness he offers a directive: they "should have had some input." In line 169 Bob uses overlapping talk and a louder voice to underscore his rejection of the previous line of talk. After this interruption, he further develops his position that he is "happy" with the contract as it stands because the nurse said it "came from Joe" and "All she (the nurse) said she did was give the questions?" (He emphasizes "All" to further stress his son's investment as being larger than the nurse's). Sandy also joins Bob in this position (in line 170) with a "collaborative completion" (Kangasharju, 2002).[14] This is seen in the overlapping talk where she completes Bob's turn stating she is "happy with that."

In Examplar 3 one witnesses the parents reject Tomm's advice that the contract should involve a two-way negotiation.[15] Unlike the step-wise entries discussed in Exemplar 1 and 2 where small shifts were made towards co-constructing forward moving common ground, here the impasse is solidified as the parents further develop a position incommensurable to their son's. Tomm orients to this and returns to talking about the contract as it stands. In this deviant case, perhaps Tomm is "testing the ground" to see how much work needs to be done to generate movement between family members (Exemplar 3 occurs before 1 and 2 in the session, please see line numbers). Later in the session Tomm upgrades the work he does before he further introduces or invites the family to reformulate their positions in relation to the contract (Exemplar 1 and 2)

Alternative practices used to enter into and offer advice led to alternative outcomes. First, Tomm offered his advice (Step 3) before his speaking partner (Bob) demonstrated an uptake (in Step 2) on Tomm's strategic invitation in Step 1. Secondly, the advice was given in a direct straightforward manner without any of the "downgrading" practices he used in Exemplar 1 and 2 (e.g., tentative delivery pattern, rising intonation).

DISCUSSION

By presenting these examples, we have offered one way to understand the organizational structure and specific practices used in effective advice provision in family therapy. We have shown evidence that the overall structure and practices discussed above can facilitate movement forward, while their absence invites a continued performance of an impasse. In particular, we were able to take a closer look at the therapist's practices of advice-giving in terms of the steps or turns taken (e.g., Erickson & Schultz, 1982; Vehviläinen, 2001), question/answer sequences (Heritage & Sefi, 1992), and circular versus straightforward strategies (Maynard, 1991). As CA studies investigating advice-giving have found, Tomm's advice sharing was successful, generative, and therapeutic when the participants developed it through an interactive process (Heritage & Sefi, 1992; Jefferson & Lee, 1981; Maynard, 1991). Within these forward moving conversations we felt they were negotiating something similar to what Vehviläinen (2001) called a step-wise entry into advice giving. Rather than setting up the therapist to enlighten the family about the "right things to do," the step-wise entry opened up space for the therapist and the family to co-construct a forward moving position together in a cyclical step-wise process. The family and the therapist oriented to and built on possibilities in their talk to set the stage for middle ground or a hybrid position (presented as the therapist's advice) between the conflicting positions they were negotiating at the impasse.

In developing this overall structure, we encourage therapists to understand advice as hypothetically

being co-constructed in a *cyclical* step-wise process. With a discursive approach, a researcher frames processes in therapy as two-way exchanges rather than as sequence of one-way delivered interventions. Therapists can take this stance to understanding the process in a similar way. In depicting the process as developing in a two-way pattern (Figure 1), we have promoted this understanding of therapy by highlighting the family's half of the construction of meaning. In Step 2, the family related to the therapist's invitation, showing various levels of acceptance or rejection and sometimes offering more information for the therapist to consider. If the family rejected the therapist's initial offer, Tomm extended his invitation (e.g., through humour) until the family's response showed some level of uptake. Only when Tomm noticed the family demonstrated some acceptance of his proposal did he move forward to what I've conceptualized as Step 3, advice giving. A practitioner who adopts this way of understanding the process clearly values the client's contribution and will have a greater sensitivity to incorporating it in how they negotiate forward movement.

In addition, a micro-analysis allows one to look at how specific therapeutic techniques or overall conceptual sequences (step-wise entries) are actually *done* in the conversations of therapy. In a similar way to observing sessions behind a one-way mirror practitioners can reorient to particular processes they witness as they relate to future interactions with clients. We suggest that therapists have continual inner conversations16 (Rober, 2004) as they reorient to past experiences (e.g., observing other sessions or reading research) as they point to a way forward (Schon, 1983). These signposts serve as general reminders of how to act in particular circumstances –in ways that permit a range of possibly acceptable responses. When one "slows the therapeutic conversations down" by translating what was actually said into detailed transcripts, these experiences become much more obvious; therefore, easier to orient to in practice. Through an "inner" conversational process, practitioners can recall examples of therapist practices (e.g., turbulent delivery pattern or extreme case formulation humour) to offer or client practices (e.g., collaborative completions) to orient to when they have entered similar interactions to bring new orientations to how to join the developments within conversations.

The exemplars presented above are limited to a session facilitated by one therapist addressing one specific referral issue. However, the aim of this study was not to examine multiple examples of forward moving conversations to provide generalizable practices or theoretical structures to be delivered or replicated by the therapist. This analysis offers organizations and devices that can be generalized as "possibilities" for action, depending on the specifics of each interaction (Peräkyla, 2004; ten Have, 1999). We make claims that are generalizable by providing a sense of the actions under consideration (ten Have, 1999). As Peräkyla states, "The results were not generalizable as descriptions of what other counsellors or other professionals do with their clients; but they were generalizable as descriptions of what any counsellor or other professional, with his or her clients, *can do*" (p. 297, *italics* in original). Consequently, studying other therapists' work with families as they negotiate a variety of impasses would help develop a corpus of *potentially* useful conversational practices for therapists to refer to as they co-develop forward moving conversations of their own.

The transcription process itself is another limitation to this study. Although transcripts help the reader slow the talk down to notice unseen practices, they do not communicate all the nuances of communicative behaviour. With the family's consent, future work could benefit from actual video clip attachments for the reader to review alongside the analysis. In addition, although we invited many colleagues to contribute to this analysis by reading and providing feedback about the claims made, future analyses could benefit from a team of researchers viewing the tape together throughout the entire process, to co-construct a description of what participants were doing with their talk (e.g., Bavelas, Coates, & Johnson, 2000).

In closing, practitioners, regardless of their approach, can use the analysis presented here to gain a stronger understanding of how advice-giving, when understood as an interactional accomplishment, can be collaborative and therapeutic. This analysis showed how meanings and actions were constructed in the selected passages of a conversation between the therapist and the family . A micro-focus on the sequence of turn-taking has special relevance for therapists who, regardless of their approach, want to exercise their expertise collaboratively

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NOTES

[1]Methods people use to accomplish their tasks are highly familiar and due to their familiarity are typically ignored (Wittgenstein, 1958), as long as they do their job. People treat them as normative/ expected and objective/factual (Garfinkel, 1967). For example, experienced drivers typically take for granted traffic laws and regulations. They deliberately orient to them only if there is an atypical situation, e.g., a traffic light is broken and an active coordination of actions is required.

[2]In the studies we have examined, the distinction was not drawn between how advice was defined by advice-providers, advice-receivers, and researchers themselves. As mentioned earlier, conversation analysts focus on insiders' understandings and definitions or on how people in actual conversations locally interpret and respond to each other's actions. Following CA tradition, we were not concerned with whether we thought the therapist gave advice to clients. We instead oriented to how clients interpreted the therapist's actions as 'advice,' evident in how they designed their responses to the therapist (e.g., acknowledgement of advice and its acceptance/rejection). Hence, it is not the definition of advice that was the key distinction for us, but the performance of how the participants interactionally accomplished it.

[3]Discourse analysis (e.g., Potter & Wetherell, 1999) is a study of the pragmatic side of language. It focuses on how language is used in everyday life, while setting aside its grammatical, phonetical, phonemical aspects. In their empirical pursuits, discourse analysts typically draw on two types of analysis: critical discourse analysis (CDA) and conversation analysis (CA).

[4]We took this analysis from the first author's doctorial dissertation (Couture, 2005).

[5]Discursive positions are locations from which people engage others as they converse. They are ways that people both understand and act in conversation in relation to one another. Although we focus mainly on the use of CA in this article, we used the notion of discursive positions (a more critical discursive approach) to develop a heuristic starting point for the analysis.

[6]Institutional permission was secured for this study with a scientific, administrative and ethical review through the Calgary Health Region (Calgary, Canada).

[7]The family members' real names have been replaced with pseudonyms to respect the confidentiality of the participants. Dr. Karl Tomm, however, welcomed the open use of his name in this project. Tomm is a respected and established family therapist, psychiatrist, and professor in the Department of Psychiatry at the University of Calgary, where he founded the Family Therapy Program in 1973. He is well known in the field of Family Therapy for his work in clarifying and elaborating new developments in systems theory and clinical practice.

[8]Co-developing advice within a common ground requires the therapist to be open to the family's perspective. Social psychologists noted that professionals who provide advice often vary in the degree of openness to perspectives that disagree with their preferred beliefs. They suggested that in giving advice people are often biased in favor of information that supports their positions, the tendency they labeled "confirmation bias" (Jonas, Schulz-Hardt, Frey, 2005). As will be shown, Tomm demonstrated openness to perspectives differing from his own (or minimal confirmation bias). He seemed curious and interested to hear and understand the positions of all family members and not only the positions that corresponded to his own ways of seeing things.

[9]This exemplar is one part of the 25-minute section of the session that the first author transcribed; thus, the line numbers reflect the location in the full transcript.

[10]Speakers offer discursive markers in attempts to coordinate talk or help speakers make sense of each other (Schiffrin, 1987). However, markers only become resources to the participants when speaking partners orient and build on them in the interaction.

[11]Although Pomerantz (1986) suggested that extreme case formulations are often used to legitimize claims, she also discussed how speakers could challenge extreme positions by taking a position of doubt vis-à-vis the extreme assertion. Tomm does this as he uses humour to invite the family to reconsider the necessity of contract renegotiations.

[12]Buttny (2001) also describes this as "retelling client tellings"

[13]We suggest Sandy's laughter in line 167 shows some evidence of acceptance as it could also be her way of orienting to the interaction as delicate (Haakana, 2001). We regard her acceptance as partial here especially in light of the allied disagreement Bob and Sandy offer Tomm in subsequent turns (lines 170 and 171).

[14]Collaborative completions are a common device that participants use in alignments in general, and particularly in disagreements (Kangasharju, 2002). Kangasharju studied oppositional alliances in committee meetings to investigate how two or more people join or team up in the course of a disagreement. The overlapping talk between Bob and Sandy is an example of an "oppositional alliance" where two people

in multi-party talk join in disagreement with another speaker.

[15]We are not implying that a family member's rejection to a therapist's invitation can not be part of forward moving conversations. In fact a family member's rejection could be key to the development of common ground as conversational participants cultivate another route forward. In this case, however, the parent's rejection contributed to the solidifying of an impasse between them and their son. It could also be said that the conversation shown in Exemplar 3 laid the groundwork for the forward movement cultivated later (Exemplar 3 proceeds Exemplar 1 and 2 in the session). In Exemplar 3 the parents show that they are not ready to accept the notion that they need to adjust how they carry out this contract. However, Tomm "planted the seed," that the contract's success depends on the parent's involvement which helped him expand on the notion in later conversations (discussion of ongoing renegotiations in Exemplar 1 and 2).

[16]By "inner conversations," we are referring to the dialogue one continually engages in his or her mental processes. Typically, we understand this as "insight" as if a person develops a thought or idea in isolation. However, a person's thoughts or "insights" are continually developing in a conversational process as he or she orients to what one experiences (e.g., what we read about or witness in other's interactions).

APPENDIX

Transcription Notation

(.5)	A pause timed in tenths of a second
(.)	An untimed short pause
=	There is no discernible pause between the end of a speaker's utterance and the beginning of the next utterance
( )	Material in parentheses is inaudible
(( ))	Comments of the researcher; non/para-verbal observations
:	An extension of preceding vowel sound (one or more colons)
Under	Words that were uttered with added emphasis
CAPITAL	Words were uttered louder than the surrounding talk
(.hhh)	Exhalation of breath
(hhh)	Inhalation of breath
?	A rising inflection
.	A stopping fall in tone
* *	Talk between * * is quieter than surrounding talk
> <	Talk between > < is quicker than surrounding talk
[ ]	Overlap of talk; brackets are placed by the words overlapped