



*In the current era of family therapy where there is a marked shift from devotion to clinical specific models to a focus on the common curative factors across all psychotherapies, process research has become essential to providing a window into the fluid microelements of the therapeutic process. Specifically, discourse analysis accentuates the importance of language in creating and shaping new understandings in therapy, as well as, the evolution and shifting of therapeutic alliances that invite exploration, risks, and collaboration.*

*This article provides important snapshots into the alliance building and alliance-building skills of well-respected Canadian family therapist, Karl Tomm. Informing these snapshots is the meticulous discourse analytical work of Shari Couture, who tracked the use of discursive practices as they created new opportunities for clients and therapist to define new possibilities in relationships and ways of being. The article is not only an informative introduction to discourse analysis but also helpful in showing its clinical application.*

—Carolyn Tubbs, Ph.D., Research Editor

## MULTIPARTY TALK IN FAMILY THERAPY: COMPLEXITY BREEDS OPPORTUNITY

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*Discursive investigations of multiparty talk can aid family therapists. In this article, discourse analysis was used to demonstrate how a therapist and family members concurrently engage multiple conversational partners to accomplish forward movement after conversational impasses. By looking closer at conversational practices, therapists can become more aware and creative as they attempt to move forward with clients. With the microlens cultivated in a discursive analysis, therapists can adopt alternative “conversational courses of action” as they become more sensitive to constructing “interventions” with clients. With this sensitivity, it is less likely that therapists will*

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*label clients resistant as they learn to become more resourceful and conversationally adaptive participants in stalled conversations. They may then better position themselves to recognize the enormous, often previously unnoticed, opportunities to join family members in multiparty talk.*

One of the biggest challenges, and as I will argue, opportunities of family therapy lies in the fact that there are more than two people in the room. With the multitude of people contributing to family therapy conversations, there are also multiple implications or consequences of their talk. As in individual therapy the therapist faces the task of orienting and responding to the verbal and nonverbal behaviors that their client offers them on a turn-by-turn basis. However, in the multiparty talk of family therapy, everything said has an “overhearing audience” (Heritage, 1985). By multiparty talk I am referring to interactions where more than two parties participate through verbal or nonverbal behavior. The family therapist must not only simultaneously be sensitive to the responses of multiple family members but also be aware of the extensive and complicated responses these members continually offer to each other.

This complexity also presents a challenge for process researchers studying family therapy.<sup>1</sup> Discursive methods of studying therapeutic change, however, offer a route to meet this challenge. First, a discursive approach provides highly practical methods to slow the talk down and notice the complex, seen but often unnoticed, details of multiparty talk. Second, it allows researchers to study therapy as a two-way construction between therapists and family members rather than a series of one-way interventions delivered by the therapist. As such, in using discursive methodology in this study I examined the conversational behavior of each family member plus the therapist, to investigate the nonlinear, ongoing, and circular processes<sup>2</sup> that are consistent with family therapy process research and the systemic practitioner (Gale, 1991).

In this article I will show how discursive investigations of multiparty talk can aid therapists by offering my analyses of a number of examples of therapeutic talk. A therapist should not expect to orient to everything that is going on in the room. However, by adopting a lens that is more sensitive to the specifics of how change is constructed turn by turn in talk they can take a discursive stance that better positions them to recognize the openings to join family members in multiple, previously unnoticed ways.

<sup>1</sup>Family therapy process researchers attempt to investigate the interactions (primarily found in conversation) between therapist and family members, with the goal of identifying change events in these interactions (Pinsof, 1989).

<sup>2</sup>Circular thinking is a foundational concept in family therapy. Early therapists (e.g., Bateson, 1972) suggested that psychopathology was something that is part of ongoing, circular feedback loops (e.g., A invites B which, in turn, invites A etc.) rather than caused by events in a linear fashion (e.g., A causes B).



Other discursive investigations of family therapy (e.g., Buttny, 1990; Gale, 1991) and general family interactions (e.g., Ochs & Taylor, 1992) have explored how multiple parties can conversationally accomplish a number of goals (e.g., therapeutic agendas). However, because of the complexity of many of these investigations, analysts often focus on interaction between two people at a time. Family therapy is more than just a number of dyadic conversations (therapist and son, son and father, therapist and father etc.); each member present contributes to the ongoing developments simultaneously (therapist, son, and father). The exemplars I offer illustrate how the therapist and family members engage multiple conversational partners either directly or indirectly. First, I will present a short summary of the larger project and outline the methodological theoretical framework I used. After a short discussion of how I found this discursive investigation useful, I present exemplars from my research to invite others to increase their sensitivity to the enormous opportunities in multiparty talk.

### MOVING BEYOND IMPASSES

In this study I used discourse analysis to investigate how a family with an adolescent used talk to move beyond a conversational impasse. I suggest that family members can use “stuck” conversations as opportunities in which small shifts in understanding and communicating occur (Harré & van Langenhove, 1999). In my research I labelled these transcending interactions “forward moving conversations.” In these conversations, new shared understanding and fresh connection between family members and therapist can form (Hare-Mustin, 1994).

Discourse analysis is the study of language in use. As Potter and Wetherell (1995) discuss, discourse analysts are concerned with what people do with their talk (e.g., specific practices in interaction such as pauses or voice tone) and with the resources people draw on in the course of their interactions (e.g., broader level cultural discourses such as “individualism”). I used two common types of discourse analysis in this study including the more macro approach of critical discourse analysis (CDA) and the highly micro lens of conversation analysis (CA). It is noteworthy, however, that there are other research methods which fall under the umbrella of discourse analysis, such as ethnomethodology, textual analysis, and discursive psychology project (Edwards & Potter, 1992), to name a few. At the macro level (CDA) of my larger analysis (Couture, 2005), I studied Harré and van Langenhove’s (1999) notion of discursive positions. Discursive positions are dynamic locations from which people engage others as they converse. For example, in a conversation that might occur after a friend or coworker has experienced a death in the family in treating a first speaker’s remark as “condolence,” the recipient could respond by positioning himself as “bereaved.” The first speaker can then accept this position as one who would continue to offer condolences or may choose to use his turn to position himself in another way (Davies & Harré, 1990).



In this broader analysis, discursive positions acted as an umbrella or heuristic starting point for the more detailed microanalysis. As I analyzed the transcripts, I asked myself, “What are the participants’ positions (in an impasse and forward moving dialogue) in the conversation as they invite their conversational partners to take up certain positions and accept certain positions for themselves?” (Davies & Harré, 1990). In this broader analysis, I suggested that conversational impasses arose from the differences in these discursive positions or cultural discourses developed by participants in therapy, and I discussed a forward moving, more mutually satisfying, position the family eventually constructed. I supported this analysis further with a micro look (CA discussed below) at how participants constructed these positions in the dialogue.

### Conversation Analysis

People, who may understand the world very differently, make sense of each other and develop shared understandings using various conversational practices (e.g., between and within turn pauses, intonation, and word choice). These practices help people in conversation orient and respond to one another on a turn-by-turn basis to achieve understanding at an adequate level to reach common understandings and move forward in conversation. Conversation analysts (e.g., Sacks, Schegloff, & Jefferson, 1974) examine in detail these mundane communicative behaviors or discursive practices speakers use to interact. Drawing on a sociological tradition of ethnomethodology,<sup>3</sup> conversation analysts aim primarily to make evident the methods that speakers use to reach their goals. They examine how people attend to each other turn by turn within the “taken-for-granted” activities of conversation (Garfinkel, 1967). They strive to understand talk in the participants’ own terms by focusing on how the participants orient and respond to each other in their actual talk in turn.

CA thus focuses on how people’s conjoint communicative actions accomplish social understandings and order (Gale, 1996). The main question they ask is, “How do the participants use verbal and nonverbal behavior to understand each other or work things out?” The focus is on how versions of events or ways of understanding are constructed through communicative behaviors (words, pauses, intonation, and nonverbal behavior) as turns are taken in dialogue. Using CA strategies (Pomerantz & Fehr, 1997; ten Have, 1999), I looked at how the participants *oriented* and *responded* to one another from each turn in talk to the next. I used reflexive discussions with 10 readers of my analysis to evaluate the plausibility or trustworthiness (Lincoln & Guba, 1985; Mishler, 1990) of

<sup>3</sup>Garfinkel (1967) regarded ethnomethodology as the study of practices that ordinary members of society use to make sense of and respond to their social circumstances. He suggested that common understanding (shared cultural “knowledge”) involves an operation or set of practices people use to create and sustain familiar social order through interaction.



the claims I made.<sup>4</sup> The result is an analysis that offers one understanding of what a therapist actually did and how he did it. Such a focus is of great interest to myself as a social constructionist practitioner who understands clients as altering their actions by constructing different understandings through dialogue (Couture & Sutherland, 2004).

### Details of the Study

The family who participated in this study included a father (Bob), mother (Sandra), son (Joe), and a therapist (Dr. Karl Tomm).<sup>5</sup> After giving informed consent I videotaped one of the family's therapy sessions from which they chose forward moving conversations from one month later. The adolescent and the parents reviewed the session separately to pick forward moving conversations. The reviewing process constituted an adaptation of Kagan's (1975, see Elliott, 1985) Interpersonal Process Recall, a method for retrospectively reviewing videotaped counseling sequences. Only conversations that both adolescents and parents chose as significant and "forward moving" for all family members were transcribed (see Table 1 for the transcription conventions and Couture, 2005, for details of this process) and used in the analysis.

The session we reviewed was the first one after Joe, the 14-year-old son, was released from the hospital after concerns about his recent self-harming ("cutting") 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. From a CDA perspective, the parents were talking from a position centered in the notion of *certainty*. Joe, on the other hand, did not appear to be as certain about the power of the contract; he spoke from a position of *doubt*. While the parents demanded unconditional certainty that their son would ensure his safety, Joe defended his doubts, saying he would *try* his best to accomplish what was expected of him, thereby expressing his hesitancy to commit to the contract. Such opposing positions (doubt and certainty)

<sup>4</sup>In addition, as Potter (1998) suggested, I provide rich and extended transcriptions of conversations to allow future readers to make their own judgements about my claims. I recognize the results are always open to reinterpretation and that readers must continually negotiate the strength of my claims through continuous dialogue.

<sup>5</sup>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. He has been at the forefront of new approaches to therapy that emerged from systemic, constructivist, and social constructionist ideas. His approach is collaborative rather than hierarchical and he emphasizes therapeutic conversations to de-construct problems and to co-construct healing and wellness.

Table 1. Transcription Notation

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

Source: Kogan, (1998, p. 232)

exemplify a family stuck at an impasse—based on their use of incompatible ways of talking and understanding.

In my larger study (Couture, 2005) of the interaction in the subsequent session I analyzed a shift from this conversational impasse toward a dialogue where all parties took up a similar position 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. Although this larger conceptual framework of discursive positioning (CDA) provided an overall organization for this study,<sup>6</sup> I will concentrate more on the detail of how they accomplished this using CA. The detailed focus of CA will offer practitioners increased sensitivity on how to join

<sup>6</sup>This is not to say that CDA does not afford analysts tools to study the details. I chose to use discursive positioning (CDA) for its strengths as the macro level and CA for its strengths at the micro level.



the complexities of multiparty talk; in this case in ways that cultivate forward movement.

### OFFERING SIGNPOSTS AND ENCOURAGING DISCURSIVE PRACTICE

In my training as a family therapist I found it very useful to watch other more experienced therapists practice either through a one-way mirror or by reviewing videotapes. In my later interactions with clients, I would often remember how the therapist I had previously watched had responded in certain interactional contexts; I used these instances as “sign posts” of sorts. When I speak of signposts, I mean that I reoriented to particular processes I had witnessed behind the mirror or on tape as they related to my future interactions with clients. Like signposts, such experiences pointed to new ways of moving forward in present conversations as I reoriented to them in an internal dialogue (J. Shotter, personal communication, June 3, 2004). Like Shotter, I suggest “insights” into how to “move forward” with clients in and beyond sessions do not develop as individual accomplishments. Therapists have continual inner conversations as they orient to past discussions or experiences (signposts) as they point to a way forward. These signposts serve as general reminders of how to act in particular circumstances—in ways that permit a range of possibly acceptable responses.

When I “slowed the therapeutic conversations down” in my research by translating what was actually said into detailed transcripts, these signposts became much more obvious; therefore, I found it easier to orient to them in practice. Through an “inner” conversational process, I have recalled examples of processes in my research when I have entered similar interactions to bring new orientations on how to join the developments. As such, I offer the discussion of exemplars that follows in attempt to do the same for practitioners reading my work.

In addition, reading this detailed CA research encourages practitioners to take a discursive stance in their own work. With this stance they will increasingly orient and respond to the conversational details of the spontaneous and creative interaction rather than deliver and receive information. After my immersion in this type of research I found I was much more sensitive to the previously taken-for-granted details in the back and forth of my therapeutic conversations. I was less likely to “run ahead” of clients with my brilliant intervention and more likely notice my client’s offerings and respond accordingly. For example, where I might previously have exhausted myself “cheerleading” as my clients offered subtle evidence that they weren’t on board (e.g., use of a quite voice tone after a long pause in response to my enthusiasm), now I might slow down and orient to their behavior. By adopting this stance, over time it becomes “difficult to even isolate one person’s actions as separate, or unconnected from the interactions of the social group” (Gale, Dotson, Lindsey, & Negireddy, 1993, p. 4). A discursive therapist

is then not one who knows how to deliver the “right” questions but one who orients and responds to clients in codeveloping these questions and propositions (Couture, 2006).

### Packaging Talk

Packaging or, in CA terms “recipient design,” refers to speakers constructing their utterances to “fit” their intended recipients (ten Have, 1999). This involves a combination of orienting to what one’s speaking partner has expressed and anticipating his or her response to what one has offered. Throughout the transcript the participants fashioned their responses in ways “which attend[ed] to the [relational] implications of their descriptions” (Silverman, 1997, p. 135) to facilitate the understanding that developed. At the simplest level packaging is something done in relation to one direct speaking partner. However, family therapists attend to the multiple consequences as they fashion their responses to fit a room full of recipients.

Below, Tomm (T) structured his talk in a way that facilitated a conversation with Joe (the adolescent) while maintaining a connection with Bob (his father).

- 99 T: **Okay** (*inhalation*) **no::w** (*vowel held*) (*pause of half a sec*)<sup>7</sup> was this um whose idea  
 100 was it do you think (*pause of 4/10 sec*) to make this contract? (*pause of 4 sec*)  
 101 BOB: **{Bob wringing his hands}**  
 102 T: Was it yours your mom’s your dad’s, the hospital staff (*pause of 8/10 sec*)  
 103 your uncle’s (*pause of almost 3/10 sec*)  
 104 JOE: The nurse’s I guess (*pause of 7/10 sec*)  
 105 T: The nurses idea? (*pause of 4/10 sec*)<sup>8</sup>

Tomm showed therapeutic flexibility as he packaged his turn to address both Joe and Bob, and to promote talk between them.<sup>9</sup> The slow building question starting in line 99 contributed to Tomm’s inviting Joe to respond to his inquiries (as illustrated by Bob’s response in line 104). This slow build-up (pauses, inhalation, drawn-out words) is a conversational practice that facilitates the accomplishment of a shared curiosity (Gale, 1991). In this case, Tomm invited Joe (and Bob as seen in line 101) to attend to what was said (Clark, 2002; Goodwin, 1980). The slow buildup used at the start of line 99 is also an example

<sup>7</sup>The bold type here is not part of the transcription notation but simply is intended to help the reader direct their attention to the lines I have focused on in the analysis.

<sup>8</sup>See table 1 for information on transcription notation symbols.

<sup>9</sup>This exemplar does not make evident how Tomm’s efforts promote talk with Bob (it only shows how Tomm orients to Bob in packaging his question), however, later interchange between Tomm and Bob in the overall transcripts illustrates continued engagement between the two.



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of what Silverman (1997) called “expressed caution.” The therapist asked Joe if the contract was his idea thereby perhaps inviting some doubt into Joe’s commitment to something that he has not introduced. Tomm prefaced this question that introduced the potentially delicate notion with a “perturbed speech pattern” (“Okay (*inhalation*) now::(*vowel held*) (*pause of half a sec*)”; Silverman,1997). This worked to mark and manage a potentially delicate topic (evidence of delicate nature of question seen in line 101). By marking it as a delicate topic, Tomm worked to engage Bob rather than estrange him from the discussion. Tomm packaged his talk for both Bob and Joe, so he was more likely to be heard in ways that he intended.

Packaging talk is a continual process that speakers use as they orient and respond to what their partners offer in their talk. As suggested by Pomerantz (1984), speakers can orient to utterances that follow their turn, for evidence that their conversational partner, or in this case partners, either prefer or disprefer what they have offered, and can then use these actions to design their subsequent turn accordingly. Learning how therapists orient to clients’ preferences as they talk, and how they then design or package their responses for clients accordingly (e.g., in recognizable ways that clients may be receptive to hearing them) is something made evident through CA’s microanalyses.

By looking closer at examples, as I have done above, therapists can become more aware and creative as they attempt to move forward with clients developing multiple positions. Therapists will not always be able to package their turns for each family member. With this sensitivity, it is less likely that therapists will label clients resistant as they learn to become more resourceful and conversationally adaptive participants in such conversations.

## Collectively Soliciting

Therapists continually invite more than one family member to consider a question; what I have described here as offering a “collective solicit” (Garcia, 2000). Now I will illustrate how Tomm managed this in his conversations with the family as Sandy, Joe’s mother, enters the conversation in line 275.

- 270 T: Okay (*pause of 1.6 sec*) (*inhalation*) umm ah now is there been any understanding  
 271 about how long this contract (*pause of 4/10 sec*) is in place and will it be reviewed  
 272 and renegotiated? {First looks down and then looks at all family members}  
 273 JOE: No (*pause of 2.3 sec*) {*Looking down and playing with bottle*}  
 274 BOB: We didn’t talk about (*pause of 1 sec*) a timing {*Looks to Sandy*} (*pause 2 sec*)  
 275 SANDY: I just (*pause of 6/10 sec*) thought it was indefinitely ((Short Laughter))

To invite all members to participate, Tomm collectively solicited the family in the above exemplar.<sup>10</sup> By looking down and then looking back-and-forth



to all family members, he avoided directing the question to one individual. Through this collective solicit he successfully invited a response from both the parents and the adolescent (lines 273 through 275). There are a number of examples of these collective solicits in more subtle forms throughout this transcript.

- 387 T: It does? {Looks at Joe and furrows his brow} (*pause of 2 sec*) Umm well do you  
 388 worry (*emphasis added*) a little bit about whether you might be able to follow  
 389 through (*emphasis added*) on some of these agreements? (*pause of 3.6 sec*)  
 390 JOE: Ya {He shrugs his shoulders} (*pause of 1/10 of sec*)  
 391 T: Ya  
 392 JOE: I guess {*overlaps previous turn and is spoken quietly as looks up at the therapist*}  
 393 T: Ya (*overlaps previous turn*) I'm not surprised (*emphasis added*) I would  
 394 worry too (*pause of 1 sec*) you know (*pause of 2.8 sec*) Okay (*pause of 1.3 sec and*  
 395 *inhalation*) Ummm (*pause of 2.5 sec*)  
 396 BOB: **Which ones are your biggest concerns Joe?** {looks down not at Joe} (*2 sec pause*)  
 397 JOE: don' know {*Talks quietly and quickly looking down*}  
 398 (*5.6 sec pause*)  
 399 BOB: {*Looks up to the ceiling and purses lips*} See part of what  
 400 T: See (*overlaps Bob's turn*) **I would of I think one of the biggest worries**  
 401 **would be the second** (*emphasis added*) **one** (*1 sec pause*) **umm that when he is**  
 402 **feeling unsafe** (*emphasis added*) **that he can ta::lk** (*vowel held*) **to people**

This exemplar shows strong examples of subtle, compounded invitations and propositions that Tomm offered to multiple parties (Aronsson & Cederborg, 1996; Garcia, 2000). Bob's action in line 396, showed that Tomm's invitations (lines 387 through 389 and 393 through 395) not only engaged Joe but also subtly solicited Bob (through a veiled address; Aronsson & Cederborg, 1996) to attend to his son's worry. Furthermore, in Tomm's proposition in lines 400 to 402 he rephrased Joe's position, acknowledging the difficulty of taking small steps in talking, as was demonstrated in Bob's and Joe's interchange immediately prior to this. In response to Joe's apparent unwillingness to engage with the topic, Tomm recruited Bob to continue to engage Joe indirectly as the *overhearer* (Heritage, 1985) of talk (I. Hutchby, personal communication, April 1, 2004). By looking closely at examples of collective solicits practitioners can become increasingly aware of how to facilitate this common practice in a variety of ways to fit their current conversational context.

<sup>10</sup>I am not suggesting that the therapist consciously intended to package his talk. CA makes evident how we naturally orient to one another to work things out. Shotter and Katz (1999) discussed these natural orientations as "living bodily expressions" that are not mentally thought but "happen spontaneously."



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### Fishing

Although in traditional research one often focuses on the practices used by the therapist, from a discursive stance the two pair parts of an interaction are inseparable. As such, in my work, I spend equal time studying the practices used by the family members. By offering this very rare focus on the family's half of the construction process, I have attempted to counter the idea that the family's contributions are mere responses to the therapist-delivered interventions rather than practices in their own right. Tomm did not just deliver key forward moving questions and propositions. In fact in my research I found that forward movement developed as Tomm's offers were partially or fully rejected and the participants continued to orient and respond to each other until a common ground was negotiated.

Furthermore, therapists are not the only speakers in the room practiced at negotiating the subtleties of multiparty talk. For example, Joe's responses to the therapist invited forward movement by successfully "luring" his father to join the developments. Pomerantz (1980) would call this a "fishing" device; Joe was able to solicit information from his father indirectly, in this case through ambivalent responses. As seen below, through multiple fishing responses more overtly directed to the therapist, Joe asked his father to join Tomm's strategic invitation to a middle ground.

- 488 T: that you can actually talk (*emphasis added*) to them about some issues (*1 sec pause*)  
 489 do you trust him? (*pause of 2.1 sec*)
- 490 JOE: **Ya I guess** {*spoken softly shrugs and remains playing with the label on the bottle*}
- 491 T: You don't sound too convinced (*pause of 2.1 sec*) or do you think that (*inhalation*)  
 492 You'd like to see your dad (*emphasis added*) make some commitments to work  
 493 towards (*1 sec pause*) you know showing you (*emphasis added*) that he is willing to  
 494 hear you in (*1 sec pause*) in new ways or something?  
 495 (*pause of 16.5 sec*)
- 496 T: Or d you think that I'm getting into dangerous territory by even  
 497 raising this? (*spoken quickly*) (*pause of 2.1 sec*)
- 498 JOE: **Doesn't matter** (*spoken quickly*) (*pause of 1.3*)
- 499 T: Doesn't matter to you (*spoken quickly*) but
- 500 JOE: {*Joe looks up at therapist*}
- 501 T: what about your dad do you think your dad might be a bit (*pause of 1.4*)  
 502 offended (*emphasis added*) by me suggesting that he could make a contract with  
 503 you too? (*pause of 1 sec*)
- 504 JOE: **I don't know** (*spoken quietly*) (*pause of 3.4 sec*)
- 505 T: Am I::: (*vowel held*) treading on (*brief pause*) risking territory here with you  
 506 you think? do you (*last few words spoken quickly and quietly*)
- 507 BOB: hmmmf (*overlapping with previous turn*) {*shaking his head no*}
- 508 T: think it would be useful (*emphasis added*) for you to (*brief pause*) srt ov



- 509 give some thought to a contract that you can make (*inhalation*) for yourself  
to::to (*vowel held*) srt ov try to follo::w (*brief pause*) with him? (*1.5 sec pause*)
- 511 BOB: Sure absolutely (*emphasis added*) I mean I'm I'm not apposed to that umm . . .

In lines 490, 495, 498, and 504, Joe's use of ambivalent responses worked to 'fish' for Bob's eventually solid uptake<sup>11</sup> on the need for a two-way contract (line 511). Initially, these lines seem to provide evidence of the adolescent's incompetence as a conversational partner. However, Joe actually demonstrated his competence<sup>12</sup> in fishing as shown in his dad's uptake on this forward moving notion.

In general, it is helpful for the practitioners to look at some of the practices they might orient to in the therapeutic process so they can equally recognize both sides of their interactions and stimulate their interests in orienting to the details of what clients offer. Furthermore, as seen in this example, we might find that clients are very sophisticated themselves at the subtleties of multiparty talk. In the above example a close look at the talk offers a signpost for practitioners to notice the consequences of "ambivalent" adolescent talk so they can enhance their work with young people engaged in fishing expeditions offered to further negotiate common ground. Being sensitive to the multiple consequences of what clients artfully negotiate in multiparty talk offers therapists another route to join families in forward movement.

### Performative Advice Giving

For the majority of the transcript, Joe and Bob demonstrated labored interaction. They did not often directly communicate and when they did, the interaction played out in ways similar to the example below.

- 396 BOB: Which ones are your biggest concerns Joe? {*looks down not at Joe*} (2.3 sec pause)
- 397 JOE: **don' know** (spoken quickly and quietly) {**looking down**}
- 398 (*pause of 5.6 sec*)
- 399 BOB: {*Looks up to the ceiling and pierces lips*} See part of what

In the final exemplars, however, Bob and Joe demonstrated progress relative to their previous conversational attempts. In order to facilitate progress, Bob adopted devices previously used by Tomm to engage Joe; hence, the title to

<sup>11</sup>A respondent's uptake acknowledges and extends what has been said to him or her. In this case Bob demonstrates solid acknowledgment of the ideas introduced in previous turns through emphasis on his words and word choice "Sure absolutely."

<sup>12</sup>Silverman, Baker, and Keogh (1998) discussed adolescent ambivalence as an interactional competence that the young person uses to resist institutional or professional discourses that constrain his or her abilities to speak freely.



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this section: “performative advice giving.” In the way that Tomm engaged Joe throughout the session, he “performed advice” or “modelled” how to take small steps in dialogue with Joe. This fascinating use of multiparty talk is another subtle route for practitioners to take as they work to invite families to relate in different ways.

Pomerantz (in press) discussed modelling as a form of “invisible teaching” in preceptor-intern interactions in medical training. By looking closely at the micro details of the talk, I noticed actual outcomes that may have resulted in part from Tomm’s “invisible teaching.”<sup>13</sup> In the exemplar above, Bob demonstrated what he previously did when faced with an ambivalent response; he abandoned direct dialogue in frustration. In my personal experience therapists can also become frustrated with clients’ minimal or ambivalent responses (e.g., “don’t know” or “Ya (*quiet voice tone*)”). However, in the session I analyzed, Tomm and Joe illustrated how forward movement can be cultivated even as an adolescent offers what some might call “dead end” responses. In the exemplar below, the therapist’s question (lines 88 through 90) invited Joe to acknowledge and consider committing to the “institutionally provided strategy” (the hospital’s) for “going forward”—the safety contract.

- 88 T: Okay (*pause of 7/10 sec*) um (*1.2 sec pause*) now how do you feel about this like is  
 89 this is something you feel that you can live or (*half sec pause*) or are you not  
 90 sure that you can live up to this or not er:: (*vowel held*) (*3.4 sec pause*)  
 91 JOE: **I don’t know** (*spoken quickly*) (*pause of 4/10 sec*) **I don’t know yet I guess**  
 92 BOB: {*Bob furrows brow*}  
 93 T: **Don’t know ya** (*pause of 1.2 sec*) **well that is probably an honest statement**  
 94 **because you don’t know for sure right?** (*brief pause*)  
 95 JOE: Mhmm (*spoken quietly*)

In Tomm’s response (lines 93 and 94) to Joe’s ambivalent response (“don’t know”) he demonstrated that he was not invested in an allied position with the parents to “make sure he follows through with a safety contract.” Tomm practiced a version of Erickson’s (see Haley, 1986) “utilization strategy” as he used what Joe offered to build “a bridge from where the client is now to the eventual goal” (O’Hanlon & Wilk, 1987, p. 133). When faced with Joe’s ambivalent response, Tomm “selectively listened” and responded utilizing the portion of what Joe communicated that facilitated continued discussion. He *treated Joe’s response as a legitimate answer*, not an avoidance strategy, and collaborated to develop a position of doubt in the contract.

<sup>13</sup>By invisible teaching I do not suggest that Tomm’s actions are necessarily intentional directives. They develop through his responsive involvement in the conversation.



Bob witnessed Tomm engage Joe in conversation throughout the session and by the end of the transcript, Bob was responding differently to Joe's ambivalent responses.

- 538 BOB: and I asked you one question remember (*brief pause*) what I asked? (*half sec pause*)  
 539 JOE : **No** {**Looking down, playing with bottle, sarcastic tone**} (*1 sec pause*)  
 540 BOB: **You don't remember** (*3/10 sec pause*) **it had to do with the fact I said** (*almost 1*  
 541 *sec pause*) **umm** (*8/10 sec pause*) **wouldn't it be neat** (*half sec pause*) **o::r** (*drawn*  
 542 *out vowel*) **did you like the fact that we just sat and talked** (*4/10 sec pause*) **just**  
 543 **talked about stuff** (*brief pause*) **and you said you did** (*almost 2 sec pause*) **and I**  
 544 **asked you if you would like to do more in the future what'd you say? . . .**

In the above exemplar, rather than abandon dialogue with his son when faced with a dead end response (line 539) Bob continued to work at inviting his son into conversation using different methods. Joe's response in line 539 ("No") could be understood as another "avoidance strategy." The way "No" was voiced communicated that Joe might have an answer to Bob's question, but was not prepared to share it. Instead of abandoning the talk, when faced with such ambivalence (e.g., "don know" in the previous exemplar), Bob models a practice that Tomm used when he was faced with ambivalent responses from Joe. Ways of going forward are performed *in* therapy, not just talked about (Strong & Tomm, 2005). Bob treated Joe's response as *legitimate*, or he selectively listened to "utilize" (Haley, 1986) the part of Joe's response that enabled them to continue in dialogue. He followed up "No" by saying, "You don't remember," marking the previous utterance as a legitimate response in communicating "No, what?" (I. Hutchby, personal communication, April 1, 2004) and successfully facilitating further dialogue (seen in exemplar to come). Bob and Joe performed new, more acceptable ways of talking that could work to *anchor* change in their conversations to come (Strong & Tomm, 2005).

Bob also used another strategy in the above exemplar that Tomm repeatedly demonstrated; Bob redesigned his question in line 540. Instead of abandoning talk when it became labored I noticed Tomm continually work to repair previous breakdowns throughout the session with repeated redesigned questions. Similarly in the above conversational repair (Schegloff, 1992), Bob carefully packaged or reformulated his question (lines 540 through 544) to bridge his talk with his son's. This careful construction of his question was evident in the pauses and verbal tokens<sup>14</sup> "(almost 1 sec) umm (8/10 sec)" in line 540 and his self-correction of the content of the question in line 541 ("wouldn't it be neat (half sec pause) o::r (drawn out vowel) did you like . . ."). In addition, instead of just answering for Joe, he invited Joe to join him in line 544 ("what'd you say?"). Instead of just repeating a more directly stated question similar to the one in line 540 (and in line 396 of the exemplar I presented at the beginning of this



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section of a tense interaction) or giving up altogether, Bob seems to have begun to become more artful in packaging his talk to engage his son. As when Tomm had used these practices, Bob used them to engage Joe in line 545 below (continuation of previous exemplar).

- 545 JOE: **Sure** {**Solidly spoken**} (2.2 sec pause)  
 546 BOB: And that is something that (3/10 sec pause) maybe I haven't done very much in  
 547 the past? (brief pause) for what ever reason (spoken quickly) (half sec pause) but  
 548 just (emphasis added) (half sec pause) shoot the fat (2/10 sec pause) talk.

In line 545, Joe offered a rare instance of clearly accepting his dad's invitation into dialogue. These final exemplars show how Tomm has invited Bob and Joe to speak from a new position (taking small two-way steps in dialogue) where they have developed a new, more acceptable (to the family) way to perform their own conversations. In the above exemplar, Joe responded to his dad with a solid voice showing evidence (especially in contrast to their previous labored interaction) of his openness to try out the small steps that Bob is suggesting. Bob then, once again, selectively listened (as Tomm did throughout the session) to Joe's potentially ambivalent<sup>15</sup> "Sure." By "utilizing" (Haley, 1986) Joe's "small step" ("Sure"), Bob demonstrated that he has accepted and extended Joe's assent, thereby assisting them both in moving forward in small increments. Notable, once again, is the way that Tomm "modelled" selective listening/responding earlier and how Bob, here, conducted himself similarly.

Finally, Bob adopted a more cautious approach to inviting Joe into dialogue reminiscent of Tomm's verbal packaging, to engage Joe earlier (discussed briefly in section on packaging). Recall Bob's previously insistent style of asking his son a question.

- 396 BOB: **Which ones are your biggest concerns Joe?** (2.3 sec pause) {looks down}  
 397 JOE: don' know (spoken quickly and quietly) {looking down}

Bob delivered the above question in a straightforward manner without any signs of hesitancy or caution (e.g., pauses). However, note how he designed his turn in later talk.

- 534 BOB: a::nd (vowel held) and it was (brief pause) **I think** (brief pause) **::I** (vowel held) **think**  
 535 **think** we both (emphasis added) kind of came up out of there (pause of 3/10 sec) and

<sup>14</sup>As Clark (2002) suggests the word "umm" can be a device used in the course of revising one's utterance.



- 536 Joe you can (*brief pause*) speak for yourself *but* (*emphasis added*) (*brief pause*) what  
 537 I (*emphasis added*) came out of it was that (*2/10 sec pause*) **ummm** we need to do  
 538 things a little bit different (*last phrase spoken quickly*) (*half sec pause*) we need to  
 539 start (*emphasis added*) (*brief pause*) do things a little bit different

He used both a turbulent delivery pattern (Silverman, 1997) to express caution in what he is saying (“that (2/10 sec pause) umm we . . .” line 537) and a couple of restarts (“we talked about a lot of stuff (2/10 sec pause) we talked about (pause of almost 1 sec)” line 530, “(brief pause) I think (brief pause) ::I (vowel held) think . . .,” line 534; Goodwin, 1980). Bob’s movement from an insistent to a tentative turn design successfully set up the previously discussed direct conversation with Joe about how they *both* could be able to begin taking these *small steps*.

Bob and Joe now “walked their talk,” as Tomm had invited them to do throughout the session. Rather than just talking about how father and son could take smaller two-way steps in dialogue Tomm modelled how this could be done with Joe for Bob to adopt in his own interactions. Practitioners can reorient to this to collaboratively offer advice to families by performing it with them in a two-way interaction for others in the room to take up. Therapists can engage their clients in forward moving ways, and by doing so, encouraged family members to do the same with each other; this behavior presents yet another option in co-constructing change in multiparty talk. As family members speak differently with therapists and each other in the session they can extend this enacted development in the conversations beyond the therapeutic context.

## CONCLUSION

The complexities of multiparty talk can be overwhelming but simultaneously this complexity can also offer increased possible routes to invite therapeutic change. For example, simply by developing each family member’s position, therapists can simultaneously invite other family members to consider alternative ways of making sense of their situation. In this article I presented some of the more interesting ways that a specific therapist, Karl Tomm, managed multiparty talk to invite the family to a more forward moving middle ground.

I have offered a few important signposts for practitioners to reorient to in their work with multiple clients. The exemplars that I have presented can bring new orientations to how to join similar conversational developments in therapists’ own conversations. Therapists can revisit these new orientations as they work to package their talk for multiple family members, subtly or more overtly solicit more than one person in the room, recognize and work with family members’ own skills

<sup>15</sup>Although “Sure” is a stronger uptake in relation to other responses Joe offered to Bob earlier, this word is more ambivalent than “Yes.”



in managing multiparty talk, or perform possible ways forward for other family members to adopt in their own ways of relating. Specific practices such as slowly building to a question to simultaneously invite curiosity and express caution or attending to client-offered ambivalent responses are possible resources for therapists to reorient to in their own work.

More importantly, however, I hope these findings have encouraged practitioners to adopt a discursive stance in their own work in family therapy. First, in my own experience I have found that simply reading discursive research heightens one's awareness of and attention to the taken-for-granted in communications. Secondly, therapists can cultivate this sensitivity by using the same methods used in discursive research to investigate the microdetails of shifting discourses in their own sessions. This may mean reviewing or transcribing videotapes of their own interactions with clients to enhance their ways of participating helpfully in therapeutic interactions (for more on the use of self-supervision see Gale, 2000). Or practitioners can act as discursive researchers on the fly as they become skilled at orienting and responding to conversational details. Eventually discursive researcher and discursive practitioner become a very similar role as both recursively analyze what is offered to clients and how clients orient to these offerings. In summary, adopting a discursive stance attunes therapists to what clients might take for granted in their conversations, making evident otherwise unconsidered choices for intervening and constructing alternatives (Couture & Sutherland, 2004). I would contend that these unconsidered choices are even more abundant in multiparty talk. Multiparty talk is complex; however, by cultivating one's sensitivity to the meaning-making possibilities and activities inherent as clients and counsellors exchange turns in the course of their conversations, complexity breeds opportunity.

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