‘What d’you think?’: a discursive analysis of psychology in therapy talk

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"WHAT D'YOU THINK"
A Discursive Analysis of Psychology in Therapy Talk

By

Nikki Parker

A Doctoral Thesis
Submitted in partial fulfilment of the requirements
for the award of

Doctor of Philosophy of Loughborough University

August 2003

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This thesis is an investigation of talk in a therapeutic setting. It takes discursive psychology as the main influence theoretically, and also draws on the rigorous analytical techniques of conversation analysis (CA). The data was collected in various family therapy settings in the U.K, both residential and non-residential via videotapes made during those sessions. These recordings were made by therapists for their own use initially, and were not produced especially for this project. Videotapes were transcribed according to standard CA conventions, and subsequently analysed. One of the primary research questions has been to examine empirically mental state language as used in the therapeutic setting. Secondly, it has been to examine accounting practices and the production of versions of events as ‘fact’. Thirdly, the aim has been to consider the practical implications of asymmetry as a participants’ concern. As a unifying and over-arching analytic interest, the use of reported speech in each of these other aspects has been investigated to assess its role in their production. The conclusions of the thesis demonstrate that participants themselves orient to one another’s minds as accessible and reportable entities, and that speech is treated as reflective of inner thought. Furthermore, where speech is reported in the therapeutic setting, it is frequently used to validate and to evidence claims about other people’s ‘psyche’.

Key Words: Discursive, psychology, conversation, therapy, reported speech, mind, construction, accounts, asymmetry, versions.
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INTRODUCTION

This thesis is the result of an investigation of a particular kind of institutional interaction, that of family therapy. However, it was never my intention to scrutinise the effectiveness of the practice of 'doing therapy' per se. I have approached this investigation first and foremost as a discursive psychologist, not a therapist. There are many schools of therapy, and many books have written about the intricacies of their practice. I began this project with a resolve not to learn all that I could about the theories that each approach espouses, but to come to the therapeutic 'couch' as it were with no other agenda save that of the unmotivated looking which characterises this kind of ethno-psychology. The data that I am using are videotapes of therapy sessions conducted at NHS child and adolescent mental health units in the UK. In line with the ethos of discursive psychology, my analysis draws significantly on conversation analytic techniques, and is based on detailed analysis of transcripts of these therapy sessions.

Theoretical Framework

Within the framework of discursive psychology, the starting point for this work is an analysis of the materials themselves. Broadly speaking, this is a discipline which studies language as a medium of social interaction, and one of its characteristics is that the researcher starts from the premise of 'unmotivated looking', of not having an agenda save that of finding in the data what is of interest. By drawing on general concerns highlighted by other works in institutional settings as a reference point, my aim has been to explore how these, and other issues are worked out in a therapeutic setting. By making detailed transcripts of videotaped therapy sessions, I apply the methods of discursive psychology (DP) and conversation analysis (CA) to make sense of how the business that goes on is achieved. One of the main objectives of therapy is to reach a point where the clients are able to use alternative descriptive frameworks in talking about their problems, making discursive psychology a compatible theoretical approach. Whilst this doesn't necessarily matter, I think it does make the analysis accessible to those within the counselling/therapeutic professions. In much of the early DP research, a focus on how people formulate descriptions of themselves, of others and of events to do business, was a
central concern. DP is also particularly interested in how accountability is managed through talk; a crucial issue in any arena of therapy which tackles the problems of an individual not just as something intrinsic but also as relational. Just as therapy is treated as the 'talking cure' of the medical world, so DP treats 'talk as the core' of any psychological enquiry.

Research Questions
This is an investigation of how a certain type of business achieved through talk is situationally compounded in the institutional context of a family therapy clinic. According to Hutchby and Wooffitt, mundane conversation is a "technical category in which the order, size and type of turns are free to vary" (1998:148). By contrast in institutional forms of talk, there tends to be a significant narrowing and re-specification of the range of options that are operative in conversational interaction. Thus, the turns that make up speech activities such as blamings and accounts occurring in 'mundane' conversational environments according to this definition would have greater freedom of size and shape, whereas these turn characteristics are likely to be compounded by the institutional situatedness of the interaction. For the purposes of this research, one of the avenues of investigation is to look for those characteristics of accounting practices which belie its institutional setting, and to look at how those characteristics may be 'therapy specific'. Another aspect of research interest is to determine the use(s) of reported speech in this setting, how it is used, by whom, and to what end. Whilst formulating another person's words, or even directly quoting them is as common an occurrence in everyday life as one can find, it is those particularities that emerge in therapy with which this thesis is engaged. Finally, the issue of asymmetry will be investigated in terms of its relation both to family relationships, and to relationships between therapist and client.

Methodological Approach
The methodological approach for this research draws on the theoretical framework of discursive psychology and conversation analysis described earlier. As a deductive rather than inductive research method, conversation analysis differs from techniques in which a hypothesis is first made and then tested using large collections of data, instead, it employs a methodology in which exemplars are used as the basis on which a generalisable description
is built. Although such generalisations are subject to the specific logic of testing in DP and CA when collections are built and deviant cases explored, this work takes a naturalistic approach to data collection, video recordings of therapy sessions occurring in NHS clinics form the basis of the data set. These sessions have not been set up specifically for the purposes of the research, and are conducted in their usual settings.

The videotapes are used to make detailed transcripts using conventional technical methods for this kind of work. Both the videotapes and transcripts are used for the analysis, although to comply with current ethical restrictions, the videotapes will be destroyed once the research has been written up and will therefore not form part of the final dissertation. Additional ethical approval has also been given for the use of short extracts of anonymised audio and visual tracks in academic presentations where individual participants give their consent. Both the videotapes and transcripts are analysed – the transcript being a convenient tool of reference to the recorded interaction. Repeated listening and observation of the original tapes are central to this technique. Within this methodological framework, a naturalistic approach is central, as the analysis relies heavily on extracting participant’s own methods within the interaction, rather than on the analyst’s imposed categories and descriptions. In simple terms, the first stage of analysis broadly involves identifying what participants are doing in and through their talk in this setting. The second stage involves breaking down these broad ideas to discover how they are done. The use of conversation analysis is a rigorous method and a valuable descriptive resource for explaining this activity in detail.

Overview

Although there has been substantial research on therapy generally, a large amount of it has focused on outcome measures. Success has been measured using questionnaires and other post-therapy feedback measures. Whilst these techniques remain valuable, there is a desire amongst those working as therapists and counsellors to have a better understanding of the process itself. Alongside these other approaches, the application of an in-depth qualitative discursive psychological approach will, I believe, be very helpful in answering the more specific question of how therapy works. Whilst this thesis is predominantly concerned with
the analytical interests of DP and the broader issues that this field of research has
developed, a by-product of this kind of detailed work, is that those aspects of institutional
conversation that appear to be therapy-specific can be better understood for what they are.
In this way, what actually goes on within a therapeutic interaction can be better understood
in terms of how it works as a sequential, organised piece of conversation.

This thesis in particular has as one of its major concerns, the practices of using reported
speech in therapy, and how that both constitutes and facilitates the goals of the therapeutic
encounter. However, there are other key areas that are also addressed. Chapter 4 is the first
analytic chapter, and deals with the use of inability accounts by clients in therapy as ways
of excusing inappropriate or socially undesirable behaviour. In most instances there has
been within the family unit what we would as lay persons call a 'breakdown of
communication'. By this, we tend to mean that there are problematic issues within the
family, that the family group themselves cannot seem to be able to resolve without the
assistance of a professional outside body. On the whole, most parents do not receive any
special training to help them resolve conflicts with their children, but tend to work out their
problems more by trial and error than by planning and expertise. As a generalisation, the
role of the therapist is to listen and advise, and to help the family to understand one
another's viewpoints, perhaps even to make some concessions or to compromise on certain
behaviour.

I have made it my aim not to analyses how 'well' a therapist is performing, but to look at
the activity of talk itself, in this instance an activity that is situated in the therapeutic
appointment for the particular purpose of 'sorting out' the family's problems. As my
approach to this analysis has been to put the data first and to discover what is happening in
the interaction from that, I have not started from the neat premise of looking for any
particular action. My reasons for this are to avoid the problem of circularity, and also
because one doesn't really know what one is looking for until you find it. By this I mean
that a hypothesis being a statement that can be tested, is something that has already been
conceived as a possibility if not a probability. The danger with having pre-determined ideas
that are investigated to prove their veracity, is that this almost precludes the discovery of
other ideas that have not previously been conceived by the investigator. Circularity happens when the investigator 'proves' the statement that they conceived to be true in the first place by means of scientific investigation.

My own preference, and that of the discipline of DP which I support, is that one should approach the data with an open mind and to honestly look at it without prior expectations or preconceptions. In this way it makes it a more conducive environment for the researcher to discover new phenomena that they had not even previously thought of. The result of this is that in some respects the analysis is more a collection of 'noticings' than a systematic line of enquiry. This collection of noticings does however still have an internal coherence. I have restricted my analysis to a limited number of themes, so as to retain some sense of unity. My analytic interest has been more focused on the client's accounting and sense-making practices than the therapist's, although the exception to this is chapter 5 in which I look in detail at a particular discursive device which appears to be used predominantly by the therapist — that being to report, or 'reflect' back to the client something that they had said earlier. This chapter is entitled 'you said', which encapsulates the elemental ingredients in this particular discursive activity.

In chapter 6, I move on to look at the construction of 'versions' in therapy. Again I draw heavily on the use of reported speech as a particular focus for the way that versions are constructed. The particular areas that are considered in this analysis are the construction of versions of truth and importance. Finally, chapter 7 takes a step further into the heart of what DP is really all about, by looking at an aspect of the way that constructs of 'mind' and 'thought' are used as a resource for both clients and therapists alike. This chapter in particular takes a closer look at what psychology is all about, and at how reports of other person's states of mind can be 'known' by others. The way that the data has led this chapter is to see how the particular issue of what someone is reported to have said (or not said) is used to evidence claims about what someone else is thinking.

In this chapter the thesis comes full circle. The title 'What d'you think', is an extract from a piece of data in the thesis. It is an argument into which the reader will, I hope, be drawn by
degrees from accounting practices, through reported speech, into the conceptions of versions of reality, and finally into the deeper issue of how the relationships between thought and language, talk and reality are in themselves created and maintained via our everyday conversational practices.

Conclusions
In conclusion I will begin by addressing the issue of how accountability is managed through talk; a crucial issue in any arena of therapy which tackles the problems of an individual not just as something intrinsic but also as relational. One of the key ways that this analysis demonstrates accountability is through the construction of 'versions' of events that are contested and evidenced. Those kinds of accounting practices which belie its institutional setting, are those which appear to be produced as ways of protecting the speaker from the kinds of personal change that may be required as a result of imputed accountability.

The use of reported speech is examined as part of accounting practices as well as in substantiating claims about other person's thoughts and feelings. One of the primary conclusions in this regard is that it can be empirically demonstrate that people use reports of what other people have said as one of the key ways of evidencing their claims about what that person thinks. The conclusion of this thesis draws together all of the themes that have been investigated, and highlights some of the practical implications of this research for clinical practice, and for the discipline of psychology.
CHAPTER 2

THEORIES AND ISSUES

The purpose of this chapter is to outline some of the particular issues within previous research that are pertinent to my own investigation. There is also a need to outline various key theoretical approaches with which others have approached their analyses. For the sake of relevance and brevity I have constrained this review to those issues that have the most direct bearing on my own work. I have structured these elements into three parts: therapy and postmodernism, asymmetry, and voicing.

First of all, therapy is looked at in the new light of postmodernism, with regard to how more recent theories of the practice of counselling have altered both its professional practice and the way that it is viewed and taught on a wider scale. The issue of postmodernist views of therapeutic practice is raised because the theoretical basis of DP as a discipline is very sympathetic to this approach. Secondly, asymmetry and institutional talk is reviewed as a separate topic. Analysts' concerns with 'power', 'knowledge rights' and 'institutional roles' are important to recognise as issues within a setting where accounting practices amongst other things are being investigated. Not only is this a setting where there is potential to explore the relationship between 'expert' counsellor and client, but also those relationships between adult and adolescent, parent and child. Of particular interest in this regard is the idea that a professional stranger may have greater entitlement to claim 'knowledge' of a client's psyche than they do themselves. Finally, voicing and reported speech are reviewed as issues within the context of the relevant literature. Chapters 4 and 5 of the thesis in particular concentrate on specific aspects of how voicing is used in therapy, and so it is pertinent to consider ahead of time, what the general issues are within this area of study before we examine their use within the particular context of the data that I have been using.

The rationale behind highlighting these particular features to start with is that whilst the investigation of therapy per se is not my primary interest, it is still important to recognise
some of the major changes that have been happening within this field over the last decade. In particular, the move towards postmodernism in the thinking and practice of some will mean that analysis of the kind that I am engaged in will be of particular interest to those groups of practitioners. The reason for this is that discursive psychology is itself very rooted in social constructionism as a way of understanding human interaction. The link between therapy as a social construction and asymmetry is one which warrants an investigation of the theoretical background of asymmetry and power as a topic in its own right, thus the inclusion of this area as a major component of this chapter. According to this perspective, any authority that a person has is not something pre-existent as intrinsic to the individual wherever they are, but rather something that is worked up as relevant during the course of an interaction. Therefore, the connection between the social constructionist approach to therapy and the construction of power and authority within an institutional context is apparent. Finally, the inclusion of the sub-section on voicing relates to the central feature of its use within the data that is examined here. In particular, it is used to present what different people have said as a way of managing topic as a client’s concern rather than a therapist’s imposed interest. This will become apparent in those chapters which relate to this issue in particular, but for now I simply wish to justify the necessity of reviewing voicing as a topic in its own right at this stage, so that in later analytic chapters where voicing is considered in new ways, a foundation will already have been laid. Its connection with social constructionist approaches to therapy and to asymmetry lies in its use primarily in managing topic.

My primary concern throughout, has been to approach this research with rigor and thoroughness as a discursive psychologist, rather than as a pseudo-therapist. I deliberately chose not to attempt a comprehensive review of therapy literature in preparation, nor to examine the different theoretical bases of each brand of therapeutic practice according to merit or effectiveness. There may be those who disagree with my reasoning for doing so, and yet I believe that my judgment on this matter was well founded. My concern to not fill my mind with therapy theories before I approach the data was that I would not then come to it in the ‘unmotivated’ fashion that I had determined. A therapist I am sure would look at my data in quite a different light, noting perhaps how ‘well’ the therapist managed the
interaction, or observing certain recurrent themes in a client's talk which may belie a particular state of mind. However, without what I regard as that kind of 'colouring' of my own vision, I feel far better equipped to see what it is that I am looking for. I have as a researcher wished not to have my 'therapy-tinted spectacles' on when I was observing these interactions.

Having said that, I do not come to my data as neutrally and unmotivated as this ideology might suggest. Obviously I cannot escape, at least to some extent, being influenced by my own world-view; I can't stop being western, educated, white, middle-class, female, and I do not pretend not to be. I can however resist the temptation to make any assumptions about the activities of my participants on the basis of any one of these or any other category that I think is relevant. I choose as far as is possible to make nothing of these social categories, nor of any other contextual features of the situation, save those things which the participants themselves make relevant in the course of their conversations.

In view of this need for a moment of reflexivity, it seems a good time to discuss my reasons for labeling the extracts that I use in the way that I have. As an analyst, there is potentially a wide range of different ways of identifying various speakers in the extracts of talk that I quote. For example, I could simply refer to them by a random alphabetical letter, or initial. I could refer to them by relational terms such as mother, father or son, or alternatively I could use pseudonyms such as Mary, John and Bill. The method that I have chosen to use however, reflects my concern to be true to the participant's own understanding of the nature of the interaction and their relationship to the others in the group. Because of this I use the 'client' as the central term of identification. This relates to the purpose and function of the whole interaction, after-all this is a therapy clinic. The term 'client', although never actually used by any of the other participants, I believe is descriptive of who he is here and now for the purposes of the interaction, and in relational terms to the therapist. He is also the person who has been recommended for family therapy, and therefore the rest of the family are there by virtue of their relationship to the client. I have chosen therefore to refer to them relationally, for example 'father', 'mother', 'sister', because they are present in that role in this interaction. By the same logic, I have kept the term 'therapist' for the therapist.
I believe that this solution is one that makes the extracts accessible and understandable to the reader, whilst still retaining an empirical integrity.

Therapy and Postmodernism

The world of therapy is itself undergoing a process of self-reflection and analysis of the effectiveness of its own practice. A large part of this process has been precipitated by the social constructionist movement. Sophisticated therapists, seeking to understand better their own profession, have been studying what this might mean for themselves. Laura Fruggeri is one of those practicing therapists who also writes on the effect that the social constructionist movement has had on therapy. She suggests that many previously cognitive therapists are now moving towards a systemic-constructionist perspective (Fruggeri, 1992: 40). Since the 1960’s, systemic theory has incrementally distanced itself from the reductionist pragmatic perspective. Simultaneous with this move has been the emergence of an influential critique of the old-style ‘directive, instrumental and control-oriented' therapeutic models (Dell, 1982; Keeney, 1983; Hoffman, 1986).

In moving away from reductionism, a new non-instrumental framework for working practice has begun to emerge, although many therapists, clinicians and other practitioners find themselves in the challenging position of being half-way between the old and the new. This process in itself has caused a degree of confusion over the identity and role of the therapist, as Fruggeri explains, “the concept of non-instructive interaction involves a revision of the causal paradigm through which the phenomenon of psychotherapy is explained” (1992:42). In effect this paradigm shift removes one of the constituent elements of what psychotherapy has always been about, causing the therapist to now be required to “deal with the intrinsic non-neutrality of their way of being in the relationship” (Marzari, 1991:1). In other words, the old-style reductionist approach to therapy was intentionally directive, and instructive. However, with the new insights that the postmodernist movement has brought to light, therapists are no longer comfortable with this mode of operation. Instead, there is a growing recognition that the therapist herself is not a neutral agent of change, but that her interventions are constitutive of what occurs in the therapeutic encounter.
The therapist can no longer be regarded as having access to objective knowledge of pathological mechanisms, nor as being unilaterally determining of the therapeutic relationship. Lynn Hoffman is herself a family therapist, and like Fruggeri, is engaged in her own search for an acceptable and applicable methodology for clinical practice, taking into account the 'revolution' in thinking over recent years within the social sciences; challenging even the idea that we should call ourselves scientists at all. To her, the professional relationship is itself at the core of the debate, what she refers to as that 'super sacred cow' (Hoffinan, 1992). Her central concern is how relations of domination and submission are built into the very assumptions on which therapeutic practice is based. Rather than imposing 'expert' answers informed by the therapist's own theoretical background implicitly or explicitly onto the client's narrative, Hoffman proposes that that the therapeutic conversation should be a collaborative effort whereby the client is able to introduce meaning and association, and the therapist takes on a more empathic role. As a proponent of this reflexive approach, Hoffman appears to be looking for a way to remove the 'therapist as expert' completely, claiming that instead of making choices for people, clients should begin to have access to the thinking of the persons that they consult.

The responsibility that the therapist now has, argues Fruggeri, is for his or her "power of construction" (1992:47). The thrust of constructionist theorising has led those in the profession to revisit their concept of what therapy is, concluding that it is something which cannot be abstracted from the social context in which it takes place and by which it is determined. Therapy has become, or perhaps always was, a socially defined context for problem solving, evolution and change, and thus, the 'therapy-ness' of the interaction emerges as a process of interpersonal construction. The question that remains is that of the tension for the therapist between his identity as 'expert' and the theoretical principle that relational change cannot be unilaterally accomplished. The question that Fruggeri is left asking, along with many others is what exactly is it that "makes a conversation that particular type of conversation that changes all other conversations?" (1992:49).

Perhaps the best person to consult about the construction of therapy is Ken Gergen, one of the forerunners, and most eloquent exponents of social constructionism. Gergen suggests
that when a client presents a narrative of life events or problematic issues, the therapist’s job is to respond to that narrative in some way. There are various options that the therapist can take in their response, one of which may be the advisory option. Whilst this may be helpful and appropriate in some instances, for the chronically or seriously disturbed client, Gergen argues that this may not be the best approach (Gergen & Kaye, 1992). Instead, two alternatives are presented, the modernist, and the postmodernist approach.

In the modernist view, which has been well represented in traditional forms of psychotherapy, an attempt is made to establish a structure of systematic, objective knowledge which will enable society to make increasingly accurate predictions about cause and effect relations. The effect on a practitioner working with this world-view is to replace the client's narrative with a scientific narrative, transforming the client's dysfunctional account with a professional and hopefully more useful account. The client is furnished with an alternative reality which holds hope for the future. Despite this seemingly positive approach, there are those postmodernists who find the predominant pathologising of the profession particularly problematic, and claim that mental health practitioners have little justification for their claims to knowledge of pathology and cure. As Hoffman suggests, perhaps such practitioners are little more than "professionals disguised as experts" (1992:22).

The positivist approach has not only been confined to the practice of therapy, but has also been determinant of the way that research in this area has been conducted. John Kaye is one who has been at the forefront of criticizing this approach, and has been keen to express a deconstructive critique of the logical positivist assumptions that govern much of the thinking about psychotherapy research. He asserts that the research that is conducted on this basis is, "predominantly verificationist and reproductive in orientation rather than formative or constructive." (Kaye, 1995: 44). Whilst he acknowledges the usefulness of experimental methodology in outcome research, he points out its limitations in process research, indicating that research within this frame will either necessitate the reduction of the phenomenon being studied to quantifiable terms, or the selection for study of only those aspects of the phenomenon that can be converted into measurable terms. The end result of
this therefore, can only be to present a partial picture of psychotherapy. As Tomm claims, this can unfortunately often leave clinicians frustrated and they, "frequently complain that the findings of family researchers are trivial and useless in practice" (1983:39).

Kaye puts forward a strong and convincing argument that it is the predominance of the empirical epistemology and the privileging of particular methodologies within therapeutic research that has, "inappropriately limited the scope of inquiry" (1995:47) and that the almost universal adoption of the logico-empiricist paradigm has, "contributed to an impoverished as well as erroneous construction of the therapeutic process." (ibid p47). Another proponent of such a change of thinking about therapy research is Steven Frosh, also a researcher/practitioner. Frosh argues that there needs to be a development of theory-based research methodologies that are 'clinically meaningful' in order that research findings can directly contribute to the development of clinical theory (Frosh et al, 1996:144). Frosh suggests that the most important area for research at this moment in time is to find out what those factors are in therapy that facilitate change, indicating that studies which rely on symptom checklists and questionnaires are unable to get at these important issues of effectiveness in therapy. Instead, he proposes that 'theory-based' methods such as discourse analysis and narrative analysis will be more serviceable.

It is in focusing particularly on process rather than outcome research that John Kaye also proposes the great need to adopt not just new methods, but to rethink our basic assumptions about the way that we perceive the process of psychotherapy. He suggests that to understand the process of psychotherapy, an interpretive rather than determinate approach is needed. The interpretive approach which is proposed by poststructuralist theorists is based on the premise that what we claim to be fact emerges from acts of interpretation and construction, therefore truth is relative to a conceptual system and cannot be fully objective. This form of inquiry is derived from hermeneutics, originally developed for the elucidation of biblical text as a way of interpreting the meanings embedded within it; a framework of interpretive inquiry, made up of reconstitutive, elucidatory and generative inquiry. These together point to both the illumination of meanings that organise knowledge, and to the creation of meanings which will extend our knowledge.
The concern that both Gergen and Kaye and others like them have with the modernist philosophy, is that there is a lack of regard for the complexity or uniqueness of an individual client's narrative and that it will eventually be replaced by a narrative "created before the client's entry into therapy" (Gergen & Kaye, 1992:171). Gergen even goes so far as to suggest that "the ultimate aim of most schools of therapy is hegemonic", with each school of thought seeking to eradicate or overthrow the others (ibid p 171). The main line of attack in the postmodernist approach, is to undermine the status of the therapist as a scientific authority who has privileged knowledge of cause and cure, and instead to seek to place the therapist's narrative alongside the many other possibilities available within the culture. This collaborative relationship between the client and therapist thus becomes a context for the creation of jointly constructed meaning.

The postmodern criticism of the modernist approach from the point of view of the client is that he/she will suffer from the fixedness of narrative formulations, justified by claims to a scientific base and unhelpful in application to novel life experiences. It is this 'fixedness' claim the postmodernists, that means that even before seeing the client, the therapist already has in mind an 'a priori' narrative. The effect of all this is that because the therapist's narrative is simply a decontextualised, abstract formalisation, the client's life options become severely truncated. The ultimate challenge therefore, for the postmodern practitioner is "not so much that of transforming meaning, but of transcending it". (ibid p175).

A slightly different approach to this problem, and a viable alternative to the modern/postmodern argument, is the concept of the 'generative metaphor' supplied by Wittgenstein (1953). Embracing life in this way, one can appreciate that words gain their meaning not through their capacity to picture reality, but through their use in social interchange. It is thus by virtue of their use that words gain their meaning rather than the other way round. From this 'language games' approach, stories about oneself can only gain utility if they can be achieved within the confines of a particular 'game'. Utility is therefore identifiable only in terms of the relative success of turns of talk as 'moves' within these
arenas - in terms of their adequacy as reactions to previous moves or as instigators of what follows. (Gergen & Kaye, 1992:177-8). Because of this, the usefulness of a 'new narrative', a new set of descriptive practices, can only be measured by its applicability by the client to a variety of situations in life outside of the therapeutic relationship.

According to this approach, it is the singularity of a narrative which restricts its functionality, and therefore a narrative multiplicity is vastly preferable. Using this approach it is suggested that the therapist should invite the client to explore a range of understandings of the self without committing to any single one. The justification for approach is that from the postmodern viewpoint it is the relationship that takes priority over the individual self, that the self is only realized through its relatedness. As Gergen & Kaye put it, "it is not independent selves who come together to form a relationship, but particular forms of relationship that engender what we take to be the individual's identity" (ibid p180).

Gergen & Kaye reject both the notion of the individual self, and the use of narrative reconstruction as the replacement of one narrative by another. They suggest some ways that clients may be encouraged to see things from other people's perspectives or to imagine different ways of being, so that they may, "transcend the restraints imposed by their erstwhile reliance on a determinate set of meanings" (ibid:183). Personally, I welcome to some extent the escape from a singular determinant narrative that postmodernism offers, both in the ‘dysfunctional’ one presented by the client, and the superseding one of the therapist, and am glad to embrace the logic of adopting alternative viewpoints from other sources; however, I still believe that without some form of plumb-line against which to measure human activity in all its diversity, an inevitable collapse of any concept of ‘right’ and ‘wrong’ will ensue.

Using Discursive Psychology to Analyse Therapy

Before I address the theories and issues pertinent to this investigation I will begin with a general overview of the kinds of research that inspired the analytical approach that I have taken. It is fundamental to the thesis in terms of the mode of analysis that we start by
reviewing the kind of work that has already been carried out by discursive psychologists, and in fact how DP as a discipline co-exists alongside other approaches within psychology. Beyond the situatedness of DP itself within the whole field of psychology, is its place within the social sciences in a broader sense, particularly in relation to the arena of conversation analysis whose inception was amongst sociologists. There is a particular body of work which has been conducted by conversation analysts, discursive psychologists and other theoretically fraternally related researchers who share an interest in those institutional hybrids of everyday interactions (see Boden & Zimmerman, 1991; Drew & Heritage 1992; Edwards 1997). These institutionally situated research projects, be they in doctor's surgeries, political speeches and interviews, telephone help lines, courts of law or wherever, are obviously important in relation to this project.

Whilst my primary interest is in the engineering processes of everyday mundane conversation, and how these microcosms of life are built together to create the fabric of society, I have a set of data which was collected from a particular institutional context, that being the child and adolescent mental health clinic. This was by no means an accident, nor was it in any way just because it was an easy option, or a convenient data source. Indeed, my choice of this setting as a place of inquiry was a deliberate choice influenced by the merits that it has to offer. It must of course be remembered that the people who go there are functioning members of society in other social roles and capacities for the other 167 hours of the week that they are not ‘in therapy’, and as such conduct their affairs and their conversations with one another in more-or-less the same way as everyone else. So, what they bring to their hour of ‘therapy talk’ is by-and-large a set of practices for communication that they would routinely use in every other setting. However, this is different. Therapy has a particular task to perform, one which all the participants have entered into with some degree of understanding of what their own role in it ought to be. So, whilst on one hand we could say that people are people wherever they are, on the other hand the situation does have an impact on the kind of business that is conducted.

The primary purpose for there being such a thing as therapy is to address some problem with an individual, using the tool of conversation, with a view to making them ‘better’. In
addition to this grossly simplified caricature of the activity of therapy, we have in our case the added ingredient that this is *family* therapy. Family therapy has at the heart of it a social model which believes that there are more than intrinsic, personal reasons for an individual’s behaviour, but that there is an aspect of the social environment in which that individual lives (be it simply at the local level of close family relationships, or the wider influence of the society and culture in which that individual has been brought up) which in some way is also partly responsible. So, when a family come to their sessions, everyone knows who the ‘client’ is, who the individual with the problem is. The rest of the group are there because of their relationship to this individual. However, with the least bit of knowledge about why they are at *family* therapy rather than just sending the individual for therapy, there is always the specter of blame which may now be shared among them. And who is it that has the authority to decide where any such blame should be distributed? The therapist. The expert. The professional.

So, right from the outset there appears to be an asymmetry between the client and his family, and the professional therapist. There are those who have come for help, and the one who has the job of giving that help. Let us start right here then, by looking at the issue of asymmetry, and in particular how talk may differ (or be the same) in an institutional setting, from mundane conversation.

**Asymmetry and Institutional Talk**

Much research in the social sciences has conducted to investigate the nature and effects of asymmetric relationships. These studies are wide ranging in their subject matter, participants and locations, but share a fascination with the idea that some people appear to have more power over others, be that due to education, status, age or whatever. Historically, the category ‘power’ has been a discrete area for study, particularly within sociology. However, another way of looking at the concept of power is to think of it not as something that is ‘owned’ by certain members of society due to extrinsic factors such as wealth or status or position, but as something which is a flexible resource, something that anyone can ‘draw upon’ or make relevant in whatever context they find themselves. As such, it would be the consequence and accomplishment of that situated interactional event,
and not merely a predetermined entity. According to this view, 'power' can only rightly be regarded as a collaboratively achieved phenomenon. With this in mind, Silverman (1998:59) advises that researchers should avoid the temptation to start an investigation by having an a priori notion that 'power' is a category that can be picked up and used during the analysis. Instead, it is better to proceed inductively, and to 'discover' where, if at all, participants themselves make such a category relevant. In practice this would amount to a sequential analysis of transcribed talk, whereby power or asymmetry may emerge as issues which the participants themselves orient to as relevant to their current interaction.

The issues of power and asymmetry are closely bound up in the research with analysis of talk in institutional settings, although the difference between what counts as 'institutional talk' and what counts as 'mundane talk' needs some teasing out, and yet perhaps no amount of 'teasing' will fully resolve the issue. According to Sacks, Schegloff & Jefferson, 'conversation' "occupies a central position among the speech exchange systems" (1974:701). In line with this school of thought, John Heritage claims that in order to fully understand the asymmetries in institutional discourse, we first need a detailed knowledge of the workings of mundane conversation (1894:240). Hutchby and Wooffitt define mundane conversation as a “technical category in which the order, size and type of turns are free to vary” (1998:148). By contrast in institutional forms of talk, there tends to be a significant narrowing and re-specification of the range of options that are operative in conversational interaction. The institutional discourse can thus be recognised by a range of particular speech exchange systems. These are not dissimilar from ordinary conversational forms of speech, but are tailored specifically for the business in hand, usually at the expense of some of that 'freedom' that is characteristic of mundane talk. An appreciation of limitations on free access to size and types of turns is fundamental to understanding how power and asymmetry become interactional achievements in situated talk. Another way of categorizing talk in terms of the relative freedom that participants have in their access to turn types is by distinguishing formal forms of talk from informal. According to Atkinson, "roughly speaking, it appears that the more that people are permitted to say what they want to say, the less formal (and less intimidating) will the procedures be declared to be, and vice versa" (1992:211). This definition, however, is one that discursive psychologists
would find difficult to accept, as it relies too heavily assuming what participants intentions may be. I prefer to use for the moment, the conversation analysts’ definition in which the order, size and type of turns can be used as a technical indicator. So, what are the factors which constrain the size and shape of turns available to participants? One factor may be the role of the speaker.

All talk is produced for the occasion of its use, which includes not only the setting or situation, but also the person or persons with whom we are conversing (or who may be ‘listening in’). However, talk is not only situated within, and sensitive to, the particular setting in which it is conducted, but also by the particular roles that participants take on in those settings. In effect, recipient design takes into account contextual features such as the task to be accomplished and features of how participants’ roles may normatively interact in that situation. The conversational effect of these ‘external’ features as Drew and Heritage point out, is that there seems to be a “direct relationship between status and role, on the one hand, and discursive rights and obligations, on the other” (1992:49).

In his research on talk radio, Hutchby examines some of the effects of participant roles, pointing out that whilst some participants are not excluded from certain types of turns, they may be constrained by restrictions to the accessibility of certain communicative action resources by features of the setting, and of their social identities. So, power is not so much an intrinsic quality of an individual, but rather a function of, “differential distributions of discursive resources” (Hutchby, 1996:484). With this in mind, one of the benefits of taking a conversation analytic approach to the notion of ‘power’ is that it becomes possible to examine the effects that social roles and social identities can have in constraining those types of turns that participants have access to.

One problem with confining issues of power and asymmetry to discussions of institutional discourse, is that similar issues in mundane, or ‘ordinary’ talk tend to be overlooked. It is often assumed that mundane conversation is free from a so-called ‘imbalance of power’. Nevertheless, this does not appear to be empirically defensible. For example, the adult / child relationship is one which is predominantly portrayed as prototypically asymmetrical
(see Aronsson & Evaldson, 1993). Taking a stereotypical view of most adult/child interactions for a moment, there is an assumption that even in the most mundane of situations, the adult has greater ‘power’ than the child. Yet, Sacks develops a scenario whereby a child reverses this presupposed power imbalance by asking various adults the same question until they get the answer they want. Then, on returning to the original adult with the favoured response, the child assumes a more ‘powerful’ position, having gained additional adult support for their request. (Silverman 1998:19 / Sacks LC1:77).

Whilst at first this example may appear to be anomalous in terms of our general perception of adult/child power relationships, in fact it is in many ways no different. The newfound power that the child acquires by gaining the desired response is only borrowed from that adult who supports their request. The only way that the child gets power in this scenario is by association with an adult, rather than of themselves. Whichever way one looks at this example, it appears that there is still some kind of intrinsic authority tied up in the role of adult, compared with that of a child; an intrinsic authority which may be borrowed by a child in effect by association, but not one which is permanent.

I believe that this approach to power in asymmetric relationships as some kind of currency is distracting. I propose that it is far more fluid than that. Hutchby & Wooffitt (1998), suggest that even in mundane conversation, there can be asymmetry. The example that they give is that if one person asking another for their advice, in which case the person asked is immediately placed in the position of ‘holder of knowledge’ and thus in many respects is granted a more ‘powerful’ position at least for that part of the interaction. Indeed, Sacks also maintained that the process of arguing about opinions is in itself a basically asymmetrical activity, in whatever context it occurs. (Hutchby & Wooffitt 1998:167 / Sacks 1992, V2, 348-53). In his work on ‘technical competition’, Sacks (1992, ibid), discusses the matter of topic introduction in mundane conversations. The asymmetry found in these settings is a function of whose topic is taken up by the other interactants. In other words, where a topic is introduced, do the other participants in the interaction ‘take up’ that topic, and ‘talk to it’ or do they develop another sequence about something else?
If we consider this idea of 'holder of knowledge' for a little longer, and revisit the discussion about adult/child relationships, we can now imagine a different kind of scenario whereby a child may hold intrinsic rather than borrowed power. In the previous example the child only had power by association with an adult, however if we consider power in terms of knowledge, then a child may indeed hold intrinsic power. Take for example a classic scenario where a parent will ask their child how to operate a DVD player or to run a particular computer program. In this environment power is not a quality that either individual always has in relation to the other by virtue of their social roles, but rather it is a factor of the particulars of the interaction that they are engaged in, and the particular subject about which one has more knowledge than the other. So, degrees of power and social role do not necessarily go hand in hand. There are clearly issues relating to personal knowledge that also impinge on any mundane interaction. The question remains however, as to how far personal knowledge affects institutional settings that are far more rigidly structured in terms of social roles.

According to Sacks, Schegloff & Jefferson, ordinary conversation "obviously occupies a central position among the speech exchange systems" (1974:701). By 'other speech exchange systems', they refer to meetings, interviews, debates and ceremonies as examples (ibid). The problem with making distinctions between institutional and mundane conversation, is that they can begin to be seen as two completely different ways of talking. As Maynard points out in his analysis of doctor-patient interaction, much of what goes on in clinical settings "involves sequences of talk that have their home in ordinary conversation" (Maynard, 1991:449). One could say therefore, that parts of a doctor-patient interaction for example are institutional, focused on the business in hand and following a particular form of speech exchange system, whereas other parts of the interaction such as greetings and closings should be viewed as peripheral and consisting of a 'mundane' style of speech exchange system. By dividing up the interaction in this way the institutional part of the whole interaction can be isolated from the peripheral chit-chat.

This kind of approach denies the fact that if there wasn’t the so-called-chit-chat in opening and closing the interaction, the interaction would not be what it is. My suggestion is that
those parts which are deemed to be less institutional in form are actually just as institutional as the rest. A doctor may smile warmly and invite the patient to take a seat, perhaps making general comments about the weather or some other nothingness. However, on seeing the same person in the street the next day, those two people may not even greet one another; they have no other basis for relationship than in the context of the surgery. The openings and closings, and perhaps other aspects of the consultation may appear to take a different form than the rest, and yet they are just as much part of the business as the asking of questions, recording information and making diagnosis. The interaction needs those bits as much as the others to work. Therefore they have to remain analytically integral to it, and not be separated out as peripheral concerns. In criticism of Paul ten Have’s work (1991) in particular, on what he refers to as microanalytic research on institutional asymmetry, Doug Maynard’s claims that by concentrating too much on the way that participants ‘do the institution’, some analysts have neglected to look at how they ‘do the interaction’ (1991:458). He argues that, “even in clinical or other institutional discourses, there is an interactional order whose operation is relatively independent of the social surround” (ibid, 1991:457). As Sacks, Schegloff and Jefferson explain, there has been much emphasis on ‘outcomes’ in social sciences research, “but not the organization and operation of the system that allowed or produced such an outcome” (1974:698). Inevitably all research on actual conversation will be ‘situated’, that is, “it always comes out of, and is part of, some real sets of circumstances of its participants” (ibid:699). Nevertheless, there is an intrinsic interactional order that is common whatever the setting. It is the investigation of aspects of this fundamental interactional order that is the central interest of this thesis, with a secondary regard to its clinical situatedness.

Another way of looking at the issue of institutional versus mundane conversation might be that by assuming a symmetrical model in ordinary conversation and a massively asymmetrical model in medical discourse, other characteristic features of ordinary conversation which also get done in the course of medical consultations are lost. Instead, maybe we should consider these kinds of interactions as a whole in terms of their situatedness despite what appear to be the different forms of speech exchange system (SES) within the interaction as a whole; embracing what we had thought of as parallel ‘types’ of
SES, and accepting them as unitary. By this I am suggesting that we could imagine such a thing as a doctor/patient speech exchange system for example, which has within it both mundane and institutional facets. But let us return now to our discussion of asymmetry, and consider in a little more detail the idea that we started to unfold, that being the notion that asymmetry may not be fixed to roles, but may be more fluid than that, relating more to access to knowledge about the topic at hand than to intrinsic qualities of the speaker.

Knowledge and Power

Access to knowledge, and the notion of differing knowledge states has been an important issue in the study of asymmetrical relationships in talk. Like those conversation analysts that we have already mentioned, Paul Drew argues that asymmetries are the result of certain communicational moves through which access to equal participation in talk may be hindered for one or other of the speakers (Drew, 1991). One of the ways that this happens is by one participant being regarded as 'expert' relative to the other. In institutional settings it is access to specialised technical knowledge in relation to members of the public or lay clients that warrants this attribution. A classic example of this is of doctor-patient interactions, whereby clinicians and patients will have different ways of assessing and describing problems. For example, the patient will have a greater background or personal knowledge of their own symptoms, but the doctor has technical, medical knowledge with which to make diagnosis and prescribe treatment (Aronsson & Rundstrom, 1988).

The issue of validity of different forms of knowledge is subject to debate, and not just as a theoretical point. Indeed there is an acutely political edge to much of the work on power imbalances in everyday life. For example, Starr claims that it is a matter of ‘cultural authority’ that gives those in the medical profession the power to judge the needs of a client, resulting in what he refers to as a “medical reality” (1982:13). It is not a new idea that those who have more ‘power’, by virtue of expert knowledge in some area are in a stronger position to say what constitutes reality. The result of a society which upholds scientific knowledge above all other types of knowledge, is that medical personnel may be seen as ‘gatekeepers’ over therapy, surgery, prescriptions etc (Friedson, 1970:116), and thus a patient is likely to simply acquiesce to the doctor’s perspective and advise because of
their position. The discussion of the political underpinning of this view is extensive, and not something that I wish to discuss at this point, save to say that in the context of the current discussion about 'knowledge', there are important implications within a society that deifies scientific knowledge above all others.

Another way of looking at the differences between types of knowledge that participants bring with them to the therapeutic interaction in particular, according to Buttny (1990), is that the therapist has 'specialist knowledge' and the clients have 'commonsense knowledge' about how to solve their problems. However, not only is this asymmetry a function of access to knowledge, but states of knowledge are also attributed to role identities by others. In effect, there are certain category-bound assumptions about knowledge states and access to knowledge that affect the way participants orient to one another in their conversations. These assumptions are sometimes referred to as 'knowledge schemas', which are "participants expectations about people, objects, events and settings in the world, as distinguished from alignments being negotiated in a particular setting" (Tannen & Wallat, 1987: 207).

To take a rather different example, in Watson’s (1990) work on police interrogations and murder confessions, the credibility of a suspect’s confession is based on first hand experience or personal knowledge. Therefore, the status of the type of knowledge possessed, and how that is produced in talk is very much part of how 'power positions' are created and debated. It could be argued that it is by virtue of these exogenous factors that participants do not share the same knowledge, and because decisions are made on the basis of such knowledge, some participants may be placed at a disadvantage. In ordinary conversation, knowledge asymmetries are not necessarily associated with one knowing something that the other doesn't, but that whether one is put at a disadvantage by the other is an interactional accomplishment.

To understand what is meant by 'interactional accomplishment', a good example to use is that of 'caller' and 'called' in a telephone conversation. With regard to these identities, neither the person who has called, nor the person who has been called may make those
categories relevant during their conversation, but those categories are nevertheless still available to be *drawn upon* at any time and *made* relevant for particular local interactional purposes by the participants. One participant may 'use' that category to sustain an interactional asymmetry, for example by claiming, "look I called you, I didn't have to ...". Therefore, asymmetries are *generated* in talk through occasioning the interactional relevance of exogenous structural categories. So, asymmetry may be regarded as a property of the action structures of sequences, for example, participation in the action sequence of an argument may be constrained by the type of knowledge that its’ participants possess; but access to types of knowledge does not *prevent* participants from involvement in the argument, it only *constrains* participation.

Another way of looking at asymmetries in talk is to examine the sequential structure of the turns within the talk. For example, Drew (1991) follows Linell's (1990b) observation that asymmetry can be seen as a ‘sequential property’. A classic example of the kind of asymmetry created as a sequential property of the talk is that of the question/answer sequence. Hutchby (1996) indicates that the asking of a question places constraints on the discourse options available to its recipient, and whilst individual questions constrain, sequences of questions constrain even more. As Maynard points out, there are sequential features of everyday talk, such as question/answer sequences and the perspective-display series, which are also common in institutional interactions. However, the sequential organisation in institutional discourse “can invoke concentration and specialisation of sequential mechanisms” (Maynard,1991:482; Heritage 1984:239). One way that this happens, is that some of the ‘contingencies’ surrounding the way that sequences are built up, such as receipt markers for example, are diminished (see Atkinson, 1992). The effect of this is to make the talk generally more rigid, but at the same time also more predictable.

A feature of sequential organization that he particularly emphasises is based on observations made by Harvey Sacks regarding asymmetry between first and second positions in arguments. First position (the speaker puts forward their own view on a matter first) is much weaker than second position, from which the recipient is able to challenge the first speaker without necessarily having to put forward their own position. The intrinsic
strength of maintaining second position can lead to the strategic manoeuvring of opponents as they attempt to gain this advantage and ensure that the other is kept on the defensive. In Hutchby’s talk radio data features of both the setting and roles of the interactants create a situation whereby a caller to the program will automatically be placed in the weaker first position in the argument sequence.

A similar feature of talk generally, which Watson (1990) draws attention to as relevant to how institutional talk becomes typically an asymmetrical activity, is that of the difference between invited and volunteered stories. The differences would be the same whatever the context, but the nature of institutional settings is often that one person is likely to be seeking particular, relevant information from another, whether it be a doctor, attorney, therapist or police officer. One of the characteristics of an invited story that makes it distinctive, is that the materials to be addressed in its telling are provided by the requester of the story, whereas in a volunteered story the materials are provided by the teller. Therefore in the invited story, the teller is constrained as to the content of the story to tell by what the asker asks. As Watson states, “invited stories constitute felicitous devices for the maintenance of the pre-allocation of turns and turn-types” (1990:279).

Cuff and Francis some years earlier, were also interested in examining the hallmarks of invited stories. In their 1978 paper on the features of invited stories in marriage breakdown, we can find some indicators of how the pre-allocation of turns that Watson reports may come about. According to Cuff and Francis, there is something about the acceptance of an invitation to tell a story which in turn also involves the story-teller in granting certain rights to the inviter about its telling. In effect, “the teller might be seen to be according to the inviter rights of ‘interviewing’ and hence the right to ask appropriate questions in order to obtain ‘more story’, ‘more details’ etc. (Cuff & Francis, 1978:124).

This explanation of how rights to turns and turn-types may be restricted by the invitation to tell a story may help us considerably in thinking about the therapy session as a whole. Certainly in first sessions, and often in many other sessions, therapists are prone to invite their clients, by use of open questions, to tell their own story of what has led them to where
they are now. If at the outset of a session, the therapist 'invites' such a story, then a large part of what follows in the client's turns could legitimately be seen as an answer to that invitation. More importantly, the turns taken by the therapist are now also within the remit afforded to them of a kind of 'interviewer' seeking clarification and detail about the story given. The following interjections made by the requester of the story, in whatever form, thus serve to keep the content of the story focused on information which the inviter requests.

In this explanation, the acceptance of the invitation to tell a story is the crux of the exchange, whereby subsequent turns are then constrained to be of a particular kind; in other words, the ensuing turn-types have been largely pre-allocated by the preface of a story invitation-acceptance sequence. It is perhaps this constriction and specification of what kind and in what way turn-types are produced that contributes to the institutional or 'formal' nature of these conversations.

Much of the talk in therapy is thus organized by a participation framework which consists of the therapist asking questions, and the clients giving answers. As Buttny observes, "(t)he therapist appears to exert considerable control over turn-taking – eg by directing questions, by cutting short critical descriptions, and by drawing out underlying assumptions" (Buttny, 1990: 241). The significance of the therapist being in the position of question asker, or story inviter for the majority of the session, is that she is almost constantly in 'first position'. The principle of the sequential effects of first position turns on second position turns is part of the larger issue of conditional relevance (see Schegloff & Sacks, 1973), which determines that the first part "leads to or constrains the subsequent action" (Buttny, 1990:224). Therefore, purely from a sequential point of view in the therapeutic situation, we can see that an asymmetry between therapist and client is created in the talk simply by virtue of the fact that the majority of the client's turns (predominantly second part turns) are constrained by their conditional relevance to the first part turns of the therapist. In effect, the client is thus almost always in the weaker position.
Per Linell even goes so far as to show that the distribution of these kind of first and second position turn types can be calculated numerically in any conversation (1990b:156). Although it must be acknowledged, that he does not refer to these actions by the same terminology, he prefers instead to talk in terms of this type of dialogue dynamic as an interplay between 'initiatives' and 'responses'; the study of the balance between these two being what he refers to as 'IR analysis'. In essence, responses are 'context-determined', and initiatives are 'context-determining'. According to this model, every conversational contribution exhibits both responses and initiatory features, and is therefore both context-shaped and context-renewing. This is the perspective adopted here. As Markova puts it, in appropriately medical guise, all utterances have both “diagnoses and prognoses built into their meanings” (1990:140). The point being, that every utterance, or turn, is both subject to the conditional relevance invoked by the preceding turn, and will in its own right create a conditional relevance which will constrain the range of appropriate responses that will constitute the subsequent turn. Therefore, there is a strong influence over what we might call discursively constituted power which is determined by preferential access to sequentially ‘superior’ turn positions.

In some cases, this preferential access may be strongly related to a particular role, such as that of a teacher or therapist; whereas at other times, perhaps where role allocations are not so prescriptive of turn-type privileges, there is a greater fluidity of discursively constituted power. This type of thinking is shared by Wrong, who notes that asymmetry exists in each individual act-response sequence. He prefers, “the actors continually alternate the roles of power holder and power subject in the total course of the interaction” (Wrong, 1968:673). Perhaps this is where our answer to what differentiates mundane from institutional talk lies. Rather than defining the characteristics of institutional forms of talk just by their “concentration and specialization of sequential mechanisms” (Heritage, 1984:239), perhaps we can also identify features of differential access to, and appropriation of what we have referred to as ‘privileged’ turn-types, be they attributed or claimed by interactants.

To summarise, asymmetries can be seen in differential knowledge states, access to resources, privileges to participation rights, and participant status. So it would seem that
asymmetry is actually a feature of the talk itself, and power a manifestation of advantageous participation rights that one speaker may have over another. It is not inherently any quality of the speaker her/himself, but a collaborative product of a particular sequence of talk which produces an imbalance in participant access to turn type, length and order. Neither is it a static phenomenon. It is not an intrinsic feature or characteristic of any one participant, but rather, a fluid, sequentially negotiated feature of talk which is claimed and attributed turn by turn. It is a negotiated outcome, which can only be ‘taken’ if also ‘given’ (Wittgenstein, 1969). If knowledge is power, then in the same vein, as Wittgenstein points out “knowledge is in the end based on acknowledgement” (1969:378). We can see now that ‘power’ is in fact a discursive achievement, affected by the differing potential that participants have to enable or constrain one another’s actions, and an ‘asymmetric relationship’ is a construct that is located within specific instances of talk.

In conclusion, I don’t believe that the traditional distinction made by CA between mundane and institutional discourse, allows for a proper appreciation of the reality of asymmetries occurring in mundane conversation as readily as in ‘institutional’ conversation. I believe that the distinction in itself is fallacious. My reasoning is that the fundamental premise that mundane conversation is the foundational type of speech exchange system is inherently flawed.Whilst the notion seems logical at first glance, I cannot imagine a time when there was only mundane conversation in the world. It is a fact of life that business-focused talk at times takes president over relational-focused talk, and always has. Although in some ways this is a rather unsophisticated distinction to make, I believe it is serviceable. If institutional talk is thought of as predominantly task or business focused, we can fit all types of what we think of as ‘institutional’ into this category. I can think of no precedence of institutional talk that could be described as relationally focused (ie primarily concerned with relationship issues between the interactants).

So, I propose a new classification system if we ought to have one, that being ‘task’ v. ‘relationship’ rather than ‘institutional’ v. ‘mundane’. But then, where do we place family therapy in such a classification system? On the one hand family is veraciously ‘relationship’ focused, and yet at the same time, the family unit has been transported to the
alien environment of the therapist’s counselling room, for a clear purpose, the task of sorting out an apparent difficulty. So, here, and perhaps in not many other places can we find that the relationship is the task.

Finally, one of the key issues that concerns this thesis as a whole, is that of the use of reported speech. It is a topic that is prevalent throughout the interactions in family therapy, and in the data that I have collected. Because of its particular importance, I would just like to spend a little time looking at some of the issues surrounding the interactional use of reported speech in therapy.

Voicing and Reported Speech
Reported speech is a regular feature of the substance of conversations. As Bakhtin is so famously quoted as saying, ‘in real life people talk most of all about what others talk about – they transmit, recall, weigh and pass judgement on other people’s words, opinions, assertions, information; people are upset by others’ words, or agree with them, contest them, refer to them and so forth’ (1981:338). These activities of ‘passing judgement on’, ‘contesting’, or ‘agreeing with’ what other people have said is necessarily preceded by some kind of report of what was said; what is generally referred to as ‘reported speech’.

This phenomenon is no less the case in the therapeutic setting, people still talk about what other people have said. These reports are used at times to substantiate claims about what another person thinks or feels; or what their attitudes are; at other times they are used to incriminate, argue, judge, compare or reflect. In this data, we will see that even therapists themselves report on what colleagues have said, or what other family members of their clients have claimed. One of the most common uses of reported speech by therapists is what is known as ‘reflecting back’ on what the client has previously said in the current or prior session. In short, reported speech is common in therapy, but the question is, what does it do in therapy that helps to make ‘therapy’ happen? As Buttny reminds us, our analytical goal is to “show how participants' social interaction reflects and constitutes their situated
context" (1998:46). The analytic goal of much of this thesis is to look at how the specifics of the use of reported speech in therapy both reflects and constitutes that situation.

There are various general characteristics of reported speech, that distinguish it from other conversational devices; amongst these are shifts in intonation, using pronoun changes, and use of vocative and deixis (Holt, 1996). All of these distinguishing elements make it reasonably straightforward to identify instances of reported speech in the data, but doesn’t tell us anything about what it does. My working definition of what reported speech is, is that it is any utterance that quotes, paraphrases, or makes specific reference to a prior conversational sequence or turn as constituting part of the current turn. In effect, reported speech is a tool for making relevant an element or elements of prior conversation in the current interaction. As Holt points out, “it can be used by the author to fulfil a range of tasks in the current interaction” (2000:427), and to “simultaneously a report of a previous thought or locution and part of a new sequence used for a different purpose” (2000:433).

One can imagine the turns of conversation being like bricks being built into a wall – each fitting sequentially, one after another. The use of reported speech is like making a model of a brick that had been used in another part of the wall, or even another wall altogether, and using it in building the current one. The brick is not the original, nor is it an exact representation of the original. It is made to fit into the new wall, but its difference in texture and colour makes it stand out from the bricks around it. It is not just a more-or-less accurate version of the original, and may even be a complete counterfeit. The fact is, copy or counterfeit, it is ‘passed off’ in the new wall as being authentic. Even with reported speech that is claimed to be a verbatim recall of a prior locution, such recall is unlikely to be wholly accurate, a situation that lead Tannen to refer to all reported speech as “constructed dialogue” (1989:154). As Holt explains, by using reported speech “speakers can comment on the utterances they report while simultaneously appearing to simply reproduce them” (2000:427). It is not easy to find modern analysts using ‘reported speech’ as a unitary term, as much has been made of the distinction between ‘direct’ and ‘indirect’ reported speech (see Coulmas 1986; Li, 1986; Bauman 1986).
So, what difference does this make to helping us understand reported speech in therapy? Well, in reported speech the speaker structures their utterance in such a way as to suggest that their words are simply a reproduction of what someone else has previously said. The primary interest here, is that in doing so the speaker makes a substantial footing shift. Goffman (1981) first introduced us to the notion of footing by drawing to our attention the previously unquestioned categories of 'speaker' and 'hearer'. He dissected the speaker's traditionally unitary role into three parts, principal, author and animator. The implication of Goffman's re-specification is that these independently distinguishable roles could be attributed to or claimed by different people.

The concept of footing is important because the words that a person uses are treated as reflections or signifiers of what he/she believes, and as such persons are held responsible for what they say (Leudar & Antaki, 1996:11). Therefore, footing provides a way of saying the words without being held accountable for the beliefs assumed to be 'behind' the words. Because footing is so often bound up with issues of fact construction and accountability, a display of footing can be an attempt to show who should be blamed and whose version of the world is at stake (Edwards & Potter, 1992; Potter, 1996). In practice it seems that, especially where difficult or controversial topics are being discussed, by quoting the words of another, a speaker can distance themselves from being the 'principal' and 'author' of the belief, and position him/herself as merely the animator. As Potter explains, “when people manage footing they are often displaying their alignment with and differentiation from others” (1996:38).

Reported speech can take different forms in talk; one of the most powerful is direct reported speech. As Coulmas explains, ‘In direct reported speech the reporter lends his voice to the original speaker and says (or writes) what he said, thus adopting his point of view, as it were. Direct speech, in a manner of speaking, is not the reporter's speech, but remains the reported speaker's speech whose role is played by the reporter.’ (1986:2).

Clarke & Gerrig argued that quotations are 'a type of demonstration' (1990: 764); that is, they differ from descriptions in that they depict their referents. In other words, a description is apparent as the speaker's own words, their own way of verbalising something. However,
to use a quotation as a quotation is a kind of piece of theatre, in that the speaker ‘takes the part’ of the person to whom they are referring. Similarly, Li had also previously made the point that ‘a direct quote communicates a more authentic piece of information than an indirect quote in the sense that a direct quote implies greater fidelity to the source of information than an indirect quote’ (Li, 1986: 41). The most significant aspects which make direct reported speech distinctive are, ‘that the pronouns, special and temporal references, and verb tenses are all appropriate to the reported speaker/context rather than the current one.’ (Holt, 1996: 222). In direct reported speech, personal, spatial, and temporal deixis are all from the point of view of the reported speaker (cf. Banfield, 1973; Li, 1986).

The Effect of Using Reported Speech in the Current Interaction

Reporting what someone else has said is a way of ‘making relevant’ a particular topic, or to provide a context for what is happening in a current interaction (Buttny, 1998). It is “simultaneously a report of a previous thought or locution and part of a new sequence used for a different purpose” (Holt, 2000: 433 emphasis added). This brings us back to our illustration of building a wall using copies of bricks from other places in parts of its construction. Clearly this is not a neutral activity, the very fact that particular parts or elements or prior sequences are chosen to be reported over others is in itself an act of discrimination.

As Buttny & Williams claim, reported speech is reproduced for “the reporting speaker’s own purposes” (2000:112). In other words, there is an element of agentic choice made by the speaker in which ‘bits’ of prior conversations they choose to introduce into the current interaction. This is the crux of understanding the function of reported speech in any given occurrence. Of course in all conversation there is an element of choice in that there are potentially millions of alternative things that could be said at any one time.

In the case of reported speech this aspect of choice is heightened by being relevant to a former conversation and its constituent parts. This leads us to reflect upon the question of why certain parts are reproduced rather than others. One principle which seems to apply
with both 'live' and reported speech, is that the speaker should avoid telling their hearer things that they already know, or in other words, things that are not 'newsworthy'. For example, a person would not generally describe every detail of how they got dressed and brushed their teeth, nor what they had for breakfast etc. unless there is some clearly interesting 'point' in doing so. In effect, there ought to be something 'tellable' in what you are saying. So, when we start to think about how reported speech may be reproduced 'for the reporting speakers own purposes', we can start to think about both what is tellable in the segment of talk that the speaker has chosen to reproduce, and what the purpose of its telling is.

One of the uses of making a footing shift by using reported speech is that a speaker can present someone else's words without necessarily making an evaluation. The speaker can present the prior utterance in an assumed role as 'mere animator' and leave the evaluative implication to be made by the hearer. This enables the speaker to lend an 'air of objectivity' to the account. In fact "Summarizing or glossing what was said would not make such a clear distinction between the reported speaker's point of view as displayed in his or her talk and the current speaker's attitude toward the utterances being discussed" (Holt, 1996: 230). Reported speech inevitably says something about both the current and the reported speaker. Buttny claims that where reported speech is used (for example in narratives), not only must what was said be reported, but also some context for the reported speech to indicate also 'what actions were done'.

As Sacks pointed out, one of the reasons for providing such 'contextual framing', is to provide the listener with information about "how to read what they are being told" (1992: 274). Obviously, the reporting of someone else's words, even if done via direct reported speech is still a way of producing a version which is designed for the current interaction. The choice of what is reported out of all the other things that person has said is one factor, and prosody is obviously another key factor. It should be borne in mind that direct reported speech is not a more-or-less accurate way of communicating someone else's words, like cognitive work on human memory might suggest, but is a designed and performative interactional device. Prosody can easily be altered or emphasized differently in reporting,
and the words themselves, embellished or altered for effect. The point is that reported speech is not the speakers 'best effort' to accurately represent what happened on a prior occasion, but an interactional action unique to the current interactional setting. In general terms, the usefulness of reported speech in conversation, is that it is an economical device which can be used to explicitly and implicitly convey various elements of news delivery at once. It both performs tasks in the current conversation, as well as portraying a previous one.

In closing, the purpose of this chapter has been to outline some of the particular issues within previous research that are pertinent to my own investigation. I have outlined some of the most relevant theoretical approaches and issues that have the most direct bearing on my own work, namely therapy and postmodernism, asymmetry, and voicing. The following four analytical chapters draw on this theoretical underpinning in the areas that they each address in particular. Chapter 4 'Inability accounts', and chapter 5 'You Said, and Chapter 7 'What d'you think?' all use the foundational work on reported speech and voicing as a starting point for their analytic content. The issue of asymmetry comes to the fore particularly in Chapter 6 'Versions' as well as in the other 3 chapters just mentioned. The coverage of therapy and postmodernism in this chapter acts as a backdrop to the whole thesis.
CHAPTER 3

METHODS

Conversation Analysis, Discourse Analysis and ethnomethodology share a theoretical and analytical concern with the centrality of talk in social life. They do not treat talk as a window onto other sorts of phenomena such as attitudes, knowledge, motives or identity, but analyse talk as a social action in its own right. As such, talk constitutes, rather than reflects what it describes. Ethnomethodology is the study of people’s common sense methods for understanding and living their lives. It emphasizes the central role of discourse in how people construct and orient to aspects of social life such as roles and rules. Conversation Analysis is basically an ethnomethodological enterprise, concerned with how the orderliness of social interaction is achieved in talk. In particular, it deals with the detail of singular actions such as an account, a refusal or a blaming for example. This involves a concern with the sequential organization of talk, which encompasses far more than just the mechanical analysis of turn taking; notions such as occasioning and conditional relevance are reflective of a central concern for analysts with the essentially rhetorical and constructive nature of discourse. “The policy is to treat anything that occurs an talk-in-interaction as possibly orderly – to dismiss no detail a priori as disorderly, trivial, or irrelevant” (Hutchby & Drew, 1995:186).

Discourse Analysis focuses largely on the deconstruction and reformulation of a variety of social and psychological issues such as attitudes, attribution, causality, knowledge and identity to name a few. It is this approach to hitherto unchallenged areas and approaches to psychology which is known as discursive psychology. Discursive Psychology is the application of discourse analytic principles to psychological topics. In cognitive psychology for example, the content of discourse is considered to be a reflection (albeit often distorted, incomplete or imperfect) of how the world is perceived to be. DP however begins with talk not as an outcome of cognitive processes but as a domain of action. In DP, it is the business of talk that defines the nature of the world which it describes, including
the mental states, perceptions, motivations, dispositions and thoughts of individuals concerned. Both ‘reality’ and ‘mind’ are constructed by speakers through their talk.

Discourse is situated in two ways; it is both occasioned and rhetorical. By ‘occasioned’ we mean that talk is oriented to but not determined by its sequential position. What is meant by the use of the term rhetorical is that claims and descriptions are often designed to counter potential alternative versions, and to resist attempts to disqualify them as false, partial or interested. This means that evaluative discourse is shaped not merely by how people generally think about things, but by the contingencies of argument and the alternatives in play at the time that an evaluation is produced.

Not only is discourse situated, it is also action-oriented. Discourse performs actions of various kinds, such as agreements, invitations, blaming, accounts and so on. Using attitudes as an example, rather than treating such a thing as an inner self-existent entity, discursive psychology focuses on the practical realm where evaluations are part of ‘getting things done’, and as such reformulates the concept as a situated action. The essence of DP is to study how versions are assembled and stabilised as factual and independent of their producer, in other words, how such construction of facticity happens as a discourse activity. So, rather than facts existing prior to descriptive practices, discursive psychology seeks to invert this assumption by arguing that action is primary, and reality and cognition are secondary. In practice, discursive psychologists focus on analysis of what actions speakers are achieving in the course of their discourse, and how they produce versions of external reality and of psychological states. In ethnomethodological terms, mind and reality are the topic of DP rather than its resource.

The data used by discursive psychologists is usually ‘naturally occurring’. By this, what is meant is that the materials that are analysed are ones that occurred or would have occurred anyway, for some reason other than as a product of the research itself. The preference for these materials is based on the idea that talk performs social actions. Therefore if a recording of an interview where to be used, the analytic interest would be on how the interview is performed as a social action, rather than simply trying to ignore the
situatedness of the responses and extract them for analysis separately. Audio recordings are usually transcribed according to the conventions used in conversation analysis.

Psychology and the Research Question

According to introductory texts to psychology, the job of the psychologist is to “explain what humans do and why they do it” (eg Woods, 2000:1). In an amusing anecdote about a psychologist meeting someone for the first time at a dinner party, Gross identifies a typical response that we are all probably familiar with. After answering a question along the lines of ‘and what do you do for a living?’ a common reaction is something like ‘oh, I’d better be careful what I say from now on’ (Gross 1987:1). This response is predictably the case when you say you’re a conversation or discourse analyst. Gross suggests that a common misconception of the ‘uninitiated’ is that the psychologist is some kind of mind-reader. It is interesting however that these would-be new friends are quickly put on their guard about what they say. There is a common-sense notion already prevalent that what we say is reflective of how we think, indeed of who we are.

Although there may be some debate even amongst psychologists themselves about what psychology is, the fundamental root can be identified in the word itself. The word psychology is derived from two Greek words, psyche (mind, soul or spirit) and logos (discourse or study), which, when put together give us a semantic definition, ‘the study of the mind’. Whilst the Greek word ‘logos’ is used in this sense to mean ‘study’, its more common translation is word – i.e. meaningful utterance, statement, declaration, discourse, or reason. As a term of psychology it was used by the Stoa to signify the divine power of function by which the universe is given unity, coherence and meaning (logos spermatikos – seminal word, which, like seed, gives form to unformed matter). Mankind himself is also said to possess logos, both inwardly (logos endiathethos – reason) and expressed in speech (logos prophorikos). Where the word logos has been translated into Hebrew it becomes dabar, the root of which signifies ‘to lie behind’. This translation accords with a common feature of Hebrew psychology, that a man’s ‘dabar’ is in some sense both an extension of his personality, and possessing a substantive existence of its own (Douglas et al, 1987:703). According to this definition logos as word can exist inwardly in the form of reason, and be
expressed outwardly on the form of speech. Thus, the 'word' can exist in both realms, either as something that is thought, or as something that is thought and subsequently verbalised.

For the most part it appears that this is the commonsense understanding that people work with in their everyday interactions. However, the relationship between thought and language is something that has been the focus of considerable attention, most notably Vygotsky, the nineteenth century Russian student of literature, aesthetics and philosophy turned psychologist. He stated that "experience teaches us that thought does not express itself in words, but rather realises itself in them" (Vygotsky, 2002:251 emphasis added). Vygotsky constantly refers to the 'verbal thought', indicating the interdependent complexity of the relationship between the two, the word and the thought not existing as separate entities, but finding their meaning in being inextricably connected. His final 'word' on the matter is that,

> "consciousness is reflected in the word as the sun in a drop of water. A word relates to consciousness as a living cell relates to a whole organism, as an atom relates to the universe. A word is a microcosm of human consciousness" (Vygotsky, 2002:256).

The revolution that Vygotsy precipitated in relation to how we, as psychologists, understand and make sense of the relationship between thought and language, is reflected by discursive psychologists such as Edwards, who concedes that this approach "creates the possibility of a much more thoroughly social and cultural conception of mind" (1997:44). But what has all this to do with method? Well, the answer is simply that we cannot divorce method from its theoretical underpinnings; and in the case of DP, the method of investigation is hugely influenced by the philosophy behind the science.

The method of inquiry that I use has not been selected as the most appropriate way of answering the research question, from a range of possible alternatives. Rather, it is necessitated by the values and theoretical convictions that are the foundations on which DP is built. The research question is not therefore something that we 'come up with' and try to
answer by thorough scientific procedures, but rather by looking at something that happens
we seek to find out how it happens. All social research ultimately derives its vision from
some theory and set of related concepts about how social reality works. For the
conversation analyst Sacks, we start to 'see' the mechanisms of social life by focusing
relentlessly on what people do and analysing how they do it. The method of investigation
closely follows the theory that underpins it, so that in DP just as in Sack's conversation
analysis, we, as scientists and researchers proceed with our investigations in an inductive
manner. As Sacks puts it bluntly, we "make a bunch of observations and see where they
will go" (1984:27). So, observation comes first rather than the research question. We 'find
out' what is going on in any given social interaction by looking and looking and looking,
until finally we begin to see.

Ethnography
One of the first influences on discursive psychology is ethnomethodology. Rather than
emphasising a scientific testing position, the ethno-researcher takes a position as learner.
The ethnologist 'watches and wonders', as Agar portrays,

"When you stand on the edge of a village and watch the noise and motion,
you wonder, 'who are the people and what are they doing?' when you read
a news story about the discontent of young lawyers with their profession,
you wonder, 'what's going on here?' Hypotheses, measurement, samples,
and instruments are the wrong guidelines. Instead, you need to learn about
the world you understand by encountering it firsthand and making sense of it"
(1986:12)

So, perhaps we ethnographers could be called the ultimate 'people watchers'. But
ethnography is not just about watching, not just about observation. 'Ethnography' as a term
is a composite of two words, 'ethno' meaning 'folk' or 'ordinary', and 'graph' which
derives from 'writing'. Ethnography thus refers to the "social scientific writing about
particular folks" (Silverman, 2001:45). Ethnomethodology, on the other hand, is the study
of ordinary people's methods, or mundane practices. In other words, the common sense
methods that we all use to make sense of our everyday experiences (Garfinkel, 1967). It is
this aspect of research which involves 'making sense' that Agar and Garfinkel refer to, that is at the heart of ethnomethodology. However, the crucial issue when discussing 'sense-making' is that it is not that I, as a researcher use my own terms of reference to impose a structure on what I see; it is not that I interpret what I see other people doing according to my own sense-making ability. Rather, the essence of ethnomethodology is that we as researchers employ the participants' own sense making practices. As Goffman explains, "the student of society can therefore use for his purposes the same models that members of society use for theirs" (1961:283 emphasis added). In other words, we use the same models or methods for interpreting social action as researchers that the people we study use themselves. Ethnomethodological study is about seeking "to describe methods persons use in doing social life" (Sacks, 1984:21). The ethnographer seeks to identify the methods that people themselves use, and to put those methods into words, to describe that world of social order. As Maynard succinctly puts it, "The ethnographer, in general, is in the business of describing culture from the members' point of view" (1989: 130).

Conversation Analysis (CA)
In discussing ethnography, I have already made reference to conversation analysis, and to its founder, Harvey Sacks. Both ethnomethodology and conversation analysis are crucial components of what has become known as discursive psychology. Although their roots are within the social sciences, they evolved more through sociology than psychology, and yet the basic tenets of analysis remain compatible. A primary characteristic of conversation is that it is fully interactive. Its participants take turns to talk, making it a fundamentally sequential activity. Conversation analysis, to the linguist, could be thought of as a kind of pragmatics. Pragmatics is the study of actual language used in specific situations (in contrast to other forms of linguistics which rely on 'invented' sentences and alike). The reason that CA is pragmatic is that it differs from other approaches to the study of language in that it focuses on how speakers design their talk to convey particular social actions (Nofsinger, 1991: 5). For example, let me take Tennyson. In a conversation with his friend Argyle he is reported to have said,

Tennyson: People say you are writing your autobiography.
Carlyle: Do they? Do they want to make away with myself that they talk like that?
Tennyson: Why don’t you try your hand at a great novel? You have seen life enough.


We could analyse this in many ways, but as a conversation analyst, we would look at what is said in the first turn not just as a grammatically complete sentence or even as simply a statement, but to look for what social action it is performing. Could Tennyson be fishing for more information? Could what appears to be ‘just’ a question in his next turn in fact be a suggestion, or an attempt at persuasion? We can see clearly that in real-life interpersonal conversations, far more is going on than we can find just by literary appreciation.

Hutchby & Wooffitt define conversation analysis as “the systematic analysis of the talk produced in everyday situations of human interaction” (1998b: 13). The central assumption of CA is that ordinary talk is a highly organised, ordered phenomenon. It starts by considering that the way things are said is not accidental, but are “designed in their detail to be sensitive to their sequential context and to their role in the interaction” (Potter, 1996:58). Conversation analysis adopts the concepts of indexicality and reflexivity first used by ethnomethodologists. Indexicality is the idea that the meaning of a word or utterance is dependent on its context of use. In conversation analysis, indexicality is manifested in a concern with how utterances relate to the conversational sequences to which they belong. Reflexivity refers to the fact that descriptions are not just about something, but also do something. In other words, descriptions are constructive, not just representative of the world (Garfinkel, 1967; Wieder, 1974). In conversation analysis, reflexivity emerges in the close attention paid to various kinds of interactional work that utterances and whole sequences accomplish (Potter, 1996). So, if for example we are looking at a transcript of conversation, we need to transform our view of ‘what happened’ “from a matter of a particular interaction done by particular people, to a matter of interactions as products of machinery” (Sacks, 1984:26, emphasis added). It is the discovery of this ‘machinery’ that constitutes what CA is intrinsically all about; the ‘how’ of conversation. As Hutchby and Wooffitt explain, the aim of CA is to “reveal the tacit, organised reasoning procedures which inform the production of naturally occurring talk” (1998:1).
The recurring themes that we are seeing come through again and again in our investigation of what CA is all about are 'organisation', 'machinery', 'procedures', 'sequences' and 'orderliness'. What may appear at first in any given extract of real talk to be messy and disorganised, on careful inspection turns out to be incredibly ordered and predictable. There are certain 'rules' by which conversations ordinarily run, patterns of turns and responses which can be identified, and finely orchestrated turn-by-turn sequential activities. In short, even tiny extracts of talk can contain within them all the elemental seeds of conversation, and social order itself. CA is not fundamentally about discovering anomalies, nor so called 'big issues' in social relations, but about investigating at the lowest level, a pervasive orderliness and cohesion, where even previously unsuspected details turn out to be critical resources in seeing what is getting done in and by talk (Silverman, 1998:187). It is these 'unsuspected details' that would probably be overlooked if anything other than the 'unmotivated looking' of CA were used methodologically.

Discursive Psychology (DP)
Discursive psychology is an approach that draws on ethnomethodology and conversation analysis, as well as rhetorical and discourse analysis (Edwards & Potter, 1992). It focuses on the action orientation of talk, and studies in particular the relationship between so-called psychological states and the external world as common sense discourse practices and categories; the major concern being an epistemological one. Discursive psychology is largely concerned with the nature of knowledge, cognition and reality; focusing particularly on how descriptions are made, how facts are constructed and how cognitive states are attributed. With each of these 'key' areas, the interest is very much in how 'psychology' is constituted by and through talk. With these underlying interests, the discursive psychologist does not assume that utterances are simply reflective of inner cognitive states, but that any utterance should be examined as a situated activity. By this we mean that every piece of talk occurs in a particular sequential environment, relating both to what has already been said prior to its production, and to the perceived future trajectory and implications of talk in the current interaction. It is sensitive to the context of its production and is produced for the particular 'occasion' of its use. 'Occasioning' in the conversation-analytic sense of the term
is the upshot of talk that is embedded in a sequence of interaction, be it mundane or institutional.

The context of production however, is not determinative of sequence, but rather is an oriented to feature of talk-in-interaction. For example a question may set up the normative relevance of an answer, but an answer is not inevitable or necessary; an answer may in fact be deferred or withheld altogether. Likewise, the fact that talk is produced in the environment of a school classroom, does not determine its nature as pedagogic. Institutional activities such as ‘teaching’ or identities such as ‘teacher’ are categories which are not intrinsic to the place or person, but are ‘made relevant’ by being invoked and oriented to (Schegloff, 1997). So, when we think about the issue of context, as Potter confirms, “the crucial issue is the role of participants’ orientations” (1998:30). However, with so many possible contextual description available for any given situation, the question remains as to how a researcher is to determine which of this is analytically appropriate. The answer as Potter explains, is that we need to uncover what “element of the context is consequential” (1998:31), what Schegloff refers to as ‘procedural consequentiality’.

Another feature of DP is that it is pervasively rhetorical (Billig, 1987, 1991). Claims and descriptions offered in talk are often designed to counter potential alternative versions, and resist attempts to disqualify them as false, partial or interested. In evaluative discourse, this means that what people say is not shaped merely by how they think about things, but also by contingencies of argument and the possible alternatives available at the time that the evaluation is produced (Edwards & Potter, 2001). Analysis in discursive psychology therefore has to take into account the sequentially occasioned, situationally oriented and rhetorically designed nature of discourse. One of the key aspects of DP as with CA, is its action-orientation. By this we mean that talk performs particular social actions such as blaming, inviting, agreeing, doubting etc. Often these actions are performed via what often appears to be ostensibly factual, descriptive discourse. One particular kind of discourse activity is the construction and production of versions as stable, factual documentation, independent of their producer. This is what makes DP a ‘constructivist approach’, in that it does not distinguish between an external ‘reality’ and a description which tries to convey
that reality. Conversely, discursive psychology treats the activity of description and fact production as something that is inherently constructed and constructive. That is, that in creating versions reality is at the same time created in and through the vehicle of its creation. It is part of the project of DP to study the ways that discourse itself can and is used as a mode of categorising attributes which are so called ‘inner states’ such as competencies, dispositions, character, emotions, motives and mental states. However, as Potter cautions us, discourse and conversation analysis is not “merely a reformulation of participants’ knowledge” but rather its job is to “emphasise the systemically *emic* nature of such work” (1998:32).
CHAPTER 4

INABILITY ACCOUNTS

In this chapter, I begin by examining various methods used by clients in therapy to explain or justify their behaviour. The fact of being in therapy in itself represents a mutual understanding (if not agreement) that the client either has personal problems which they cannot overcome without input from a professional source, or that their behaviour is not socially acceptable, and is in need of modification. The context in which accounts are produced therefore is one in which some sort of explanation is an a priori concern.

Within the context of the thesis as a whole, this chapter looks at accounting practices from a discursive psychological point of view. By that I mean in particular that the descriptions of events used by the participants have actions beyond mere describing. In the case of inability accounts there is a weighting in the data that follows which indicates that there is an interplay between the desire to achieve something and the ability to accomplish it. In terms of accounting, the analysis that follows shows something of how claims to inability are used to circumvent the accountability attached to certain socially unacceptable actions.

This chapter as a whole is concerned primarily with the use of accounts. By account, I am borrowing a working definition from Scott and Lyman who describe it as "a statement made by a social actor to explain unanticipated or untoward behaviour" (Scott and Lyman 1968:46). In a similar vein, after having done extensive research in the area of accounts, Richard Buttny also concludes that "it is generally agreed in the literature that an account is a particular kind of response used to modify a problematic event" (Buttny 1990:224). When John Austin originally defined accounts in 1961, he noted that there are two types; firstly excuses, which admit negative character of event in question, but deny full responsibility for it. Secondly there are justifications, which are those accounts which accept responsibility but deny the negative character of the event in question (see also Austin, 1962). We will look at instances of not only these two rather crude categories of accounting practice in this chapter, but also at the subtleties of other occasions and actions.
that accounts produced. In particular, because of the emphasis on inability accounts, the analysis focuses on those practices, in very general terms, which admit the negative character of an event, but deny full responsibility for it. It is this issue of responsibility which crops up often, and leads to some interesting 'mitigating' accounts from clients.

Accounts, as explanations or particular kinds of responses are not simply a device for managing responsibility for individual behaviour, but by their very nature are a social phenomenon. Responsibility and accounting only make sense in a social environment where individuals need to manage their relationships by finding ways to present themselves in a better light. At this very interpersonal level, accounts have been shown to have various functions, they can be used to 'save face' (Goffman, 1967), to manage impressions (Tedeschi & Reiss, 1981) or to maintain relational alignment (Stokes & Hewitt, 1976; Morris & Hopper, 1980). From a cognitive perspective, they are fundamentally a way of seeking to influence the way people think about, or perceive you. In conversational terms, they are responses to blame allocation turns, or blame implicative sequences. However, in this chapter a rather different approach is represented. The analysis here seeks to examine the more complex, situationally unfolding accounting practices that are not generally captured in most of these studies.

There is clearly a link between blame and account, as the nature of an account according to the definitions we began with, is to explain 'untoward or unanticipated' behaviour, although not all accounts occur as responses to blame. Atkinson and Drew (1979) use the term slightly differently; they use the term 'accounts' to identify a specific type of defence in which reasons are offered in response to blame allocation. In their defences, witnesses in court cases generally do two things, 1) avoid self-blame and 2) avoid disagreeing with the information in the prior question. In the latter case, we could characterise this activity with the formulation 'yes, but'. Using Austin's initial definitions, he would use the term 'justification' to explain this action of agreement plus mitigation. Another aspect of Atkinson & Drew's work in this area is that they consider accounts as elements within sequences where they have particular sequential roles. The sequential aspects of where
accounts occur within conversational dynamics as a whole is also considered in this analysis.

One way to explain this relationship between blame and account is by the conversation analytic notion of 'conditional relevance' adopted from the adjacency-pair model (Schegloff & Sacks, 1973). In this model, the blame made by the first speaker is equivalent to the first part of the adjacency pair. The first part of the pair then leads to, or makes relevant a particular kind of second part; in this case, an account from the second speaker. The criterion for conditional relevance is that if the second speaker, following this blame, does not offer an account, the absence of that account will be noticed by the first speaker.

One of the limitations of the conditional relevance approach is that it presumes that accounting is always the product of blame, rather than being active in formulating what it is that is problematic to use in the account. By this I mean that, logically one could imagine a hypothetical situation whereby one person blames another for some act that is deemed inappropriate. The action of blame may well then be followed by the counter-action of accounting for that act. However, rather than being the product of a clear preceding action of blame, there are instances where one can see the characteristics of an account act being done in a turn, and in looking back at the prior turn, what was said in that turn may not look like a blaming action. So, the turn that includes the accounting action is thus one that also formulates the preceding turn as a potential blame action, or preliminary to a blame action. It is thus the evaluative significance of the problematic event or issue which creates the conditional relevance for an account as a response. It is important therefore to examine how individuals make relevant certain aspects of the problem to use in their account. We will look at this in more detail later with examples of actual data, but for now it is enough to say that a speaker producing an accounting turn will utilize certain ways of describing a problem, and draw attention to certain things as relevant factors rather than other potentially relevant things in their account, thus 'constructing' a version of the event in question that is suited to supporting the claims that they are making.
Both blaming and accounting practices reveal an underlying system of moral reasoning for unacceptable actions (Brown & Levinson, 1978; Buttny 1987). Therefore it is likely that different people will have different and even competing accounts based on different folk logics for the ‘same’ event. Recurring blame-accounts sequences can thus become a kind of stale-mate, with each opposing party utilising a different aspect of folk-logic to frame and justify their own account. In doing so, mutually exclusive and antagonistic accounts can be produced for the same event. This account-dichotomy is eloquently portrayed in the words of a poem by Philip Larkin,

‘Embrace me, and I shall be beautiful’ –
‘Be beautiful, and I will embrace you’ –
We argue for hours. (Larkin, 1949)

This extract of poetry also raises another interesting issue as we examine blame as a conversational action within the context of therapy, and that is its relation to the necessary change of behaviour that is implied by the blame. As responses to blame, accounts may not only act as a form of defence in the immediate, but also as a defence against the longer term implications regarding a change of behaviour in the person in question. The issue is not only what people think of the speaker, what their impressions are, or what their relational alignment is, but also, the kind of change of behaviour that is implied by the blaming action which precipitates the accounting turn in response. Thus, as Buttny points out, accounts are also used to “defend against the change implied by the blame” (1990:225). Although there have been many studies of blame-account sequences, Semin & Manstead (1983:122) claim that there needs to be far more research on accounts in naturalistic contexts, where the relation between the offence and the account can be examined. It is this relation between offence and account in the context of therapy that is the focus of this chapter.

There are different ways that accounts are produced which apparently mitigate the responsibility of the person blamed for a particular offence. Remember, accounts don’t deny that the thing happened, they either provide justifications or excuses (Austin,1961). In
other words, "language can be used to re-present action" (Buttny, 1990:219). One thing that accounts can do, is to present a prior action in a new way, so as to make the speaker's own involvement in that action as morally and socially acceptable as possible. A common way of avoiding blame is to pass it on to someone else. This approach is age-old, first appearing in the Garden of Eden when God asked Adam whether he had eaten the fruit from the Tree of the Knowledge of Good and Evil. Adam's reply was to pass the blame to Eve, answering, "You gave this woman to me. She gave me the fruit from the tree" [Gen 3:12]. However, in the event of not wanting to get someone else into trouble in the process of avoiding blame oneself, another effective method can be employed. This method portrays an event in such a way as to claim that no-one was responsible, or blame-worthy. One way that this techniques typically verbalised by using the idiomatic expression, 'it just happened'.

'it Just Happened'

As Drew and Holt point out, idiomatic expressions are robust in that they "have a special resistance to being challenged with concrete, empirical facts" (Drew & Holt, 1988: 411), and are thus a valuable discursive resource in resisting accountability. The notion of 'resistance' is a therapeutic one, and there are various different ways which it may be exhibited, one of which being the use of idiomatic expressions such as 'let's cross that bridge when we come to it' This was also highlighted by Silverman (1997) in his analysis of counsellors working at an AIDS clinic.

One of the strong features of idioms is that they appeal to a sense of 'what everybody knows'. Thus, to attempt to refute the claim encapsulated in the idiom means not only to attend to the speaker's individual claim, but also to the more general concern of what is common knowledge. In part due to this inbuilt resilience, idioms used in mitigating accountability therefore also have a topically terminal character. Compliance with such terminal uses of idiomatic phrases in argumentative or accusatory sequences often has the effect that a change of topic will be ensured. In the following extract, we can see an example of the use of this particular idiomatic expression being used by a client to account for his untoward behaviour.
Desire and Intent: Doing What You Want

In terms of thinking about how morality is something that is implicit in blaming actions, we can also see that in extract 1 this appears to be the case.
involved with burglaries, [you've (been doing drugs)]

Client: [No. I didn’t want to do them], I didn’t want to do them. (0.5) It just happened.

What the therapist’s turn in this extract takes the form of an accusation, in that she claims that not only has her client been ‘doing lots of things that he wants to do’ (line 1), but also that those things that he wants to do are things like burglary and taking drugs (line 2). Her main ‘line of attack’ in her argument is that he wants to take drugs and commit burglaries. The antisocial and unacceptable nature of these activities is treated as not in question; the client has actually been in trouble with the police on both counts.

Therapist: But you’re the one that’s in trouble with the police,

The issue that is highlighted is one of volition. How this ties in with morality is crucial to understanding the production of this account. According to Emerson “(a)n act’s wrongfulness derives from the actor’s responsibility (in terms of intent and foreknowledge) for it” (Emerson, 1969: 143). The whole literature of ethics is also balanced on this premise, that to justify or condemn actions, one must also take into account intent (Lillie, 1955). It is exactly this claim to ‘lack of intent’ which the idiom ‘it just happened’ appeals to. The crux of the client’s account is that he didn’t want to do those things that the therapist has mentioned.

The client emphatically refutes the therapist’s claim by stating in overlap, ‘No, I didn’t want to’ (line 2), and again repeating, ‘I didn’t want to’. To say ‘no’ in this way in overlap is very forceful to start with, indicating strong disagreement. The use and recycling of the word ‘want’ is also a strong way of refuting a claim in a prior turn. It is this word that he chooses to extract from the therapist’s turn and re-produce within a negative formulation of the same phrase that she uses. This again is a powerful action, which emphasises that it is this particular element of her accusation that he is rejecting. The repetition of the whole phrase, ‘I didn’t want to do them’, also underlines very strongly that he is seeking to emphasise the point. It is in this environment that ‘it just happened’ comes as the terminal
account. The whole turn, therefore as a combination of actions, initially strongly denies the previous accusation, and goes on to replace the explanation given with an account which crucially excludes to element of volition or intent from the reasoning for the action. In all of the client's response, he does not try to deny the actions themselves, but rather appears to attempt to provide a justification for why he acted the way he did.

In contrast, in the following extract, taken from a later session with the same client, he uses the opposite argument to explain why another friend is always in trouble with the police. In this instance, the person in question is portrayed as someone who ‘loves’ getting in trouble. Here, the issue of volition is presented in the form of an extreme case formulation (see Pomerantz, 1984), where the individual not only ‘wants’ to do it, but ‘loves’ it.

Ext. 3 / G2: 807-814

1. Client: jus-right he used to be in a lot of trouble cos he used to hang about
2. with a lad called Chris Roberts and he was just pure bad he just loved it
3. he loved bein' in prison cells, in- he loved getting chases off the police
4. he loved robbin’ cars and thrashin’ em like up and down the roads and
5. stuff an’
6. Therapist: Mm
7. Client: And then was just like he was just like led on he was like a dog to a
8. bone

The repetition of the word ‘loves’ in this extract serves to emphasise the speaker’s point in a similar way to his repetition of the phrase ‘I didn’t want to’ in the previous extract. In both cases to the emphasis is very much on whether the person in question had intended on doing what they were doing. The use of the word ‘love’ however goes further, by claiming that not only did he intend to do what he did, but he enjoyed it. The use of listing, particularly those in three parts as in this extract (lines 3-4 ‘loved bein’ in prison cells ... loved getting chases off the police ....loved robbin’ cars ...’), is also a common way of emphasizing a point for rhetorical effect, and creating sense of completion (see Jefferson, 1990; Potter, 1996).
Finally, in the last two lines of this extract, we find the use of another idiomatic expression 'he was led on like a dog to a bone' (lines 7-8). The client is discussing a friend who has got involved with another lad called Chris Roberts. It is Chris who loves to get into trouble with the police, but the other friend is not portrayed in this way. In contrast, he is 'led on', he isn't presented as wanting to get involved, but rather he just can't help it. He is 'like a dog to a bone'. The idiom in itself is a powerful rhetorical tool as we have already discussed because of its common sense appeal, however there is also something very apt for the client's argument in his choice of this particular phrase. A dog being led to a bone suggests a basic instinct in operation, the innate drive of hunger, coupled with our everyday knowledge of dogs and bones going together in the same way that cups and saucers or knives and forks go together. The case that the client is making in defence of his friend, is that he can't help getting into trouble, he doesn't want to (therefore he's not a bad person), he is just inextricably drawn into it.

The use of contrast in both extracts 1 and 3 serves to emphasise that the person in question is not volitionally involved in crime (and therefore blameworthy) but rather they are accidental or unwitting victims of circumstance. The term 'contrast structure' is sometimes used to describe this kind of activity, and was first used by Dorothy Smith in her 1978 article, 'K is mentally ill'. She noted that descriptions of K's behaviour were preceded by "a statement which supplies the instructions for how to see that behaviour as anomalous" (Smith, 1978:39). In other words, a contrast was set up between what would be expected as 'normal' behaviour, and K's unusual or even pathological, behaviour. In our examples, a contrast is set up between wanting to do something and it 'just happening' (ext. 1), and between loving getting in trouble and being 'led into it' (ext. 3). In both cases the anomalous behaviour is reported first, and the mitigating account second. With the reports about K, the descriptions were designed in a contrastive format to demonstrate deviance form the norm, whereas in our examples it is the opposite way around, with the contrast structure being utilised to present an image of the persons in question as not deviant.
Inability Accounts

Inability accounts can be used in therapeutic situations to mitigate culpability for socially undesirable behaviour. To claim inability in contrast to unwillingness, serves to lesson or avoid personal responsibility or blame for that action or actions. Claiming that one 'cannot' do something or couldn't avoid doing something is quite a different thing from saying that you don't or didn't want to. In the latter case the speaker concedes that they had a choice of possible options that were open to them in a given situation, and they actively and deliberately chose to take the particular course of action that they did.

Inability accounts have only so far been analysed in the context of rejections of invitations, where the person rejecting the invitation says that they are 'not able' rather than 'not willing' to accept (see Drew, 1984). In other words, a rejection of an invitation can be inferred from an inability account. The inability report of the person doing the rejection, provides an attribution for the inviter, that being that she cannot accept because “a factor internal to her serves to externalise responsibility for her rejection of the invitation” (Potter & Edwards, 1992:107 emphasis altered).

In terms of making attributions about whether constraints on oneself or another are due to internal or external factors, Kelley's attribution theory has formed a key part of social psychology (Kelley, 1967). The basic premise of this model is that we observe people and try to work out what cause might be responsible for a particular action. According to the principle of 'covariation', “an effect is attributed to the one of its possible causes with which, over time, it varies” (Kelley, 1967:108). The model assumes we have more than one opportunity to observe a particular person and assumes that we have observed other people in similar situations. Roger Brown (1986) defines attributional reasoning as an everyday, quasi-scientific form of common sense explanation for actor-action-situation events. Building on Heider's (1944) general distinction between dispositional and situational causes, Kelley points to 3 categories of explanation used in attempting to interpret someone's behaviour.

- Attribution of the actor (the person engaging in the behaviour in question)
• Attribution to the **entity** (the person with whom the actor is behaving)
• Attribution to the **circumstance** (the particular setting where the behaviour occurs)

Using two fictional characters, we can illustrate each of these alternatives in a simple scenario - Susan walks out of a restaurant leaving her friend Bob that she was having a meal with. The event could be attributed to Susan, the actor (she is an hysterical person), Bob, the entity (he had been rude and insulting), or to the circumstances (the bread in the restaurant was mouldy). As Kelley concedes, “each of these explanations is reasonable; the trick is to decide on one as the explanation” (from Deaux, 1984: 95). By using the phrase ‘it just happened’ as we have been looking at in the last few extracts, the client claims that fault does not lie with the actor (himselo and it’s not the entity’s fault (his friend that everyone says he should stop hanging round with because he makes him get into trouble). Neither is it attributing cause to the circumstances (although he may be accountable for being in the circumstance in the first place). ‘It just happened’ resists all three of these elements, with some apparent success.

According to this model, external factors, such as situational constraints over which the actor has no control, are generally used to excuse one’s own undesirable behaviour; whereas internal attributions (such as personality or character) are more typically used to make attributions about someone else’s behaviour. This is known as the ‘fundamental attribution error’ (Ross, 1977). I’m interested in how these two concepts work interactionally in a therapeutic environment, and when and where one may be used rather than another. A person may say ‘I would if I could, it’s not that I don’t want to, it’s just that certain external factors mean that I am constrained, and unable to do what you have asked’. This type of accounting practice that takes the form of a claim of inability, has the effect of acting as a kind of blame-proofing resource which may mitigate responsibility or culpability for particular non-desirable or reprehensible behaviour.

Expressions of inability are found to be a recurrent feature of accounting practices in family therapy talk. Familiar phrases such as ‘I would if I could’, ‘I wish I could but I can’t’ and ‘I couldn’t help it’, are typical exemplifiers of this practice. Speakers can use inability accounts to defend morally reprehensible behaviour whilst still retaining personal
integrity. This is done by avowing willingness, laudable intent or positive attitude, despite conceding negatively appraised behaviour. So, making a good inability account appears to include certain recurrent elements;

- I wanted to stop the bad thing happening (willingness/volition)
- I tried to do something about it (effort)
- The situation was impossible / it’s not just me that couldn’t do it – no-one in the same position would be able to. (universality)

However, as Edwards & Potter point, internal causes such as the effects of alcohol, may also be deployed as external, situational causes when contrasted with the person’s intentions or tendencies. As they explain, “their status as internal or external causes is a function of their discursive deployment in action sequences such as blaming or mitigating, excusing or accusing” (1992:99 emphasis added) The vital factor therefore, may be intention rather than internal/external ‘location’. Conversely, reporting another’s activity in the form ‘he could, but he doesn’t’, conveys capability but inaction, thus implying moral deficiency. The production of such descriptions is indefensible unless legitimate incapacity or inability can be successfully brought off as the ‘reason’ for inaction. Responsibility and accountability are closely linked to blame and punishment, as Buttny points out, “(r)ecurring blames may give rise to accounts as a way to defend against the change implied by the blame” (Buttny 1990: 225). In therapy in particular, incapacity or inability repertoires are very useful resources to draw upon where flat denial of the accusations is not a plausible option.

The opposite of this is that you do something and then say, ‘yes I did it but I didn’t want to’. This is most likely to be used where the thing that was done was not good. In essence what is preserved is that a person says what they want to do is always the good, or preferable choice, in some socially desirable way. Morally, a person is always ‘in the right’ so to speak if their will and intention was to do the right thing (or not to do the wrong thing), whether they did or not. In a therapeutic environment the management of blame and
change can be a central issue, one which may be tenaciously resisted by the parties involved.

Inability and Intent
From what we have discussed so far, we can see that in terms of the responsibility and therefore the accountability a person has for their actions, the issue of intent is particularly pertinent. However there is also another common approach taken in accounts which serves a similar purpose in mitigating blame, the claim of lack of ability. As Heritage (1988) points out, accounts often explain a failure to do a proposed action by citing the 'inability' to do so rather than 'unwillingness'. It is this element of inability which implies 'no fault', and thus allows the person to avoid face-threatening situation. In this next extract, we can see the use of the formulation 'it just happened' again. And once again it is also presented within a contrast structure. In this case, the contrast that the client makes is between not meaning to 'screw his life up' (lack of intent), and it just happening. The contrast is also done intonationally, by placing an emphasis on the word 'mean' (line 2). This in itself projects contrast even if the second part of the contrast does not follow. Interestingly, this time, the therapist completes her client's sentence in line 3, pre-empting his cut off in line 2 of 'it jus-' and offering a suggestion sentence completion with rising intonation as a check on whether she had correctly presumed what he was going to say.

Ext. 4 /G2: 790-795

1. Therapist: Why are you doing it?
2. Client: I don't mean to screw my lifes up it jus-
3. Therapist: Just happens?
4. Client: Yeh it just like happens it jus- I dunno it just my mind goes blank
5. everything goes blank, it happens, then the next mornin' I'm like
6. oh crap, realised I've done it and oh crap shouldn't have done that,

There are various features of the client's second turn in this extract that I would like to try to tease out. Firstly, there is an agreement with the sentence completion offered by the therapist with a modified repetition. This is then followed by another cut off as he begins 'it jus-' (line 4) and 'I dunno', a contraction of 'I don't know'. Semantically 'I don't know'
suggests an expression of some kind of inner cognitive activity, in this case perhaps about reasons for his behaviour. There have been various pieces of work conducted on these phrases. Beach and Metzger (1997) looked at 'I don't know' as one way of claiming insufficient knowledge, and at the interactional uses of doing so. They showed that displaying uncertainty in this way can 'head off' other actions. As Potter suggests, one of the things that 'I dunno' can do is to "soften the link" that may potentially be heard lying between the action and "noxious motivations" that might arise from a related categorization (1998:39). In this case, there may well be the possibility of making a link between the client's actions, his motivations, and a negative characterization; so the idea that 'I dunno' softens this link is an appealing one (for further discussions of I dunno see Potter 1996, 1997, 1998). The strange thing about the fact that it is the therapist who completes the idiom, and that it is done with questioning intonation, is that this appears to negate the effectiveness of what would normally be a topically terminal devise. One explanation lies in the fact that it is offered rather than stated.

As an offering therefore the 'action' performed by the phrase is altered. Intonationally, it is not just a suggestion, but also perhaps a request for more information. This is similar to the situation where a first speaker states something and a second speaker repeats the same phrase but with questioning intonation. The effect of doing so is to reflect back to the initial speaker their own words in a way that demands a confirmation or clarification. Although in this case the client had not completed the phrase 'it just happened' it appears to be clear to both parties that this was what he would have said without the cut-off. Thus, the therapist's turn is possibly a suggested completion, or perhaps instead/also a reflective repetition. In either sense, the questioning intonation requires a confirmation. The issue is whether it also requires an elaboration, or account. From the client's response it appears that an account is warranted; not this time for whether he intended to do it or not, but about why 'it just happened' is a valid argument. Without trying to second-guess either party's intentions, what we can do as analysts is to look at what actually is said. By looking at what the client actually says after his agreement, it appears that he at least treats the preceding turn as warranting a more elaborate answer than just a minimal agreement response.
What follows, in this example is in fact an elaboration of what 'it just happens' means for him in practice. The phrases 'I dunno' and 'my mind goes blank' (line 4) are both what could be called 'cognitive representations'; ways of talking that imply that they are reflections of some inner cognitive activity (or in this case, lack of activity). Let's remember, the contrast in this extract is between meaning to perform an action and not meaning to, for it to somehow 'just' happened without intent. The key issue is intent. To validate this claim to lack of intent, the client used images of cognitive activity. Intent itself is understood in our social order as cognitive, therefore to argue that cognitive activity was not involved is to support a case for lack of intent. What is even more interesting is that the way that he supports this explanation is by the use of yet another idiomatic expression, 'my mind goes blank' (line 4). What we now have is one idiom being used to confirm and support another idiom! Carrying on with our analysis of the same extract, let me just re-state the second part of it for convenience.

Ext. 4(b) /G2: 790-795
1. Therapist: Just happens?
2. Client: Yeh it just like happens it jus- I dunno it just my mind goes blank
3. everything goes blank, it happens, then the next mornin' I'm like
4. oh crap, realised I've done it and oh crap shouldn't have done that,

On line 3, in the midst of the client’s account, he says, 'it happens' which amounts to a very simple but effective non-agentive way of glossing his illegal activity. I can't help but be reminded of the popular American bumper sticker 'shit happens' when I read this. Again, this concise phrase encapsulates the whole of his argument ... that sometimes things just happen, for no reason, without being anybody’s fault. At some level it appeals to a common sense notion that some things in life are just not possible to explain or account for. He goes on to reinforce his claim by describing a kind of waking from a trance experience when he gets up the next morning, and 'realises' what he has done. This pattern is similar to the formulation ‘at first I thought it was X and then I realised it was Y’ introduced by Wooffitt (1991) to describe people’s accounts of paranormal events. In this case, the X is a normal everyday experience, and the Y is a paranormal explanation. It is that sense of
contrast between doing one thing and then ‘realising’ something else that seems similar to this study.

In our case, the realisation of the second part of the description retrospectively formulates the first part of the activity described, as being done without realising what he was doing. If you are actually not aware, or you don’t realise that you are doing something, then you cannot be held responsible for it. The cognitive theme runs throughout, now contrasting the non-intentional, non-cognitively aware state that he was in when he committed the crime, with his rational, conscious state the morning after. This is fused with a sense of remorse for his previous actions, expressed in his words as, ‘oh crap shouldn’t have done that’ (line 4, ext. 6). So, not only did he not intend/mean to do it in the first place, but he was also filled with regret after discovering that he had. The account that the client provides on this occasion is therefore both a claim to lack of intent, and also a claim of a lack of conscious control over his actions – a kind of inability account. It is also a display of knowing what is right and wrong, which could be important in his argument.

Transforming Inability Accounts
Therapeutic intervention is both backward and forward looking; the main reason for retrospective discussions is to formulate hypotheses about why certain courses of action were engaged in rather than others, and at times to look at what other possible actions could have been taken. Where choices taken are deemed to be socially inappropriate, the motivations for or causes of those behaviours are sought out in order to begin working towards possible solutions which may guard against future recurrence. Pre-equipped with ideas about why an individual may be engaging in a particular kind of recurrent behaviour, the therapist together with her client(s) can begin to put together a plan for how that behaviour can be altered to conform to more acceptable ideals. At this point accountability for prior actions becomes directly relevant to the construction and implementation of an imminently applicable behaviour modification program, or for treatment or guidance depending on what is diagnosed to be appropriate, with a view to future lifestyle changes which that intervention may facilitate.
With this in mind, let us turn now to look at some more family therapy data. As the informing ideas behind this approach being broadly systemic rather than individualistic, the therapeutic environment is geared to looking as much at the family system and the interactions between its members, as it is to looking at the individual member of the family who has been identified as having some kind of social or behavioural problem. In theory at least then, accountability for one’s own actions (in these cases an adolescent family member) is not deemed to be exclusively his or her sole, independent responsibility, but at least in part resulting from potentially dysfunctional larger social organisation, in the first instance represented by the family group.

In much of the data I have looked at, this theoretical basis is not always apparent, but important to bear in mind where issues of causality, personal responsibility and individual change are at the forefront of the therapeutic conversation. In effect, in family therapy it is the whole family that are being treated, although only one member of that family has been identified as the ‘referred’ patient. At times a therapist will speak to the whole family as a group, at times with the individual who has been referred, and at times with just the parents. This can occur during the same session, with various parties leaving the room at different points in that session, or can vary from session to session depending on the therapist’s perception of the needs of the family, practical constraints such as difficulties encountered with having children present whilst the therapist is talking to adult family members, and the therapists’ own preferred way of working.

I have given this section the title ‘transforming inability accounts’, which is particularly pertinent to the following extract. The analytic interest I have in mind in approaching this extract is how and why the therapist specifically corrects her client’s answer from ‘don’t’ to ‘can’t’ (starting in line 4, and concluding with her explanation in line 15). In effect, she transforms what is an inability account into an account which is a matter of personal choice.

Ext. 5– G1/1377-1382

1. Client: I always behave in all of them but (0.3) In=English and Maths
Before we get into any analysis of this particular extract, I'd like to immediately draw a parallel with an observation made by Buttmy in his 1990 article on blame-account sequences in therapy.

**Ext. 6 – from Buttmy (1990: 232).**

1. **Client:** I felt that if if things happened to H. he couldn't talk to me about them if ( ) (hhhh)
2. [ ]
3. **Therapist:** He didn't talk to you about it?

In this extract the therapist transforms the client's description "he couldn't talk to me" into "he didn't talk to you". As Buttmy points out, 'couldn't' implies ascriptions about the client's husband's (H) abilities and competencies, while 'didn't' implies what happened in a particular case. Thus, "(t)herapeutically, the focus on actions rather than on capabilities allows for more possibility of change" (p233). In this case, 'the possibility of change' refers to another party than the one being addressed (the client's husband), whereas for the client in our data, a re-description of his behaviour from one of inability (can't) to inaction
(don’t) is directed at the client himself. For him, a focus on inability in accounting for his bad behaviour in certain lessons implies that there is something about those particular lessons or teachers that are the external cause of his inability to behave in those lessons (if the cause were internal to him, logically he would not be able to behave in other lessons either).

If inability rather than inaction is the cause, then there is nothing that the client can do to change his situation. However, if his actions are the result of a personal choice not to behave, even though he has the ability to, then he is accountable for making the necessary adjustment in his own behaviour. Forsyth & Kelley (1987) looked at the negative effects of self-serving bias amongst undergraduates who attributed bad results in exams to external factors such as bad luck, poor teachers etc. They showed that by educating the students to attribute failure to internal causes such as study techniques (things over which they had control) they could change their habits and would have more success. It is this shift in thinking that is introduced by the therapist in ext. 5 when she says ‘Say to yourself it’s not that I can’t it’s that I don’t’ (line 8). In her next turn, she elaborates by framing her re-description in terms of his gaining ‘control’ of the situation (lines 15-16). Another way of framing this might have been to talk in terms of responsibility or accountability, both of which, from the therapist’s perspective, are more positive outcomes (although perhaps not from the client’s perspective).

Another interesting aspect of ‘say to yourself’ is that the therapist is perhaps suggesting to her client a need to convince himself rather than her. The idea of talking to yourself is a way of empowering the individual to take control of their own life. The effect of this is that it is not that she, as the therapist is redirecting him, but that he himself is taking charge of that redirection. Also, why ‘say’ rather than ‘think’? ‘Think’ denotes an internal cognitive activity, whereas ‘say’ represents an external activity. Perhaps ‘say’ carries more of an active, convincing oneself weight to it, rather than what may be a more passive activity to ‘think’. This element of control is reintroduced later in this same extract in lines 15 & 16 when the therapist asserts “if you can’t (0.8) you lose control, if you don’t you’re in control.” I suggest that this final statement on the subject by the therapist confirms my
earlier speculation about the use of ‘say to yourself’ as being used as a tool for empowering her client to take control of his own life. The issue of self-control is clearly central to the transformation of the ‘can’t’ to ‘don’t’ in this whole sequence.

Unable v. Unwilling: Implications for Change

The question for me now is why therapists might be interested in transforming clients’ inability accounts into inactivity accounts. The answer I propose lies in the use of inability accounts as mitigating devices which circumnavigate accountability for problematic behaviour. By using the argument that one is not capable of engaging in alternative behaviour for one reason or another, then neither can one can reasonably be held culpable or accountable for that action or actions. The elements of choice and ability are central to the way that issues of personal accountability are managed. Furthermore, where accountability may be conceded by a client going along with the therapists’ reformulations of choice of action rather than lack of ability, the immediate consequence for the client is that behavioural change becomes a matter of willingness rather than constraint, and as such is something that the client can do something about. The client is now in a position where they are responsible for changing their own behaviour, rather than blaming their behaviour on external constraining factors be they other people or situations.

If we think about how inability accounts have previously been thought of, classically in declining invitations, they are used as a way of excusing the speaker from having to give reason why they don’t want to do a particular thing. By removing the element of choice, the moral and accountably relevant issue of willingness is held in tact. Thus, one can legitimately be willing but not able. What is much more socially and morally difficult to sustain, is to concede to being able to perform a particular action, but don’t simply because of not being willing. So, inability accounts can also be used to resist the implied change that conceding an unwilling account would demand.

Unable or Unwilling?

If one is unable to behave differently, then no change can be expected, perhaps even sympathy or understanding would be appropriate. However, if an unsociable pattern of
behaviour is a matter of choice then there is a massive onus on the offending party to alter their behaviour in line with acceptable standards. This counter play of choice and ability can be seen in the following examples. Each of the following extracts gives one side of the same argument, one from the client, and one from the client’s father. In the first extract (ext 7), the father claims that his son has been ‘in trouble’ because he can’t help it – it’s impossible for him not to, he is unable to do otherwise. In the second extract, the client emphatically claims that his behaviour was in fact because he chose to do so.

Ext.7 – G3 / 1076-1079

1. Dad: An n then he says y’know (0.5) if you let me out and do what I want, I won’t get into trouble.
2. (0.2)
3. Therapist: Mm.
4. (0.8)
5. Dad: Thafs impossible cos he’ll do what anybody asks him to.
6. (0.4)
7. Dad: He’s (0.7) he can’t (0.3) go out and not get into trouble.

Dad’s argument is that his son is easily led, and can’t avoid getting into trouble if he goes out with his mates, because he just does whatever they ask him to. His son’s counter-argument is not that he can’t help getting into trouble, but that he chooses to do so, because he wants to, as we can see here. The final line of dad’s turn in line 8 is also apparently part of his own justification for grounding his son.

Ext.8 – G3 / 989-994

1. Dad: They say I’ve got a tenner an you says ooh (0.2) give n it mg and I’ll get somebody to buy some booze for ya.
2. Client: No: (0.3) They said- (_) (to ask them that).
3. (0.4)
4. Client: >(oh all right then,)<
5. Mum: But why [couldn’t they ask them?
6. Dad: [That’s what I just said.
Again, in the following extract, related to the same argument, the client reiterates his claim that he ‘could have said no’ he was perfectly able, but that he made his own choice because he wanted to.

**Ext. 9 – G3 / 995-998**

1. Dad: They asked [you to
2. Mum: ]hh HHhhh
3. Client: ^Yeh.
4. Client: (0.2)
5. Client: No. Wha: Wha- wha-
6. Client: (1.0)
8. Client: (0.4)
9. Client: [I I COULD HAVE SAID NO, I WANNID T’ DO IT.

The focus of the argument in these particular extracts is regarding the client buying alcohol whilst legally being underage. He has been caught doing this whilst out with a group of friends. His father’s claim is that his son’s friends have asked him to buy the alcohol, and he is unable to refuse their request. Whilst buying alcohol is the specific issue here, it is also part of a larger generalization claimed by the client’s father that he always gets into trouble when he is out with this group of friends. In extract 7, the father claims that it is ‘impossible’ (line 6) for his son not to get into trouble. Again in line 8, he emphasises his son’s inability by stating that he ‘can’t’ go out and not get into trouble.

The direction of the father’s argument is towards a conclusion that he should legitimately not allow his son to go out with this group of friends. This helps us to contextualise the counter-claim made by his son (the client) that his illegal activities are a matter of choice rather than compulsion. In extract 9, the client’s father reports that ‘they asked you to’ (line 1.) in relation to his son’s friends asking him to buy alcohol. Finally, after considerable
perturbation and difficulty, first agreeing (line 3), then disagreeing (line 5) and in the end agreeing (line 7), he accounts for his actions as being a matter of choice. By clearly demonstrating that he \textit{wanted} to buy the alcohol, he refutes his father's accusation that he was under compulsion from his friends. The increased volume in this part of the conversation from the client demonstrates his increasing frustration and anger, and his need to put across a counter-argument.

Ros Gill notes a similar relationship between the concepts of choice, on the one hand and ability on the other, in her work on Broadcasters' Accounts of Inequality in Radio (1993). In her research, the use of ability and choice are used to account for or justify reasons why there are not many female DJs on the radio. She writes that there is an implicit suggestion in these accounts that women "\textit{could} become DJs but they have \textit{chosen} to do other work" (p78). In this case, the argument claims that women are not stopped from or discriminated against working on radio, they simply \textit{choose} not to. Within this argument that 'you could if you wanted to', is the suggestion that women simply don't apply rather than that they do but they are turned down because of discrimination. The problem is then not oppression, but a lack of willingness – a choice. As Gill quotes from one radio station, "we get a lot of tapes from people who want to be DJs, and they're all from men" (1993:77). The issue is that women just don't \textit{want} to be DJs.

If we go back to our own data, and look again at extract 9, the client strongly states in line 9, "I \textit{COULD HAVE SAID NO, I WANNAID T' DO IT.}" Here, the client explicitly draws on this repertoire of ability v. choice. He overtly stresses that he had a choice about what he did – the issue he claims, was very clearly that he chose to do it, not that he couldn’t help it. As this extract indicates, what 'could' be done is a representation of a range of options or alternative possibilities which the speaker was capable of engaging in. The element of choice is firmly located in line 9, 'I \textit{WANNID T' DO IT}'. This clearly shows how responsibility can also be claimed as well as resisted by demonstrating that a particular action was deliberately chosen over at least one other possible course of action.
Again, the following extract highlights in the client’s own words this clear distinction between ability and choice. However, in this case, a new category of ‘knowing’ the difference between right and wrong is introduced.

Ext 10. – G2 / 728-732
1. Client: I know how- I know what (0.2) de ru- (0.2) the difference between right
2. and wrong is.
3. (0.7)
4. Client: An I KNOW to like (0.9) if: everyone’s gonna say ah >come on
5. smash this< (0.3) winda, I know how to say no I don’t wanna
6. do it and I know how to say yeh come on lads lets go:

Here, the client’s argument is that it is his choice to behave the way he does, no-one forces him into it. As such he is claiming that he has the ability to do either the right or wrong thing, and takes responsibility for his own actions by claiming that his actions are a matter of choice not compulsion. In this instance therefore, his capability to make his own decisions is used to attract personal responsibility, whereas in the first example deflection of personal responsibility was achieved by invoking the reversal of this action, namely by claiming inability as a defence for bad behaviour.

In this example however, the introduction of knowing right from wrong shows that rhetorically, mental state description can be deployed as an aid to proving intentionality and ability to make personal choices. Remember, the interactional opposite of informed choice in these examples is a constriction of options due to inability to do anything other than the single course of action that was engaged in – as we saw in the ‘it just happened’ accounts. To prove that an action was engaged in by choice, one way of strengthening that argument, as this extract demonstrates, is to introduce a cognitive element into the claim. In this case, this is done by declaring “I know .... The difference between right and wrong” (ext 10, lines 1 & 2).

Furthermore, it is not just a matter of knowing the difference but of knowing how to act on that knowledge – knowing what to do about it. This is demonstrated by the client when he
goes on to say ‘I know how to say no ... and I know how to say yeh’ (lines 5 & 6, my emphasis added). There is a subtle difference. In knowing the difference between right and wrong, the client is claiming to have a moral conscience; but by claiming that he knows how to make use of that moral conscience in a practical situation he is in effect going one step further. In other words, that passive ‘knowing’ is translated into an active ‘doing’. This additional claim to active knowing strengthens the claim that all of his actions have been the result of personal choice; choice based on realistic and ‘doable’ alternatives. It is this issue of realistic alternative options that substantiates a claim to an activity done by choice, rather than simply because of an inability to do anything else.

To re-cap briefly on what we have learned so far; in extract 5 the therapist attempted to transform her client’s account from one which claimed that he couldn’t do something (inability) to one in which he simply ‘didn’t’ do it (choice). The purpose of this transformation therapeutically, is that once an account for inappropriate behaviour has become a matter of choice, it is possible to change it. In the recent series of extracts, the client’s father claims that his son can’t help getting into trouble (inability), which is strongly refuted by his son who claims that he wanted to (choice). The relevance to future activity on this occasion is in relation to whether the client is allowed to spend time with his friends or not. The client’s claim that it is his choice to get into trouble undermines his father’s argument that he can’t help getting into trouble when he is with those friends. This counter-argument on the grounds of personal choice, inoculates the client from the need to stop seeing his friends, an unwelcome change in his own behaviour.

In the first example in this section (ext 5), the client uses an inability account to excuse his behaviour at school and therefore any onus on himself to act differently. In the second type of examples (ext 8 & 9) however, the same client refutes an inability account in an attempt to safeguard himself from the particular threat of needing to change his friends. What we can see from this is that the repertoire of inability v. choice can be used in two different ways. Firstly, an inability account can be claimed, and as such serve to excuse past behaviour whilst also inoculating against any future behaviour change that may be suggested. Secondly, an inability explanation can be refuted in order to prevent the
consequences that may be necessarily implied by it. The important thing is that in this data, inability accounts are used in these two instances by the same client in different ways, either claimed or refuted, depending on the interactional need of the moment, and the subsequent potential implications.

ACCOUNTS AS REMEDIAL DEVICES

This final section of this chapter on the use of accounts in therapy looks at a slightly different aspect of their use than in the first part of the chapter. In this instance, occasions of accounting are found which do not initially appear to be warranted. However, when one looks back at the turns prior to the accounting turn, we find evidences of things that may have been treated by the speaker as warranting as account. In particular, the aspect that I want to focus on is how therapist’s questions appear to be treated by clients as potentially accusatory, or morally charged. I have already discussed some of this area already, and is something that will be covered more explicitly later in this chapter. It is not always apparent as one proceeds inductively and sequentially through a passage of transcribed talk that there is an accusatory action being done by the first speaker. What I mean is that at times a question appears to be just that, an inquiry for further information. However, questions are not always used simply to perform this singular action, they are frequently used as carriers for other conversational actions, or at least pre-sequences to further actions following. An example of this is the question ‘can I tell you a story’; whilst this is grammatically a question, in conversation it often acts as a story preface (see Schegloff, 1980). In a different way they question ‘what are you doing tonight?’ is also at face value ‘just’ a question. However, this particular question is often used to perform the additional action of inviting, or at least operating as a familiar way of preceding an invitation.

In answering these kinds of questions that at face value at least, are ‘just’ questions, a respondent may explain for example, what their plans are for the evening. However, where the respondent is familiar with the use of such a question as a preliminary to an invitation (which may or may not follow), the respondent’s answer is likely to be addressed to the action of inviting and not merely to the superficial, or secondary action of information seeking. A good example of this action happening in ordinary conversation is used by
Schegloff to explain pre-sequences and the possibility of misunderstanding the intended action of a turn. This is an extract from his data.

Ext. 11 (from Schegloff 1992:1323 – Kraus dinner)

Mother: Do you know who's going to that meeting?
Russ: Who.
Mother: I don't know
Russ: Oh::: Prob'ly Missiz McOwen ('n detsa) en

Here we can see that Russ initially treats his mother's question as a pre-announcement. However he repairs his response after she says 'I don't know', when he realises that it wasn't a pre-announcement. His repair subsequently responds to the question instead as an information seeking speech act (Schegloff, 1988: 57). We can see in this example that what may appear to be one kind of speech act, as we analyse an extract strictly sequentially just as the participants themselves would understand the unfolding series of talk, turns out to have the characteristics of another kind of action. The difficulty lies in the fact that indirect speech acts frequently appear in the form of questions. A variety of different indirect actions however, can be performed through this vehicle of asking questions. This is the starting point of the next part of our investigation of situated accounting practices. In this section we will be looking at the ways in which responses to questions used in therapeutic and counselling sessions reveal how those questions can and are treated by clients as morally charged or accusatory. In other words some questions are treated as more than 'just' questions, as we can see by the client's responses to them.

Atkinson and Drew in their examination of accounts produced in courtroom cross-examination exchanges found that often excuses and justifications, "occur in response to questions which do not appear to directly or formally accuse the witness" (Atkinson & Drew, 1979:136). This they claim reflects the witness's recognition that counsel's questions are leading to or pre-facing blame, and the witness's desire to mitigate such blame. Rather than responding to a particular question as a discreet entity, the witnesses seem to recognise a 'line of questioning' in a series of questions which appears to be building towards an accusation (Drew, 1992). This is observable in the way that witnesses
address their answers not so much to the content as to the perceived action of the question, by adding rebuttals and accounts to their answers. A similar phenomenon is to be found in therapeutic and counseling exchanges. Like courtrooms, therapy is organised by a participation framework within which the therapist generally asks the questions, and the client gives answers. Additionally, in answering questions, clients tell problems, make criticisms, and offer accounts. A feature of these types of interaction is that patients will commonly orient to the therapist’s questions as therapy-relevant and therefore design their answers accordingly. Evidence of clients’ orientations to the blame-implicitaveness of certain questions can be found in the excuse/rebuttal/justification content of their replies to questions which are not overtly accusatory. Furthermore there may also be an orientation to what Schegloff refers to as a ‘conversation-in-a-series’ (Schegloff, 1980: 106). A particular question in a given context may not be treated in isolation, but as either a question within a series of questions, or a question within a series of conversations; both alternatives being applicable to therapeutic conversations, either as isolated sessions or as a part of a series of sessions.

Aronsson & Cederborg (1996) in their analysis of family therapy sessions with adolescents, also observe evidence of defensiveness and resistance to apparently innocuous questions about lifestyle topics such as smoking, sex, choice of friends etc. Part of the diagnostic process in the therapeutic encounter is to investigate issues and identify problem areas, and therefore it is understandable that a client would feel sensitive to issues of blame and accountability. However in these cases, the interest of the therapist in asking questions about lifestyle issues is primarily grounded in a professional interest in how the family system works. Resistance from adolescents in these encounters demonstrates that such questions, however motivated are ‘treated as’ accusatory. Buttyn (1990) suggests that because accounts and rebuttals have identifiable features and are usually remedial devices, one can look at what the prior turn consisted of to examine what it was that may have been taken as potentially threatening.

In the current analysis, examples are drawn from a series of family therapy and child-mediation sessions. In the first instance, we will look at how questions addressed by the
therapist to the client may be taken to be evaluatively implicative, or morally charged. In this extract, the therapist is asking her teenage client about whether he smokes.

Ext. 12 G1/1574-1596

1. Therapist: And your parents are saying (2) that they don't want you to have the opportunity to get in trouble.

2. (2)

3. Client: I've got plenty of opportunities every single day, but I just pass them by. hh

4. Therapist: <Right>

5. Client: Some of them I take up, like skank a lesson or somat like that,

6. (1.5)

7. Therapist: Like spending your dinner money on (5) fags.

8. Client: Well I don't do that though.

9. (1.5)

10. Therapist:→ Are you a smoker?

11. Client: Uh?

12. Therapist:→ Are you a smoker?

13. Client: Yes.

14. (1)

15. Therapist:→ Where do you get the money from?

16. (2)

17. Client: .hhh

18. Therapist:→ Do your mum or dad smoke?


20. Therapist:→ M hmm

21. (3)

22. Client: I've never nicked off my mum and dad, I've never (1) stole off them, not fags not nothing.

This is a long extract, but bearing in mind the relevance of what I have just been discussing with regard to Drew's notion of a line of questioning, it is relevant to us to look at this whole sequence as a series of questions. The therapist's initial question about smoking both in lines 12 and repeated at line 14 could be heard as a 'straightforward' request for
information; she asks 'are you a smoker?' It is not in itself an explicitly critical or evaluative, but could be given that firstly, the person asking the question is a health professional and smoking is bad for you, and secondly, the person she is asking the question of is not legally old enough to smoke. The way that the question is formulated uses the term ‘smoker’ referring to a category of person, rather than the term ‘smoking’, which would be an activity but not necessarily a personality characteristic. By asking her client if he is part of the category of people called ‘smokers’ it is implicit that the category bound activities associated with that membership categorisation are also invoked (see Sacks 1992; Edwards 1997; Lepper, 2000). There is something about identifying someone as ‘a smoker’ rather than as someone who smokes, or who has smoked, which has an enduring quality about it. It suggests an established identity rather than a fleeting activity. Thus, as a smoker, one could expect that regular smoking over a consistent period of time is a category-bound behaviour.

As can be seen from the progression of the line of questioning, there is a further implication, that in order to sustain a regular smoking habit, one must also have a regular source of income to finance that habit. In response to the (repeated) question ‘are you a smoker?’ (line 14) the client immediately responds ‘yes’ with no delay or hesitation. His answer is in the standard preferred response format, indicating that he has no difficulty in answering the question. However, in response to the next question, ‘where do you get the money from?’ (line 17) there follows a massive 2 second delay before the client sighs but still does not answer the question. To remain silent in the face of accusation can in itself be taken as an inference of guilt. Even in law where a person who has been arrested has ‘the right to remain silent’, the strength of conditional relevance for a denial or justification to be made after an accusation is such that its absence is accountably noticeable. McBarnett (1983) points out that where a person is accused of something “it is reasonable to expect that he or she will immediately deny it and that the absence of such a denial is some evidence of an admission on the part of the person charged and of the truth of the charge” (McBarnett 1983:54; from Parkes v. The Queen 1976).
The client’s non-response implies that he finds the question problematic, possibly because he takes it to be evaluative or morally charged. Arguably, for an authority figure such as a therapist to ask the question about the source of his finances already exhibits possible scepticism about the legitimacy of that source. So, it appears that the client orients to the evaluative implication not just of the immediately prior action (the specific question), but to the line of action being adopted by the therapist. Potentially this is one which may lead to the client incriminating himself by revealing the source of his income. Therefore, whilst engaging in making his responses ‘therapy relevant’, the client also distances himself from the evaluatively charged therapeutic upshots that could be inferred as a result.

The therapist continues by asking a different question after the non-response from her client to the question about where he gets the money. This time, she asks ‘do your mum or dad smoke?’ (line 20). The client answers that his dad does, to which the therapist quietly acknowledges what he has said with a pondering ‘mhmm’ (line 22). The next turn is particularly interesting, as a 3 second pause passes with neither party speaking. Finally the client self-selects to make his defense ‘I’ve never nicked off my mum and dad...’ (line 24). Apparently, this emphatic statement appears to ‘come out of the blue’. The therapist has not accused him of stealing, so why the need to make a defense like this? The answer is that the client treats the therapist’s line of questioning as potentially accusatory. Whilst it may appear that she is ‘just’ asking simple questions about whether he smokes, where he gets the money from, and whether his parents smoke, the underlying message, at least from the client’s perspective, seems to be that there is some kind of implicit accusation about the legitimacy of how he manages to acquire cigarettes. It seems that the client treats the question about whether his parents smoke as particularly loaded, addressing his defense specifically to a denial of having stolen cigarettes from them. I suggest that it is not just this question about his parents smoking that triggers his response, but rather the culmination of 3 questions in a series presented by the therapist. It is this cumulative effect of adding ‘smoker?’ to ‘money?’ to ‘mum and dad?’ that, when added together seem to imply far more as a series of questions than they do as individual questions. It is what the client treats as the implicit accusation in this series of questions that he addresses in his defensive response.
Treating Silences as Accountable

The following extract is taken from the same series of therapy sessions as the previous extract, but on this occasion the topic under discussion is the client's suicidal feelings.

Ext 13. G1/1759-1774

1. Therapist: <Ok> (2.4) I asked you (.) if you ever felt like killing yourself
2. and you said every day, (0.8) how would you do it?
3. Client: How?
4. Therapist: <Mm•
5. (1.6)
6. Client: Hang myself, (0.8) chuck myself in front of a lorry, (1.6) starve myself, just run away and just go to sleep and never wake up,
7. (5.1)
8. Client: Someat like that,
9. (6)
10. Client: I'm not mental, I don't need a psychiatrist or owt like that, (1.2)
11. I'd never actually chop mys- top myself, (1) it's just it makes everybody- it just (.) makes (1.8) me feel (0.2) like killing myself, (1.2) makes me feel I've got nothing to live for, (1.6)
12. I'm not mental I've got nothing wrong with me,
13. (7)
14. Client: I'm not thick, I can do all my work, it's just I choose not ↑to.

In isolation, the initial question posed by the therapist in lines 1 & 2 “Ok (2.4) I asked you (.) if you ever felt like killing yourself and you said every day, (0.8) how would you do it?” is likely to be taken to be morally charged. However, if it is taken as part of a sequence of diagnostic questions, one may not come to the same conclusion. This particular question is the most recent in a series of questions about the client's physical and mental health. The therapist begins with questions such as 'how do you feel when you're on your own?' to which he responds 'depressed'. She then follows with what is apparently a series of questions about eating and sleeping patterns, the answers to which may perhaps provide evidence for a diagnosis of clinical depression (see Sacks Vol 1. p57) Within this
sequential environment, the question of thinking about killing yourself can be appreciated as a logical progression of that line of action. However, as we noted from the research by Arronson & Cedorborg (1996), a client may treat such ‘diagnostic’ questions as morally charged or even accusatory.

In response to this question, the client begins with a series of candidate methods for suicide (lines 6-7). After a 5 second pause, he adds the tag ‘somat like that’, (potentially as a topic closing formulation). Its status as a ‘tag’ at the end of what he has said displays that he hasn’t really thought about it all that much, in a similar way that the device ‘I dunno’ works to deny an over-attentiveness to the detail of descriptions given. At this point, in the conversation where an apparently adequate answer to the question has already been given, it would be reasonable to assume given the question-answer sequence characteristic of the therapy participation framework (which has also been the norm. in this session up to this point), that the next turn slot is available and even expected to be taken by the therapist to comment on his response or to ask another question. However, the therapist does not take up the opportunity of taking her next turn at this point. There is a further pause of 6 seconds, after which the client finally self-selects to take up the available turn slot. What constitutes this subsequent turn however, is a defense and an assertion that he ‘isn’t mental’, and that he ‘doesn’t need a psychiatrist’.

Such denials might typically be expected to become relevant after an allegation or accusation has been made. What is apparent though, is that the denial appears in the absence of any such accusation. Given that the turn slot taken up by the client with his denial was apparently ‘passed over’ by the therapist, it seems that the client treats the therapist’s ‘non-uptake’ as an attributable silence. His denial indicates that he treats her silence as a negatively evaluative non-response to his previous answer about how he would kill himself. Given the tendency for clients in therapy to orient to the therapy-relevance of their answers to questions, it is entirely reasonable to conclude that the client is orienting to the diagnostic relevance of his explication of how he might kill himself. Suicide is generally a morally accountable behaviour which, according to everyday folk logic is linked with mental instability. The general rule of self-preservation dictates that any person
in their right mind would not take their own life. It appears from the sequential organisation of his defense, that he treats the non-response of the therapist to his answer as potentially negatively evaluative. As Kitzinger points out, to withhold affiliation is “typically understood to signal disagreement” (2000:130). He orients to this potential ‘disagreement’ with his assertions that he ‘isn’t mental’(lines 11&15) and ‘isn’t thick’(line 17). He later goes on to add evidence which supports his claim.

In the business of family therapy, one thing that can be at stake is who is to blame for the problems that the family is experiencing. Although the client is identified as the one who is at trouble at school and with the police, it is not assumed that the problem and therefore the solution is one which can be located within a particular individual. The ethos of systemic therapy is that an individual is part of a larger social organisation and structure, at the first level, the family group and at a wider level other aspects of the social and economic environment of which that individual is a part. It is not therefore obvious that as the ‘referred’ patient, he is automatically the one who is to be held accountable for his antisocial behaviour. What is at stake then in the conversations that go on within the therapy sessions, is how accountability is shared or assigned, and how blame is allocated. For the client then, his concern is to ensure that he is not the one who is singled out as the person who is the ‘problem’ and therefore consigned to further treatment to correct that deviance.

Aware of some of the potential evaluative implications of what he has said about killing himself, the client is concerned to ensure that those potential assessments and implications are not the ones that the therapist chooses. In this case he may be diagnosed as being mentally unstable, the therapeutic trajectory of which may be that he is referred to see a psychiatrist, a trajectory that he also denies is appropriate or necessary (line 11). The interesting thing about this extract is that by looking at the content of each of the client’s utterances in this sequence, we can see how he treats the therapist’s silences as potentially negatively evaluative by the way that he works hard to defend himself against those kind of implicit implications following the silences.
Overall, what we have learnt about from this final section of this chapter is yet another environment where accounting practices flourish. As accounts are usually remedial devices, we can look at the situation of their occurrence to examine what there was in the content of the previous turn that would have precipitated such a response. By doing this we can see that questions which at face value seem merely innocuous information-gathering tools, may also be treated as performing other actions, such as accusation. We can see by the evidence shown in this section that there is certainly something within these kinds of questions that clients orient to as potentially accusatory, and which in turn provokes the remedial use of accounting practices.

Summary
This chapter has been concerned with the production of what I have called 'inability accounts' within the therapy situation. One of the first instances of a particular phrase used to exemplify this practice was the use of the idiomatic expression 'it just happened'. Such expressions, whilst being immensely vague, are yet quite effective in that they appear to have a special resistance to being challenged with concrete, empirical facts” thus making them an apt discursive resource in resisting accountability.

Inability accounts can be used in therapeutic situations as anywhere else, to mitigate culpability for blameworthy behaviour (or lack of expected action). This chapter has highlighted the finding that inability, in contrast to unwillingness, serves to lesson or avoid personal responsibility or blame for that action or actions. The inability report in effect serves to externalise responsibility for the inappropriate action or inaction. In addition, there is a moral aspect to the issue of using inability accounts. For example, to report another’s activity in the form ‘he could, but he doesn’t’, conveys capability but inaction, thus implying moral deficiency. A claim of inability under these circumstances would mitigate this claim to moral deficiency. However, the production of such descriptions is indefensible unless legitimate incapacity or inability can be successfully brought off as the ‘reason’ for inaction.
In the first part of this chapter, the analysis focuses on the accounting practices of the clients. In the latter part, the analysis of this topic reaches a deeper level, as I have sought to explicate the way that the therapist can in effect ‘transform’ those inability accounts into expressions of ‘choice’ rather than compulsion. Thus, therapeutically, the focus on actions rather than on capabilities allows for more possibility of change. This element of control is exemplified in extract 5, lines 15 & 16 when the therapist asserts “if you can’t (0.8) you lose control, if you don’t you’re in control.”

In examining the relationship between the concepts of choice, on the one hand and ability on the other, another key area that was investigated was that of inability versus unwillingness, and the implications that those categories bring with them for future changes in behaviour. What was revealed from this part of the analysis, was that the repertoire of inability v. choice can be used in two different ways. Firstly, an inability account can be claimed, and as such serve to excuse past behaviour whilst also inoculating against any future behaviour change that may be suggested. Secondly, an inability explanation can be refuted in order to prevent the consequences that may be necessarily implied by it.

Finally, I directed the focus of analysis on this topic towards the use of accounts as remedial devices. In these instances it was found that there are occasions where accounting practices are found which do not initially appear to be warranted. However, when I looked back at the turns prior to the accounting turn, I found evidences of some things that may have been treated by the speaker as warranting that account. A particular aspect that appeared to be most significant was that therapist’s questions appeared at times to be treated by clients as potentially accusatory, or morally charged. I found that some questions were treated as more than ‘just’ questions, as was revealed by the client’s responses to them. Similarly, the final section of this chapter investigated the way that silences can also be treated as accountable, I found that denials or rebuttals appeared in places where no direct allegation had been made by the therapist in any prior turn. What was apparent from this observation was that there are occasions when the client ‘treats’ the therapist’s ‘non-uptake’ of a prior turn by the client as an attributable silence, and thus provides an account or rebuttal where non was explicitly required.
In conclusion, this chapter has shown new areas where inability accounts are used, and has shown some of the specific ways that they occur within the environment of the therapeutic encounter.
CHAPTER 5

YOU SAID

This chapter investigates the quote-introductory features of 'you said' as a generic conversational resource, with a particular focus on in its application in the context of therapeutic interactions. In it I examine the processes by which these kinds of quotes are produced as indexically sensitive, and how the content of the quoted material forms a basis for proceeding. The structure of the chapter is based around the four core elements that are characteristic of sequences in which 'you said' quote-introducers are found.

This core sequence is as follows:

| Part One: | Quote-introduction | (Speaker A) |
| Part Two: | Confirmation | (Speaker B) |
| Part Three: | Pursuit | (Speaker A) |
| Part Four: | Elaboration | (Speaker B) |

Part One is the use of the indexical 'you' plus a quote introductory verb, followed by a quote or formulation of something the addressee had previously said. Within this part of the sequence, there are two components, firstly the quote-introductory verb (eg 'said', 'mentioned', 'complained', 'asserted'), and secondly the topic-content of what is quoted. The second part of the sequence is agreement or acknowledgement provided by the second speaker (the addressee) confirming the content of the quote as more-or-less accurate (by explicit agreement or by non-disagreement). The third part of the sequence is what I call pursuit. This is where the first speaker takes a second turn in which the content of their prior turn is explicated or 'followed up'. The final element of the core sequence is elaboration. You-quotation begins the sequence, followed by confirmation and then by a follow-up or pursuit question. This question in turn elicits a response which constitutes an elaboration of the topic that was introduced via the quotation in the first part of the sequence.
BACKGROUND

Quotation

People use quotations not just to be more accurate in reporting on another person, but also to provide an environment for doing other things, such as to express a position or align oneself with what the quoted person has said. For example, Sacks (Vol 2, part 5 Winter 1971: March 4 p309) demonstrates the difference between a report such as 'he had to go' and 'he said he had to go', the latter being a form of indirect quotation. In this example, simply stating 'he had to go' implies that the reasons were known to be legitimate and acceptable, whereas 'he said he had to go' implies an element of doubt or uncertainty as to the actual necessity of that person's departure. Using a form of speech which produces someone else's words as a quotation, can therefore be a subtle way of expressing one's own position in relation to that other person's words, actions or beliefs. In the data corpus which forms the basis of this chapter, it is not absent parties who are quoted, but the person who is being addressed. I will therefore be exploring how you-quotation can provide an opportunity for participants to align themselves with one another's interests, and at the same time provide an environment for eliciting further information on the topic-content of what is quoted.

Formulations

Formulations are a means by which participants summarise or construct the gist of what has been said, or make explicit their own sense of what is being discussed. Often formulations are prefaced by phrases such as 'you mean' or 'so what you're saying is' or 'you seem to be suggesting'. The design of formulation prefaces, together with the content of formulations themselves, are context-sensitive. In other words, there is a correspondence between the 'form' and the 'function' of formulation-construction units (Drew, 2001). One of the features of the 'you said' quote introductory sequence that I will be investigating here, is the context and content-sensitivity that a particular quote-introductory verb combined with the topic content of the quote has as a unit. Another aspect of formulations that relates to the project in hand is that of essentialising, particular aspects of prior talk (particularly where there has been an extended sequence of talk). In other words, drawing attention to particular elements as representative of the whole with a view to 'what happens
next'. Just as formulations are used to package prior talk "in a way that prepares for future interaction" (Potter, 1996:48), I aim to demonstrate that you-quotation can also operate as a device through which prior talk can be re-introduced into current interaction in order to provide a basis for its future direction. In other words, past speech is made relevant in the current interaction by virtue of its potential relevance to a future trajectory.

Reported Speech
Reporting what someone else has said is a way of ‘making relevant’ a particular topic, or to provide a context for what is happening in a current interaction (Buttny, 1998). It is "simultaneously a report of a previous thought or locution and part of a new sequence used for a different purpose" (Holt, 2000:433 emphasis added). Clearly this is not a neutral activity, the very fact that particular quotes or formulations are chosen to be reported over others is in itself an act of discrimination. As Buttny & Williams claim, reported speech is reproduced for “the reporting speaker’s own purposes” (2000:112). In this chapter, I will be looking at how reported speech in the specific form of you-quotation, can be utilised as convenient vehicle for the furtherance of the user’s current interactional agenda. In therapy particularly, I propose that you-quotation performs the function of enabling therapists to locate topical issues as originating in clients’ own concerns, rather than having been imposed by the therapist.

Footing
Goffman (1981) first introduced us to the notion of footing by drawing to our attention the previously unquestioned categories of ‘speaker’ and ‘hearer’. He dissected the speaker’s traditionally unitary role into three parts, principal, author and animator. In brief, the principal is the originator of the belief or view, the author the person who selected which aspects of the principal’s view to present, and the animator the person who acts as the ‘mouthpiece’. The implications of Goffman’s re-specification of the role of speaker were that these now independently distinguishable roles could be attributed to or claimed by different people. This was the beginning of what we refer to as ‘footing’, and has spawned numerous empirical studies into the practical uses of footing shifts in various walks of everyday life. (Clayman, 1992; Greatbach, 1986). The concept of footing is important
because the words that a person uses are treated as reflections or signifiers of what he/she believes, and as such persons are held responsible for what they say. Therefore, footing provides a way of saying the words without being held accountable for the beliefs assumed to be ‘behind’ the words. In practice it seems that, especially where difficult or controversial topics are being discussed, by quoting the words of another, a speaker can distance themselves from being the ‘principal’ and ‘author’ of the belief, and position him/herself as merely the animator. However, although the speaker who is reporting the words of another apparently claims to be ‘just animating the words of another’, the fact that certain words and formulations are chosen to be reported over others makes a claimed identity as a merely neutral mouthpiece incredible. Something that I will be investigating later, is how a speaker can effect a footing shift by using a you-quotation as a way of ascribing the topic (re)introduction to the other party.

The Validity of Who and What is Quoted
Where others are quoted in conversation, the inclusion of such quotes, is helpful in serving the purposes of the current speaker. In court testimonials ‘hearsay’ evidence is not admissible as evidence. By this I mean that whilst one may be legitimately able to ‘quote’ what one has heard someone else say as part of one’s own first-hand evidence as a witness, one is not expected to use what someone else said that they had experienced as evidence. However, in ordinary conversation, reporting what others have said is common practice, a speaker may use the ‘evidence’ of what another person has said to verify their own version or argument. One way of validating one’s own knowledge or information, is to situate it as based on or supported by someone else’s knowledge and authority. However, where others are quoted in support of the current speaker’s knowledge claim, the degree to which referencing that person is beneficial to the current speaker’s case is largely dependent on how authoritative a source the current hearer deems that person to be. “Whether or not it is convincing evidence involves, in part, whom she is seen as citing” (Pomerantz, 1984:612, emphasis added). The importance of this notion to the current study is that, by citing something that the person you are speaking to has said, the issue of the validity of who you are quoting is largely circumscribed. If I claim that ‘you’ said it, then the issue of source validity becomes far less of a consideration in judging the content of the report.
The issue rather, becomes one of whether the person quoted is willing to agree with the substance of that quotation as an acceptable rendition of what they said. An absent party is not able to refute the content of the quotation that a current speaker may report, but one who is present can. There are two main ways that a speaker can deal with this potential problem, either they can treat the content as unproblematic, or seek to establish it as such in the current interaction. One of the ways that content is treated as unproblematic is to use pro-terms such as ‘when’ and ‘as’ before ‘you said’, another is for the speaker to continue with his/her turn beyond the you-quotation element, without pausing for the recipient to confirm its accuracy. On the other hand, where the speaker orients to a need to establish the quote-content as unproblematic, a speaker can offer their hearer the opportunity to agree with the content of the quote - or at least the essence of it – before continuing her/his turn. In both cases, by either collaboratively establishing, or unilaterally treating the content of the quote as unproblematically ‘given’, the conversation can thus proceed, and ‘new’ information based on or emerging from the now shared knowledge can be incorporated.

PART ONE: QUOTE-INTRODUCTION

The particular aspect of the sequence that I am focusing on here is the quote introductory uses of ‘you said’. Within this part of the sequence, there are two components, firstly the quote-introductory verb (eg ‘said’, ‘mentioned’, ‘complained’, ‘asserted’), and secondly the topic-content of what is quoted.

Quote Introductory Verbs

Sacks (Lecture I part 3) suggested that there is a class of verbs which he referred to as ‘co-participant verbs’. These, he said are selected by a speaker to demonstrate that they had that particular hearer in mind, for example ‘I just thought I’d better report to you what happened today’. In this case Sacks suggests that, “I ‘report’ to you things about which you are concerned, where it’s not particularly in my interests that I’m telling this” (p174). This recipient-design feature of verb choice in conversational reporting is something that I propose is also a feature of what I have referred to as ‘quote-introductory’ verbs.
In spoken rather than written text generally, there tends to be less use of quote-introductory verbs such as 'asserted', 'claimed', 'condoned', 'pleaded' and alike. This may be because in spoken interaction, prosody and voice quality are commonly used to convey speaker's evaluations (Holt, 2000). By using these kinds of paralinguistic resources, speakers can convey subtle (or not so subtle!) evaluations of others' talk at the same time as reporting what was said. Making implicit evaluations in this way tends to leave hearers to make their own inferences about the reported 'other' rather than being more explicitly guided towards how they ought to respond. By not using an essentially evaluative verb, the speaker can to some extent, present him/herself as having a 'neutral' position on the topic-content of the quote, and thus allow the hearer more room to form their own judgment. With this in mind therefore, I would argue that a speaker's choice of quote-introductory verb is not arbitrary, but is sensitively designed to be appropriate to both the content and the context (both the current context, and the one in which the quoted utterance was originally produced) of the quoted utterance.

Whilst the focus of this chapter is specifically on the use of 'said' in you-quotation, its usefulness can only be fully appreciated by contrasting it with other potential quote-introductory verbs. Space constrains me from making a detailed analysis of a variety of quote-introductory verb uses, but I will take just one example to illustrate the point. In the following extracts, the speakers use the verb 'mention', which I suggest attributes a 'said in passing' status to that quote.

Ext. 1 - G1:51/473-474
1. Therapist: And what sort of things do you like to do, out of school? You mentioned the computer,
2. 

Ext. 2 - HS088 /1:11- phone call
1. Lesley: =Yes it =well it =Yes but then last week you mentioned the fourteenth.
2. 

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Firstly, where there is potentially delicate or troubling topic-content, the use of ‘mention’ apparently offers the subject matter a status as ‘not a big issue’. It presents the topic of the formulation or quote as something the addressee hadn’t made a big deal about previously, but had just ‘slipped into’ the conversation. Secondly, it does not evoke the same kind of ‘on the record’ ascription that for example ‘stated’ or ‘asserted’ might imply, but has instead a rather transient or changeable quality which offers the recipient the opportunity to make more or less of it as they wish. Quote-introductory verbs tend also to be appropriate to the content of what is reported. In these next extracts, the therapist brings up potentially sensitive or difficult topics using ‘mentioned’ in you-quotation,

Ext. 3 - G1:S1/628
1. Therapist: You mentioned that you lost a baby before David,

Ext. 4 - G1:S2/1005-1007
1. Therapist: You mentioned once or twice when the rest of them were here th- that you know if things got () too bad that
2. you would you’d be better <dead>

It seems that the use of ‘mention’ is sensitive not just to the evaluative implications of the reporting, but also to the subject matter of the report. This content-sensitivity is apparent in the examples we have just looked at, where in the first, the subject of losing a child is topicalised, and in the second the client’s suicidal feelings are (re)introduced to the talk.

Before we go on, it is worth taking a brief look at the use of quote-introductory verbs in other environments, where obvious differences in their use can be observed. For example, the specificity of using the verb ‘testified’ in courtroom speech exchange systems is that it formulates the quoted utterance as very much ‘on the record’. Unlike ‘mentioned’, what the witness says is not treated as just having been said ‘in passing’ or flippantly, but constitutes sworn evidence pertaining to the case in hand. For example;

Ext. 5 (OJ Simpson trial official court transcript - October 23rd 1996)
1. Q: And you previously testified that you began to go into that alley at
In such instances, reminding the witness of what they said is not just a matter of casually jogging their memory, or taking a passing interest, but is usually a preparatory move to some kind of confrontation. What the witness says in court under oath, actually counts as evidence, for which they are personally liable. I have deliberately chosen to illustrate the impact of quote-introductory verbs by using 'mentioned' and 'testified' as exemplifiers of opposite ends of a hypothetical spectrum, but a more subtle approach would be to look at how a more 'neutral' quote-introductory verb is used in different situations or environments with different effect; in this instance, we will later be examining the quote introductory uses of ‘you said’.

In summary then, what we have been looking at so far in this section, is one aspect of the ways that quotations are introduced. The particular emphasis has not been on reporting what another person has said, which would typically take the form of ‘he said / she said’, but on a reflective practice of sorts, where the speaker reports something that the person addressed has themselves said. There are particular qualities of quoting ‘you’ that we have explored briefly; one being the authority of the reported source. Furthermore, in the case of you-quoted, what is reported is not ‘news’ in the sense that other types of reported speech would be, but constitutes more of a check on the facts, or a check that the addressee still adheres to or is willing to take ownership of their own prior claim in the context of the current interaction. In many respects, this re-presentation and confirmation forms the basis and starting point for what comes next. It acts as a check on what both parties agree on to be true before moving on to the next thing. In the cases of its use in courtroom interaction, that ‘next thing’ is either the acquisition of new information based on what has been agreed, or a contradiction or challenge to what the witness has confirmed as true.

The first two parts of this series work together to form a basis for proceeding, by introducing a particular topic, agreeing its current validity, and moving on to pursue further information about the agreed topic. The ultimate direction of the sequence is to obtain
further information on the topic that has been reintroduced – part 4 in the sequence, elaboration. With this in mind, let us now turn our attention to concentrate on the second part of this core sequence, confirmation.

PART TWO: CONFIRMATION

We saw in the last section that to some extent agreement is projected by the first speaker in the first turn of this sequence. Staying with courtroom interactions to start with, in this next extract the defense attorney in a rape trial uses a series of ‘you said’ quote introducers to consolidate what facts have so far been established in the case.

Ext. 6 (Kennedy Smith rape trial – from Matoesian, 2000:904)
((RB = Roy Black, Defence attorney; PB = Patricia Bowman, victim))

1. RB: I think you told us yesterday that you said that your left arm was pinned down. Is that correct.
2. (1.0)
3. PB: Yes ((high pitch cry)).
4. RB: You said that your right arm was pinned down.
5. (1.0)
6. PB: Pinned between us.
7. (0.7)
8. RB: You said that his chest was on your chest holding you down
9. (0.5) correct?
10. (2.2)
11. PB: YES ((high pitched cry))

The striking organisation of this particular sequence is that it is made up of a series of turns which each use the quote-introductory term ‘you said’. Its use in this case is to establish the witness’s testimony clearly and comprehensively ‘on the record’. By cementing the facts of her testimony in this way, the defense attorney systematically lays down a strong foundation on which to build the rest of the case. Similarly, Atkinson and Drew found in their research of courtroom interactions, that the early turns of accusations generate the descriptions that are going to be contrasted with something that the witness is challenged
on later (1979). In essence, this process is designed to scrutinise and expose inconsistencies in the witness’s testimony, and ultimately to discredit the evidence that she has provided by ‘revealing’ it to be unreliable. From our point of view, the primary interest in this extract is the turn following each of these quote-introductory turns by the defense attorney. In each case the attorney quotes back to the witness something that she had said earlier in the trial, and each time, confirmation is required. This happens in two ways; firstly, and most overtly, the attorney appends his quotation with a tag question, “is that correct” (line 2), and “correct?” (line 10). Secondly, and more subtly, the witness self-selects to respond to the question implied in the quotation. In line 7, the witness dually confirms that her right arm was “pinned” (see line 5 & line 7), and at the same time repairs the formulation “down” made by the attorney to “between us”.

The interesting thing about both of these forms of response, either self-selected confirmation or directly requested confirmation, is that the need for confirmation is clearly implicit within the you-quotations turn. If we look back at the two instances where an explicit request for confirmation is made, we can see that in both cases the requests are made in the form of tag-questions, presented to the witness after a significant pause (line 2, 1.00 sec; line 10, 0.5 sec). Neither turn is completed with finishing intonation, and it appears as though something more is going to be said. However, there is a clear anticipation of confirmation before the attorney proceeds. This extract demonstrates to us that there is a normative feature of you-quotations that requires confirmation before the next turn is taken. The need for this confirmation is especially evident in circumstances where what was said may be contested in a subsequent turn, and therefore clearly needs to be established ‘on the record’ by all parties concerned, as we have seen in this courtroom exchange.

The potential danger of being held to account for prior utterances in any conversation is apparent. By agreeing with the content of a quoted utterance, a speaker in effect ‘binds’ her/himself to having said it. In the general flow of informal conversation, interactants do not usually hold one another to account in this way, unless they are being deliberately confrontational. If we take the example of asking people if they mind having their
conversations recorded, often they will become self-conscious at least, probably more cautious and guarded in what they say, and sometimes will refuse to be recorded at all. A major reason for this seems to be that once what they have said is on tape, it is in effect 'set in stone', and potentially that person could then be held accountable for having said what they did. Another participants' concern is that what has been said will be taken out of the context of when it was said, and thus be misrepresentative of the speakers true intentions or reasons for saying what they did. Similarly, a spoken reported quote used in a current conversation, by definition has been taken out of its original context, and is equally open to misrepresentation. A you-quote addressed person may therefore quite understandably be wary of agreeing to having said something when it is reported back to them in a different context from its original setting.

The flexibility of unrecorded, unofficial talk is that it allows room for interactants to do a variety of things which can where necessary help them to distance themselves from things they have said, or to account for or justify the reasons for their original utterance. Because there is no objective 'record' as such, speakers can reconstruct or reformulate various aspects of what and how and why they said what they did, or even dispute that they said it at all, or that they didn’t quite say it like that, or they didn’t mean exactly what is inferred. The only 'record' if there is one is a subjective and fallible series of potentially interested participants recollections. In the previous extract, the defence attorney repeatedly asks the witness to confirm the content of what he reports that she has previously said. As such, the agreed content of the prior testimony acts now in the current interaction as a basis for proceeding with the cross-examination.

Projection

There appears to be a systematically observable relationship between the degree to which agreement is projected and the likelihood of the preferred response being forthcoming. Let me demonstrate with a couple of examples,

Ext. 7 (OJ Simpson trial, reporter's transcript October 23, 1996)

1. Q: Now, you said that you understood that Mr Goldman walked to and
2. from work; is that right?
3. A: Normally, yes.

Ext. 8 (OJ Simpson trial, reporter's transcript October 23, 1996)
1. Q: Now, you said you were on the other side of the alley at 10.30, 10.35, right?

In these court extracts, the first speaker finishes his turns with the tag questions ‘is that right?’ and ‘right?’ Agreement with the quote/formulation in these cases is not just projected but overtly requested, and required before the prosecution will move on to the next question. This strong emphasis on agreement-prior-to-continuation in court proceedings stands in contrast to some subtler forms of projection which tend to occur more in informal interactions. The following extract is taken from a mundane family telephone conversation.

Ext. 9 (HS088-1-11: P18 - family telephone conversation)
1. Mum: Ye I thought you'd said the twentie[alth b[ ut you]kn[ow
2. Lesley: [hhhhhhh] [ih=
3. Lesley: =↑Yes it ↑well it ↑Yes but then last week you mentioned
4. the fourte[enth.

In this example, not only is acknowledgement not overtly requested, but also the whole issue of what Lesley had said is brought up in a very circuitous way. The quote is softened to begin with by prefacing it with ‘I thought’, and afterwards is further hedged with an unfinished qualification which begins ‘but you know’. Nevertheless, Lesley still orients to the shared understanding of a need to confirm or deny what she is claimed to have said on a prior occasion, and thus starts her turn with an agreement. However she goes on to add, ‘but...’ which we would typically anticipate as being a preface to an account or justification for what she has just agreed that she has said. Rather than finding an account though, we find something that looks very similar to the first speaker’s turn, she goes on,
‘but then last week you mentioned’, using the same device of you-quotation symmetrically, to deflect accountability for herself back onto the previous speaker.

By looking at what is going on in this way, we can deduce that the you-quotation turn is treated by its recipient as potentially accusatory, or at least something that warrants some sort of justification or symmetrically oppositional move. It is precisely this apparently accusatory quality of quoting the person addressed that is characterised by its use in courtroom cross-examination sequences. The question that remains then, is that if this phrase is generically treated as at least potentially accusatory, how can it be that it can also be used facilitatively in therapy? We will come back to this question later, but for now let us conclude this section with looking at how acknowledgement or agreement is projected in therapy. Intonational projection appears to be the most common form of confirmation solicitation, although there are occasional instances where additional lexical items are used, such as ‘right?’ (for example, see extract 18). Here are a couple of cases of intonational projection to exemplify what I mean, one from a therapeutic setting and one from an informal telephone conversation;

Ext. 10 (F1: P4)
1. Therapist: You said you thought other children had more friends
2. 
3. Client: Yes.

Ext. 11 (H1-05: P4 – family telephone conversation)
1. Nan: You said, phone on Mondee .hh that's still damp in the
2. 
3. Les: Yes.

Agreement is clearly projected by the questioning intonation used in each of these examples. Grammatically, the recipient is not being asked ‘did you say X?’ but the quote is presented as an established fact, said with questioning intonation. The difference is significant. The statement nature of the you-quotation positions it as preliminary to something relating to it which is anticipated in that speakers next turn (such as a question,
or contradiction). Where agreement is not forthcoming after a statement has been presented with questioning intonation, that agreement may be pursued with an additional tag-question such as we find here,

Ext. 12 - Oak1/S4 Track 25 (Steve=Father)
1. Therapist (2): Before you said Steve that it was (0.2) Dwain thought it was
2. very important for him to get his own way?
3. (1.0)
5. (0.3)
6. Therapist (2): And=
7. Father: =Yeh. Sometimes when y’say go t’your room,

This tag-question confirms that agreement after you-quotatation is expected. Where that doesn’t happen, as we see here, the speaker re-asserts the immediate relevance and even requirement for agreement with what was quoted by effectually 'upgrading' an intonational agreement projection to a grammatically formed yes/no question. Where something is presented as a question there is a strong conditional relevance in operation for its recipient to provide an answer to the question, therefore the use of questioning intonation in you-said sequences strongly projects the need for agreement onto the hearer.

In summary, we have seen so far how 'you said' quote introductions are used in both institutional and informal contexts. We have also seen how confirmation is very clearly projected and at times explicitly requested as an appropriate next turn in the sequence. Following on from there, we now look at part three of the core sequence that I originally outlined, pursuit.

PART THREE: PURSUIT
So far we have looked at the first two parts of the 'you said' quote-introductory sequence. Part one was the use of the diexical 'you' plus a quote introductory verb, followed by a quote or formulation of something the addressee had previously said. The second part of the sequence was agreement or acknowledgement provided by the second speaker (the
addressee) confirming the content of the quote as more-or-less accurate (by explicit agreement or by non-disagreement). The third part of the sequence is what I call pursuit. This is where the first speaker takes a second turn in which the content of their prior turn is explicated or 'followed up'.

Establishing What You Said as a Basis for Proceeding

With regard to the therapeutic uses of reported speech in particular, Fasulo notes that quotation can serve as "a point of departure for further discussion" (Fasulo, 1997:220). It is essentially this aspect of quotation that I am focusing on here. My argument is that speakers often indexically use the quote-introducer 'you said' as a way of agreeing or establishing shared knowledge between themselves and their co-participants, and to use that shared knowledge as a basis for proceeding. The importance of agreeing to what was said as a basis for proceeding, is that it provides legitimate grounds for the subsequent request or line of questioning, or in other words, it provides a foundation for an action which follows.

The Indexicality of Talk: Is What You Said Earlier Still Currently Relevant?

Establishing a basis for proceeding is important because what people say is indexical to the situation and company that they are in. Interactants treat what is said not as necessarily universally 'true' in some objective way, but occasioned and therefore potentially changeable in a new context. In next extract the therapist both reintroduces a topic of conversation previously touched on, but also seeks to establish whether what was said then is still currently relevant as a basis for proceeding.

Ext. 13 - G1:S1/873-879

1. Therapist: I asked you if you were both in good health and y- you said ye-
2. ther- I realise it's always difficult to ask that question in front of
3. th- the children. Erm now that they're not here, (1.2) are you
4. both again in- (1) excellent health=
5. Father: =†Yeh
6. Mother: †Hm
7. Father: Yeh.
By re-asking the question about their health now that the children are not present, the therapist offers the parents the opportunity to give a different answer, one that is designed just for the therapist, without having to take into consideration the overhearing children. We can see that the participants themselves orient to the indexical nature of talk by the way the therapist treats the answer given earlier 'in front of the children' as potentially designed just for that company, but that they may give a different answer now that the children are not present. Whether or not the parents answer the question in the same way that they did initially, the point is that the therapist treats their first answer as provisional in the current context because of its recipient design in the original context. In the next extract the same therapist is talking with her client alone after having talked to him earlier in the session with the rest of his family present. She prompts, 'you said earlier that you weren’t happy'. Again this re-presentation of something said earlier appears to be a way of asking 'is your answer then still relevant now? Would you say the same thing now we are alone as you did when the rest of the family were here?' The following extract is in a similar vein, this time the conversation is between the therapist and the client himself.

Ext. 14 - G:Stl/1313-1318
1. Therapist: You said earlier that you weren’t happy?
2. (1)
3. Client: No.
4. (1)
5. Therapist: How much of the time were you not happy?
6. Client: hhh hundred percent. Hhhh

Although, in this particular extract the word ‘no’ is used in response to the intonationally made request for confirmation of a you-quotation, the client is using it in a way that is agreeing, or confirming. By “no” he means ‘no, I wasn’t happy’ rather than ‘no, I didn’t say that’. This is clearly the way that the therapist understands his response, as we can see by her next turn in line 5 where she treats this response as a confirmation and proceeds with what I refer to a ‘part 3’ of the core sequence, pursuit. By pursuit I mean a request for further information on the topic that has been re-introduced via a you-quotation turn, and
has been confirmed as correct. This combination of topic re-introduction and confirmation forms a basis for proceeding.

The trajectory of this sequence is that the recipient elaborates on the topic which has been re-introduced via the you-quotation. Once confirmation has been established, a pursuit question aimed at acquiring that elaboration is forthcoming. In this extract, the kind of elaboration requested is a matter of how much ‘time’ (line 5) the client has felt unhappy. We can see that in order for the therapist to ask this follow-up question, it is essential that she first establishes the fact that her client feels that he hasn’t been happy. You-quotation is a useful tool for creating an environment where such a question can both logically and legitimately be asked.

Not only does this extract demonstrate how participants themselves orient to the indexical nature of their talk, but it also shows that in order to pick up a topic touched on earlier, with a view to exploring it further in the ‘now’ of the current interaction, that ‘starting point’ has to be re-established as still valid in the current conversational context. Using the quote-introducer ‘you said’ is a way of bringing a past utterance into the present conversation to be used as a resource for pursuing a future trajectory.

Pursuit After Agreement

In the previous extract, once agreement has been established, the therapist continues with her ‘pursuit’ of more detailed information regarding the content of the quote (line 5). In this case the topic-content of the quote is the client’s happiness. In Extract 13 the ‘content’ was the good health of the parents, and in Extract 16 the content was the clients’ concern about being expelled. Once that quoted topic-content is confirmed as a still-currently-relevant basis for proceeding, the therapist goes on to pursue that topic-content in more detail. In the extract above, she asks, ‘how much of the time were you not happy?’ (line 5), and in Extract 16 she asks ‘why might you get expelled?’ (line 3). More specifically still, she goes on to pursue the expulsion topic further still by asking what exact things he is likely to do that would warrant such actions, “What would you do to get yourself expelled?” (lines 6-7).
Pursuit Without Agreement

In general then, agreement with the first part is preliminary to, and conditional for the delivery of the first speaker's second turn (part three of the sequence). However, there are times when the first speaker carries on with their second turn immediately following the first, leaving no room for the second speaker to affirm the first part. In these cases, I would argue, the first speaker treats the content of the reported quote as unproblematic and not needing explicit verification. Let's look at some examples to demonstrate,

Ext. 15 - G1:S1/638-629
1. Therapist: You mentioned that you lost a baby before David, have you lost any other children?

Ext. 16 - (F1:F7)
1. Therapist: So when you said that you think Peter's not very happy, do you mean at school?

Ext. 17 (F2:P40)
1. Therapist: You said 'Even if you try to fix it', in what way do you think they've tried

In each of these cases, at the transition relevant place after the first part of the turn, (part one of the you-quotation sequence) the same speaker continues immediately with the latter part of that turn (part three the you-quotation sequence), without giving the second party time to affirm the first part. By doing so, the speaker treats the first part as 'given', as something which doesn't need to be explicitly affirmed by the second party before she/he can continue. The importance of the acknowledgement marker as an integral part of you said quotation sequences then, is that whether it is actually present or not, it is oriented to by the speakers as if it is expected, and is therefore a normative feature.
Delay After Agreement

In most of the examples we have looked at so far, pursuit of more detailed information about the content of the quote comes directly after agreement. However, in some cases there is a delay after agreement, as in the last extract. In this case, the therapist takes the initiative to pursue the subject after a one second delay, as her client has not elaborated beyond a minimal response. This example gives us an insight into what is normatively expected by persons in this kind of situation. By quoting 'you said earlier that you weren't happy' the therapist projects that she is not only looking for agreement, but also some further elaboration on the subject of happiness. Delaying pursuit gives the client opportunity to discuss the topic in any way he likes, rather than in the specific way that a pursuit-question would direct. However, where an initial question is vague, or the client appears reticent to voluntarily elaborate, it seems necessary for the therapist to formulate a more specific question. The same thing happens in this next extract. This time, after a three second pause, the therapist poses a more specific 'pursuit' question.

Ext. 18 - G1:S2/1006-1011

1. Therapist: You mentioned once or twice when the rest of them were here th- that, you know if things got (.) to bad that you would be better <dead> or words to that effect.
2. Client: Hmm
3. (3)
4. Therapist: How often do you think (.) about being dead.

The question, 'how often do you think about being dead', opens the topic for further discussion. In this case pursuit is forthcoming, but the delay, and the use of the quote-introductory verb mentioned, reveals that the therapist treats the topic as a delicate one. On line 3 of this extract, after reporting a gloss of what he had said ‘once or twice’ (line 1) the therapists adds ‘or words to that effect’. What this attends to is that what he said may not have been exactly those words, but that the underlying meaning was essentially that. The importance of this little phrase is that it forestalls repair, it deflects disagreement with exactly what was said, and of getting 'hung up' on the details, and thus makes the
acquiescence sought more probable. Finally, the use of ‘right’ (line 4), said with what appears to be either questioning or continuing intonation, further signals that agreement is required. In other words, agreement with the essence, rather than the literal accuracy of what was reported is sought and projected as the preferred response.

Agreement Without Pursuit

Just as there are cases where pursuit is delayed, there are also instances where pursuit doesn’t seem to be necessary. At times, a person will respond to a you-quotaton prompt with both an agreement and an immediate elaboration. The fact that this happens, again demonstrates how people treat you-quotations as topic introducers and grounds for proceeding, and will at times short-circuit the whole sequence by missing out the pursuit element, as we will see in Extract 23.

Ext. 19 - Oakl/S1 19mins

1. Therapist: Y- you said that he (0.4) thought that he saw himself as naughty when he first come (0.1) but (0.2) hh (0.9) that’s lessened
2. 
3. (0.3)
4. Mother: → Yeh I think so he hasn’t s- that’s the- (0.9) I I suppose people think we’re s- (0.9) (be en) (0.2) y-y’know if weobody’d av
5. (0.2) asked im he wouldn’t have said oh I’m goin here cos I’m
6. naughty,
7. 

After the therapist’s turn (part one of the you-quotaton sequence) in lines 1-2, the mother agrees (part two), but immediately goes on to elaborate beyond the minimal response, missing out part three of the sequence, which would have been a pursuit-question from the therapist. This seems to show that she was aware that the you-quotaton turn was probably a pre-curser to a pursuit-question, or at least that further elaboration was required beyond a minimal acknowledgement. In the previous example, the mother takes a kind of ‘short cut’, by continuing in her turn to give an elaboration as well as an agreement, without waiting for the therapist to interject with a pursuit-question. I suggest that this is because the projected pursuit after agreement is normatively understood by both parties.
Delay After Quote Introduction

As we have just discussed briefly, the immediacy of the second part agreement turn after the 'you said' unit is to some extent influenced by the projection of that agreement in the first turn. However, at times there is a delay after the first turn before the second speaker responds. If we look at the potential projection in line 1 of this next extract, we see that the 'you said' quote is presented as a bald statement, not a question.

Ex t. 20 - G1:S1/1362-1365

1. Therapist: You said you were worried you might get expelled.
2. (1.5)
3. Client: Mm.

Although the finishing contour at the end of the therapist’s turn on line 1 indicates a transition relevant place, this opportunity is not immediately taken up by the second speaker. It may be because an additional question or comment from the first speaker is anticipated. In effect it sounds like a pre-sequence. This shows us that the client is expecting a follow-up question to come after the you-quotation. It also shows that the therapist is waiting to receive confirmation before she proceeds with her pursuit question. I suggest therefore, that the delay after quote introduction does not signify a dispreferred response in that the speaker is having difficulty in responding, but rather it demonstrates the prefacing quality that you-quotations have, in that they are familiarly used as preliminary statements before pursuit questions. It is this normative feature of quote introduction that creates a situation where confirmation may treated by one or other party as rhetorical, causing either the first speaker to continue with a pursuit question without waiting for confirmation, or conversely that the person addressed may not initiate confirmation in that ‘slot’ because at times this confirmation is simply treated as given.

PART FOUR: ELABORATION

The final element of the core sequence is elaboration. You-quotation begins the sequence, followed by confirmation and then by a follow-up or pursuit question. This question in turn elicits a response which constitutes an elaboration of the topic that was introduced via the
quotation in the first part of the sequence. Let’s look now at an extended version of the previous extract to illustrate this.

**Ex t. 21 - G1:S1/1363-1368**

1. Therapist: You said you were worried you might get expelled. **Quote Introduction**
2. (1.5)
3. Client: Mm. **Confirmation**
4. Therapist: Why might you get expelled? What would you do to get yourself expelled? **Pursuit**
5. Client: Skank a lesson, swear at a teacher or something. **Elaboration**

The topic that is introduced in line 1 with the quotation is the possibility of being expelled from school. The pursuit question is actually two-fold in this example, asking both ‘why’ and ‘what would you do’ to be expelled in turn. The topic of expulsion is both agreed as a basis for proceeding, and as a topic initiated by the client in the first two turns. The anticipated pursuit question invites elaboration on the topic of expulsion, which is forthcoming in the next turn when the client suggests some things that he might do that would warrant expulsion. So, this final element in the core sequence is what the rest of the parts have been building towards, a revisiting of a prior topic with the effect of exploring that topic in more detail, and for the client to talk more on that subject. As such the whole sequence works as an elicitation device, a way of gathering more information on a particular topic.

The sequence relies, as we have seen, on a specific follow-up or pursuit question being asked in the third turn. There are however, instances where a follow up question is not needed because the recipient predicts that elaboration is expected, as in this next example.

**Ext. 22 (F7: P10 - drawing a pictogram)**

1. Therapist: Would you put them all together as one Steve, or separate?
2. Client: Who, on Tabitha?
3. Therapist: You said that she was at the centre, before.
As we can see, the quote introduction element in the sequence comes in line 3, followed by the confirmation by the client in line 4. However, in this example, elaboration comes immediately afterwards without the usual pursuit question. One reason for this can be found in the earlier part of the sequence, where a specific question has been asked in line 1, ‘Would you put them all together ... or separate?’ The you-quotation serves to clarify the question and to help the client answer the original question, so a pursuit question in this instance is not necessary.

THE EXTENDED SEQUENCE

Now that we are familiar with what I have been referring to as the ‘core-sequence’ throughout the chapter so far, I would like to go on to explore the characteristics of a typical extended sequence, of which the core sequence forms a part. What I have discovered is that within a larger environment of talk, often preceding the initial ‘you said’ turn there will be a general or vague question presented by the speaker, which the addressee appears to have some difficulty in answering. The ‘you said’ sequence that we are by now familiar with is used to follow up the initial question and to help the respondent to answer it. This is how the whole extended sequence looks graphically.

<table>
<thead>
<tr>
<th></th>
<th>Vague question</th>
<th>(Speaker A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Delay</td>
<td>(Speaker B)</td>
</tr>
<tr>
<td>3</td>
<td>Quote introduction</td>
<td>(Speaker A)</td>
</tr>
<tr>
<td>4</td>
<td>Confirmation</td>
<td>(Speaker B)</td>
</tr>
<tr>
<td>5</td>
<td>Pursuit</td>
<td>(Speaker A)</td>
</tr>
<tr>
<td>6</td>
<td>Elaboration</td>
<td>(Speaker B)</td>
</tr>
</tbody>
</table>

I will use an example that I have used before to see how this looks in an actual piece of data.
Ex t. 23 - G1:S1/1360-1368

<table>
<thead>
<tr>
<th></th>
<th>Therapist:</th>
<th>What about at school?</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>(1.5)</td>
<td></td>
<td>Delay</td>
</tr>
<tr>
<td>3.</td>
<td>Therapist:</td>
<td>You said you were worried you might get expelled.</td>
<td>Quote introduction</td>
</tr>
<tr>
<td>4.</td>
<td>(1.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Client:</td>
<td>Mm.</td>
<td>Confirmation</td>
</tr>
<tr>
<td>6.</td>
<td>Therapist:</td>
<td>Why might you get expelled? What would you do to get yourself expelled?</td>
<td>Pursuit</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Client:</td>
<td>Skank a lesson, swear at a teacher or something.</td>
<td>Elaboration</td>
</tr>
</tbody>
</table>

The initial question in line 1 'what about school' is a general introduction to the new topic in the current conversation – school. However, we see by the lack of immediate response that the client appears to find answering the question problematic, perhaps because it is too vague. The you-quotation sequence serves a facilitative function by channelling the client’s response in a particular direction. The therapist picks up on something said earlier so that the client has a starting point from which to take his response.

Within an extended sequence like this one, I have identified what I refer to as a primary action and a secondary action. The primary action in the sequence is the main action that is being carried out by the first speaker, in this case, the therapist. The secondary action is a supporting action carried out by the same speaker which in some way facilitates the main action in the sequence to be achieved. I propose that the primary action in this example is the question ‘what about school (line 1). The secondary action is a sequence (a kind of insertion sequence) that enables or helps the client to answer the question which was the primary or main action in this sequence.

Primary and Secondary Actions
The use of you-quotation within both the core sequence and the extended sequence that I have outlined has a role as what I refer to as a ‘secondary’ action. Let me use an example to illustrate what I mean by this;
In this example, the therapist's initial question is about what her client likes to do outside school (line 1). She eventually returns to the question again in line 4, but what amounts to an insertion sequence in between these two questions is a you-quotation. In this instance, the you-quotation operates as a secondary action, a reminder of something said earlier, as a prompt to enable her client to answer the initial question. The primary action in this case is the question/answer pair. At other times, you-quotation can be used as a preface to a question which follows, as in this next example.

Here, the primary action is to pursue a line of questioning about whether the client really does feel suicidal. The you-quotation serves to introduce the topic and to preface a question which seeks to find out more information about that topic. In this case the you-quotation serves a secondary role in the overall sequence, although this time as a preface, whereas in the previous example it was an insertion.

Where a you-quotation turn is found in a turn-initial position, and thus acts as a preface, it is projected that there will be a follow-up question which is actually the primary action in the sequence. The use of you-quotation as a preface is common in confrontational interactions such as we saw in the courtroom extracts, and so it is ambiguous as to whether the projected follow-up (or pursuit) question will be confrontational or not. However, with you-quotation used as an insertion sequence, its role as a secondary action tends to be facilitative rather than confrontational. From the examples that we have analysed, this
facilitative function is usually found within the context of an extended sequence where a respondent has had difficulty in answering an initial question, and the insertion of a you-quotiation turn or core sequence is used to help the respondent answer the initial question. This may take the form of a prompt, or a directive.

The series of you-quotations and agreements in the extract of rape trial data that we looked at (ext.6) acted as a prelude to the defense attorney’s case to discredit the witness’s evidence by revealing its inconsistencies. It is this role as preliminary or ‘secondary’ actions in talk which you-quotations appear to perform with some regularity. In the following exchange, the quote-introductory turn is used to assist (secondary action) the hearer in answering a question posed in the speaker’s immediately prior turn. It is this initial question which I propose is the ‘primary’ action in the sequence.

Ext. 26 (UTCL - Have a good trip – A35D21)

1. Hank: hhhh hhhh U::h as far as you know are those people still wantin to look at d'East Fourth and East Third d'morrow
2. (1.2)
3. Lil: U::h hh
4. Hank: You said somethin m'bou earlier [they
5. Lil: [Yeah I haven't (0.7)
6. made an appointment with em though,

Lil’s delay and trouble on lines 3-4 reflects her initial difficulty in answering the question, but Hank’s quote-introduction in line 5 assists her by ‘reminding’ her of something she had said earlier. The result is that Lil is now able to answer the initial question (lines 6-7). In this instance, the quote-introduction acts as a ‘secondary’ speech act, because of its supportive role in facilitating the ‘primary’ action, which in this example is to produce an answer to the question posed in the first turn (lines 1-3). Although Hank does not complete his report of what Lil said earlier before she interjects with her answer, in effect the quote-introduction still served its purpose of assisting her in some way to answer the original question. The fact that Lil answers the original question rather than addressing the immediately prior turn (the ‘you said’ turn) demonstrates that in many respects the you-quotiation turn acts as a kind of
'insertion sequence', in terms of its activity in providing additional information which in turn enables its recipient to fulfil the primary action which was to answer the original question.

Let us look again now at how this works in a therapeutic setting. The following sequence begins with a very general question from the therapist, to which the client does not immediately respond. Rather than asking another question, or re-wording it, the therapist chooses instead to use a you-quotation. The quote acts both as a prompt to answering the original question, and as an account for having asked that particular question in the first place. As an account, it justifies the kind of question as not just something she has picked out of thin air, but which is grounded in the unfolding therapeutic business of the interaction, and more specifically in those concerns which the client herself has brought up.

Ext. 27 - Oak 1:51 - 19 mins

1. Therapist: ↑Is there any other changes d'ya think (0.2) that Dwain might have (1.4) n-identified since he's been here?
2. (0.2)
3. 4. Therapist: Y- you said that he (0.4) thought that he saw himself as naughty when he first come (0.1) but (0.2). hh (0.9)
5. 6. that's lessened
7. (0.3)
8. Mother: Yeh I think so he hasn't s- that's the- (0.9) I I suppose people think we're s- (0.9) (be en) (0.2) y- y'know if
9. nobody'd av (0.2) asked im he wouldn't have said oh
10. I'm goin here cos I'm naughty,

The initial turn is a question, 'is there any other changes...?', and the you-quotation in line 4 serves to facilitate answering that question. When the mother does not respond immediately (line 3), either because the question is too vague, or otherwise problematic, the therapist continues with a secondary or supportive action, which again is a 'you said' quotation. The generic similarity of you said quote-introducers across a range of settings is that they perform a secondary role in that they appear to facilitate and assist the effectiveness of either a prior or subsequent primary action turn. Their specificity as a
useful therapeutic tool, is not only to provide a secondary function in a larger sequence, but also to locate the source of the topic embedded in the quote as a client’s concern. In essence, the structure that I am studying here has more than one function.

Short-Cuts in an Extended Sequence

In this next example, the therapist takes two ‘short-cuts’ from the extended sequence, effectively cutting out client’s turns in the sequence altogether. At the beginning of this section I outlined the six stages that characterise this quote introductory sequence; however in this instance, the therapist condenses all three of her turns into one.

**Ext. 28 - Oak1: S1 / 375-386**

1. Father:  
   Quite alright Sunday weren’t he?=

2. Therapist:  
   =What d’y think stopped it goin on, >Cos you said

3. Therapist:  
   sometimes it goes on< for three or four days, so what d’ya think

4. Therapist:  
   managed to stop it *this time*?

5. (1.1)

6. Therapist:  
   D’ya think (0.3) you did anything differ ent in it or

In the therapist’s turn on lines 2-4, the three ‘speaker A’ elements of a typical quote introductory sequence are present in the same turn, without the intervening ‘speaker B’ elements or turns;

**PART 1 - Vague question:**  
What d’y think stopped it goin’ on  
(line 2)

**PART 3 - Quote introduction:**  
>Cos you said sometimes it goes on<  
(line 2/3)

**PART 5 - Pursuit:**  
so what d’ya think managed to stop it *this time*?  
(line 3/4)

It is as though the therapist anticipates after presenting a vague question initially, that she may not have been specific enough for the father to answer, and immediately inserts a you-quotation sequence as a secondary action, to help him answer the question. The speeded up delivery of this part of her turn indicates not just that she didn’t allow room for him to answer at the potential transition relevant place after ‘goin’ on,’ but that she rushes into that potential space so as to retain the floor. Again, at the end of ‘three or four days,’ she still
does not give up the floor, but continues with a pursuit-question designed to elicit a more specific answer to the initial question. By condensing her three potential turns into one, the therapist short cuts a potentially problematic turn for the father, and a minimal quote agreement marker. I suggest that in the first instance she anticipated potential trouble and made a precautionary repair by drawing on a you-quotation, and in the second instance negated acknowledgement of the quote-content by treating it as unlikely to be contested.

Delayed Elaboration

We have seen how various things can happen after agreement with the content of a reflected quote, immediate pursuit, delay and pursuit, and immediate elaboration. One further variation on this part of the sequence is delayed elaboration. Again, pursuit is averted, but this time by the self-selection of the quoted person to elaborate without being prompted.

Ext. 29 - Oak1/S2: 29.4 mins. (Steve = Father)
1. Therapist: Steve you said you'd rather things jus (0.6) happen. h
2. (3.1)
3. Father: Well yeh
4. (0.7)
5. Father: As: long as it happens (0.2) njcely [sorta thing
6. Mother: [Heh he heh he hm heh .h

The sequence is standard from lines 1 to 4, but at this point we would expect the therapist to intervene again with a pursuit question, to seek elaboration on the topic embedded in the content of the quote in the first turn. However, just at this point the person quoted (in this case Steve, the father) self-selects to initiate an unsolicited elaboration. This shows us once again, how the pursuit of more detailed information on the topic of the content of the quote, is understood by the quoted person to be expected. By not waiting for the therapist to produce a pursuit-question relevant to the 'you’d rather things jus (0.6) happen' (line 1) topic, the father orients to the normativity of you-quotations being used as 'first moves' in sequences designed to elicit more detailed information, and self-selects to elaborate further, 'as: long as it happens (0.2) njcely sorta thing' (line 5).
To summarise, you-quotation turns in the form that we have been exploring, tend to play a secondary role in a sequence in support of a primary action – usually a question. They can be used either as a preface or an insertion. As an insertion sequence, their role is predominantly facilitative.

THE USEFULNESS OF QUOTING 'YOU'

Having looked in some detail at the elements of this sequence itself, I want to focus now on its practical uses in conversation generally, and in therapy specifically of using you-quotation. There are four areas in particular that this device is a useful conversational resource, 1) managing topic shifts as reintroductions of your concerns, 2) explaining 'how I know this about you', 3) accounting for a current action by reference to something you said, and 4) as an indirect elicitation device.

Managing Topic Shifts as Reintroductions of Your Concerns

The first thing that 'you said' does is to formulate the topic content of the current talk as your agenda (ie any 'you' who is the person that is being addressed with a 'you said' formulation). For example 'you said you were worried' (Ext 20). We noted earlier how the very act of bringing up a particular extract of talk from a previous conversation serves a purpose in the current one. As such, the selection of a particular quote is not random, it serves a purpose for the person doing the quoting relevant to the current interaction. A particularly useful aspect of re-introducing a topic in the form of a quote, is that it presents the interest in the topic as belonging to the person quoted, and not to the person doing the quoting. In a client-centred environment, this is therefore a useful tool for the counsellor or therapist to use. 'You said' provides a very neat and practical way for the therapist to channel the conversation in a particular direction, and yet at the same time ensure that the topics discussed remain client-initiated, rather than therapist imposed.

Extract 30. G1:S1/1047-1053. (Father=Ken)

1. (2)
2. Therapist: You said that (.) always respected your dad and you've never
   been in trouble your dad took off (.) when you were younger
3. 4. (.) u:m (0.5) Ken, and I'm wondering if you were ever in
5. trouble at this age, if you had a difficult time at this age
6. Father: Oh yeh,
7. Mother: Well you see this is how David justifies it all,

The 2 second pause on line 1 and the turn-initial you-quotation in line 2 are pointers which indicate that this is a point in the interaction where there has been a topic shift. Rather than bringing the subject of Ken (the father) being in trouble with the police when he was younger as her concern, the therapist uses the quote introducer ‘you said’, which implies that it was originally his concern. Ken’s involvement with the police as a youngster has now been made of current therapeutic relevance, and in this way we can see how the use of quotation from a previous session, can serve the therapist’s current purpose of trying to identify the causes of her client’s problems. In this way, what may have remained as two unrelated pieces of information are now joined together by the therapist as being perhaps related in some way.

So, a piece of a prior conversation is brought in and used by the therapist as a way of addressing a current problem that is being discussed. In a way, the therapist skillfully weaves together different ‘strands’ of therapeutic talk, so that prior information can be utilized in the current context, and perhaps provide an explanation.

Another way that prior conversation can be used, is to focus the discussion. In other words, where the therapist feels that the current discussion is not heading in a direction that will be therapeutically helpful or is confusing, she/he can use the you-quotation device to return to a previous point in the conversation. In this way, the therapist almost ‘re-winds’ to a place earlier in the session, from where she/he can move forward again. In the next extract, there has been a lot of discussion on various topics before the therapist intervenes to bring the conversation back to an earlier point, and in doing so, to return to an unanswered question.

Extract 31 (F3:P4)
1. Therapist: Can I go back to my question? I've lost track of that bit...
2. You said you thought other children had more friends than you did?
5. Therapist: And what I'm interested in really is whether you think you have enough friends or whether you feel you'd like to have more friends in class?

The therapist’s interjection in the flow of conversation at this point is appears to be an attempt to divert the conversation from the current topic, and to return to an earlier issue; a “track” or line of enquiry that he has apparently not satisfactorily completed, and may be a therapeutically more useful topic to explore further, than the one that they are currently engaged in. The interjection is formulated as a question, ‘can I go back...?’ The addition of an explanation makes his request more likely to be granted. Because there is no pause for the client to agree, one assumes that the question and explanation are merely rhetorical. In clarifying where exactly he wants the client to go back to, the therapist does not simply re-ask the question, but picks up on the first part of the client’s answer. The specification of what the client said that was therapeutically relevant by the therapist, shows the client what kind of thing he wants the client to talk more about; in this case, not having as many friends as the other children (line 2).

In this instance, it is the therapist who ‘takes control’ so to speak of where the conversation is currently heading by requesting that they return to a particular point earlier in the conversation (before he ‘lost track’). Therefore, it is the therapist who elects what the current topic should now be, as a starting point for its future trajectory as one would expect for institutional talk of this kind. However, by quoting the client’s words, the therapist is able to keep the issue as not just his agenda or interest, but also and more importantly one which was originally the client’s, which they are now returning to. In this respect, the therapist maintains control over the direction and content of the conversation, keeping the focus of the interaction ‘on track’ as it were. A client may discuss a wide range of issues during the course of a session or a series of sessions, and in this way the therapist can make sure that those topics that are potentially therapeutically relevant are kept in focus.
Explaining ‘How I Know This About You’

We are generally accountable for the kind of information we know about other people, especially if it is particularly personal. ‘You said’ provides a way for accounting for ‘how I know that about you’. In this next example the therapist inserts a ‘you said account’ into the middle of his turn.

Extract 32 (F3: P13)

1. Therapist: Mmm. Well, I imagine one of the very hard things is that if you
2. → live in a small space - as you said at the beginning - there's very,
3. very little space for the pair of you to have any discussion, or be
4. upset or be with each other, or be even cross with each other,
5. without the boys knowing.

Here, the therapist provides an account for how he knows that they live in a small space by reminding them that they ‘said at the beginning’ (line2). Where a speaker may wish to raise or reintroduce a particular topic into the current interaction, but that topic may be one which is rather personal in a way that the speaker may be accountable in some way for knowing that kind of information, using you-quotation can provide legitimate grounds for the speaker’s knowledge. As we also saw in Extract 7, quoting what ‘you said’ indexes the basis of the speaker’s knowledge about the subject matter as at least partly derived from the person addressed rather than some external source, and that there is or at least has been an already established shared knowledge about this particular topic. For example, in the Hank and Lil conversation (Ext. 26), this shared knowledge was implicitly represented by reference to ‘those people’.

Accounting for a Current Action

A further activity of you-said quote introducers is that of accounting for a prior action by reference to ‘you’ having initiated it. In this telephone extract the initial action has been that of the first speaker telephoning the recipient. The extract is taken from the opening turns of the conversation and in this instance you-quotiation is used to account for ‘why I’m ringing you’.

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As the sequence unfolds, we can see that the reason for Nan’s call to Lesley is to request that she bring her some scones (line 7). However, to make an unsolicited call to someone with a request, even if that person is a close relative, may be viewed by some at least as being a bit cheeky or presumptive. It appears that it is this kind of concern that Nan orients to in her opening turns. She begins with ‘you said phone Monday evening’ (line 3), as a preliminary to her request. I suggest that in this instance, the you-quotation serves to account for why she has called. In other words she (Nan) is not initiating the request, but merely responding to a prior offer of help. Because the you-said turn also comes as a preliminary to a request, it fits the general pattern that this kind of ‘you said’ quote-introduction sequence generally operates as a secondary or supportive action to either a prior or subsequent primary action. In this case the primary action follows, and the you-quotation operates as a pre-cursers to that request, ‘I want t’morrow (0.3) two scones’. It therefore fulfils a dual function as both a secondary action, and as an accounting practice for a prior action.

An Indirect Elicitation Device

Of all that has been discussed in terms of examining how you-quotation is used in therapy, its use as an indirect elicitation device is probably the most important. If we re-cap on the core sequence as a whole, the you-quotation part comes first, followed by confirmation, pursuit and finally elaboration. The ultimate end of the sequence is for the person quoted to elaborate further on the topic of conversation that they are quoted on. For example, when the therapist in extract 14 says to the client ‘you said earlier you weren’t happy?’ her use of this question provides an environment for the client to talk more about not being happy, to elaborate on that topic. The confirmation and pursuit elements of the sequence serve as
stepping-stones to that end, but are not always necessary. We saw in extract 29 that the therapist introduces a topic via you-quotation ('you said you'd rather things jus' happen’), which is followed by both an agreement and elaboration in the same turn from the addressee, without the deployment of a pursuit question.

When we consider the need for therapists to elicit information from their clients about all manner of things, often personal, potentially embarrassing or accountable (maybe illegal), then we can appreciate that direct methods of questioning may be inappropriate, and may even be perceived as confrontational. Therefore, indirect techniques such as this one have an important role to play. The therapist can lead the client into a particular area of discussion by using you-quotation, and to a large extent, allow the client to elaborate further on that topic without too much direct questioning. So whilst you-quotation may be a kind of pre-cursor or introductory turn to a follow-up or pursuit question relevant to that topic, it can in its own right at times precipitate elaboration without a follow-up question, because the ultimate end of the sequence is projected in the you-quotation turn. As such the you-quotation sequence, or any abbreviation of it can serve as a useful indirect elicitation device.

Summary
The focus of this chapter has been on the quote-introductory uses of ‘you said’. The first part of the core sequence is constituted by the two elements, ‘you’ plus a quote introductory verb followed by the content of the quotation. I have shown how quote-introductory verbs are not used arbitrarily in spoken interaction, but appear to be used in some systematically observable ways, dependent in part on the degree to which overtly evaluative work is being done by the speaker.

I have concentrated largely on the form and structure of a recurrent 4-part core sequence in which you-quotation is found, demonstrating the robustness of this model across a range of formal and informal settings. The four elements that characterise what I refer to as the core sequence are 1) you-quotation, 2) confirmation, 3) pursuit, 4) elaboration. I have discussed
each of these elements in detail throughout this chapter, showing how they relate to one another and are found as a unit of turns in various instances.

The second stage of this analysis has been to show that this sequence is also sometimes found within a larger sequence which I have called the *extended* sequence. The extended sequence retains the same core elements, but in addition is preceded by two additional components, firstly a vague question and secondly a delay. These two elements are sometimes found to precede the core sequence that the bulk of this chapter has given attention to. However, it has been important to included these additional elements, as they show a recurrent sequential context for the basic core sequence. Whilst every one of the six elements that we have looked at may not always be present, I have argued that where one or more are absent, they are normatively oriented to by the participants.

Another feature of the findings of this analysis is that it appears that a speaker’s choice of quote-introductory verbs is sensitive and appropriate to the content of the quote reported and both the original context of utterance and the current context of its repetition. It was also found that participants orient to the indexicality of talk, demonstrating this in the current situation by re-establishing the ‘still valid’ nature of the quote content in its reported environment, from its original one. You-quotations provide an environment for producing information as ‘given’ either by collaboratively establishing it as such (quote introduction, confirmation, pursuit), or unilaterally treating it as so (quote introduction and pursuit). In this way, prior speech is made relevant in the current interaction by virtue of its potential relevance to a future trajectory. The particular type of you-quotation which I have focused on here, has both a role and a function within larger talk sequences.

The Role of You-Quotation

Its *role* is primarily to operate as a secondary action, supporting or facilitating a prior or subsequent primary action. This works in two ways. As a secondary action you-quotations can act as pre-sequences which lead up to a subsequent primary action. Their role in this environment is to establish a foundation of what is known so far, or in other words to establish a basis for proceeding. A typical subsequent primary action, following a you-
quotation acting as a pre-sequence would be some form of accusation or confrontation, and not surprisingly this is most commonly found in courtroom interactions. Another role for you-quotations as secondary actions is to operate as insertion sequences. Typically in these instances, a vague question is posed initially by the first speaker, which the second speaker demonstrates difficulty in answering immediately. Where such trouble occurs, the you-quotation sequence can act as a prompt to remind the hearer of something which will enable them to answer, or as a channel to specify what was meant be the question. Either way, the you-quotation as an insertion sequence assists the recipient to better answer the original question.

The Function of You-Quotation
The *function* of you-quotations, as a therapeutic tool in particular, lies partly in their ability to locate a source of concern or conversational agenda within what the client has said. In the examples that we looked at where the therapist takes the first turn in the sequence, he/she is able to formulate the current topic as not just manufactured ‘here and now’ in line with the therapist's pre-determined agenda, but as a topic that was previously and initially raised by the client, which the therapist is ‘merely’ repeating in the current interaction. This animator-only footing shift, made opportune by you-quotation, facilitates the creation of an environment in which ‘topic’ is managed as predominantly ‘client-centered’. Furthermore, it facilitates the production of the therapist’s position as one who has listened attentively to the client’s own concerns, and has designed her/his therapeutic agenda to match or accommodate those concerns rather than to impose his/her ‘expert’ notions about what the client’s problems may be. Thus, the specificity of its usefulness as a therapeutic tool, is that it provides an explanatory resource for justifying, accounting for, or clarifying an initially problematic question, whilst simultaneously locating the source of the question-topic as the clients’ concern. Apart from its function as a footing device, you-quotation can also be used to account for knowledge and/or actions, i.e. ‘how I know X’ or ‘why I did X’.

To summarise then, the role of you-quotation is overwhelmingly a secondary action which supports a primary action within its immediate environment. It does so in two ways, as an insertion sequence, or as a pre-sequence. The main *function* of you-quotation is to facilitate
footing shifts in making topic (re)introductions, so that the speaker becomes merely an 'animator' rather than the author or principal of the content of the topic shift. Furthermore, you-quotations also operate as devices which formalise prior utterances, as now 'on the record'. This function can then be used as a starting point to either undermine an addressee's prior testimony or to affiliate oneself with the addressee in the current interaction. You-quotations with confrontational trajectories tend to be characterised by their appearance as pre-sequences, whilst their facilitative role more commonly occurs when they appear as insertion sequences. The therapeutic relevance of the use of you-quotation in the main is that they provide an ideal position for the therapist to produce 'client centered' topic-transitions. Furthermore, they also assist the therapist by operating as an indirect elicitation device, where agreement and elaboration is projected from you-quotation.
CHAPTER 6

VERSIONS

In this chapter I will be looking at how two particular concerns are apparently 'worked up' or 'constructed' in the course of therapeutic talk-in-interaction: These are 'truth', and 'importance'. Although these two are treated as separate sub-sections, they are not mutually exclusive. In both cases, what is accepted as so, is the end of a process rather than a starting point. Truth, as an everyday currency, is something to be established; it is something that can be claimed, refuted, and argued about. It is something that has to be agreed to be upon as a basis for proceeding. Where there are conflicting versions, what comes to be established as true may be the product of factors such as expert knowledge, personal knowledge, corroboration, and objective evidence to name a few. However, there are circumstances where what is 'true' is not always necessarily agreed on. There are times when it appears that in argumentative environments it is sufficient to just cast some 'reasonable doubt' on another person's claim. This is the case in the particular extracts that relate to this chapter. More specifically, I have selected those instances where doubt is inferred specifically by the use of reporting what a third party has said. In other words a 'version' of what has occurred is stated as such via the change of footing that reported speech invokes.

We will look at the construction of versions of importance in a similar way. The emphasis on this part of the analysis however concentrates more on whose versions come to be accepted as 'more legitimate' than other's. This topic draws on interactants' own practices for establishing dominance pertaining to whose version comes to be accepted by the majority, or by those who have the authority to endorse it as so. A unifying principle which will act as a framework for the analyses of these processes, is that of contrast structures, whether they be overtly claimed or present by implication.

This chapter focuses analytically particularly on the construction of versions of events within the environment of a family therapy clinic. A starting point for all of the analysis
that follows is that truth is not a fundamental 'fact', but rather something that becomes accepted as such as the result of versions of reality that succeed in their persuasiveness over others. I will show that reported speech can be a major way that an element of doubt about the accuracy of another person's version can be introduced. This is achieved via subtle changes of footing, which demonstrates a dis-alignment on the part of the speaker with the reported version.

Furthermore, the construction of the concepts of 'importance', 'understanding' and 'remembering' will also be investigated as potentially contestable versions in a similar way, not just as a simple mental constructs, but more sophisticatedly, as rhetorical devices within their specific contexts of use. The topic of remembering for example, will be considered as a participant's concern by looking at how the concept of 'memory', what one 'knows' of the past can be potentially alterable. In the context of the use of memory in conjunction with a piece of reported speech, I will show that this combination has the effect of implying that there may be some kind of mismatch between what was said and what really happened, without being directly accusatory.

**CONSTRUCTING TRUTH**

There are many ways that this particular topic could be approached, in this instance I am led by the data to identify the use of reported speech as a means of casting doubt on what another person has claimed or stated as fact. The use of reported speech has traditionally been almost synonymous with its use in enhancing the validity of a person's claim to facticity in their reporting (see Potter, 1996; Woofitt, R. 1992). The use of specific details such as exact times, names, place references are often additionally used in validating a claim. Such attention to detail in reporting versions of events has the effect of 'bringing the story to life', removing it from the plateau of the general and the unsubstantiated, and elevating it to a position of the actual, specific, and real. However, I have observed from my own analysis that at times reported speech can be used for a quite different purpose altogether. Rather than evidencing a claim, it can conversely be used to apparently undermine a claim; in other words, to display a degree of scepticism, or to imply doubt.
Doing Non-alignment With Reported Speech

In her writings about methods for engendering scepticism, Pomerantz claims that there are
‘at least three stances a speaker may adopt when offering a report:

1. (s)he may endorse the description as true with an indication of some degree of certainty;
2. (s)he may display skepticism or doubt regarding the report’s truthfulness; or
3. (s)he may be a “mere reporter”, giving the information only as it is known to the speaker.’

Here Pomerantz presents a case that a speaker can do one of three things, he/she can *either*
endorse a description, *or* display scepticism *or* act as a ‘mere reporter’. A common way of
acting as ‘mere reporter’ is to repeat someone else’s assertion, that is to cite a source along
with the claim. As Pomerantz suggests, ‘this reporting practice may be used when a
speaker has insufficient knowledge to judge the validity of an assertion, does not want to
go on the record with his/her position, and/or is being careful to get the facts just right’
(1988/89: 295). In the footnotes to this paragraph, Pomerantz cites a mother telephoning a
poison control centre, where she reports that ‘she’s thrown up on her own and she says she
has burning on her throat’, using this as an example of ‘merely reporting’, a practice she
claims is used ‘when individuals feel the need to be precise’ (p311). As Pomerantz points
out, this practice is used where the speaker may be unwilling to validate an assertion by
claiming personal knowledge, however I question her claim that ‘merely reporting’ is
always a means of ‘being more precise’.

I suggest that reporting provides an environment for something else, which I suppose the
speaker may be happy to allow the hearer to receive as ‘more precise’. That something else
is to introduce an element of doubt about the validity of the assertion, and in doing so
separating the speaker from ownership of, or responsibility for the report’s accuracy, in
effect, displaying non-alignment. Therefore, I suggest that the three divisions that
Pomerantz claims are not sufficient, as they do not always or necessarily appear in talk as
discrete categories. In fact, a speaker can display scepticism *by* presenting their description
as a ‘mere report’. What I mean by this is that when a speaker chooses to use reported
speech in what appears to be just reporting they change their footing from author to ‘mere

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As a conversational move, the effect of this footing change is to introduce an element of doubt as to the absolute facticity of the claim, thus the speaker dis-aligns him/herself with the report.

A simple example of the use of reported speech to demonstrate a non-alignment with a reported version is given by Sacks (Vol 2, part 5 Winter 1971:March 4 p309). He demonstrates the difference between reporting ‘he had to go’ and ‘he said he had to go’. By baldly stating ‘he had to go’ an implication has already been introduced that ‘he’ really did have to go. This type of unmodified assertion has the appearance to a hearer of being uncontaminated by the speaker’s own position. Whereas ‘he said he had to go’ changes the focus for the hearer from the action of going that is being reported, to the action of ‘telling’ about going. Thus, a question may be raised about why ‘he said’ is there. It is grammatically unnecessary, and as far as reporting the facts, also apparently unnecessary. So immediately we can hear the ‘he said’ as not just a pronominal introduction to the reported speech, but also as subtly evaluative.

In the utterance ‘he had to go’, the animator and the author are the same person – the speaker. However in the utterance ‘he said he had to go’ a division between the author and the animator has been introduced. The ‘he’ of the story has now been allocated the role of author, whilst the speaker remains the animator. It is this separation of the roles of author and animator which puts the second utterance on a completely different footing than the first. As Goffman states, this change of footing, ‘implies a change in the alignment we take up to ourselves and the others present as expressed in the way we manage the production or reception of an utterance’ (1981:128).

In the course of a stretch of talk, there may not be an observable change in footing, but the basis of the talk will necessarily be on some footing. However, it is by looking at what changes of footing accomplish, and at how alternative scenarios could have been played out, that we can then look with greater understanding at what is happening when there are no changes as such. This next extract is an example of the use of ‘he said’ is a footing
stance which makes explicit that the speaker, whilst being the animator, is not also the author of what is being reported.

Ext 1. G1/S2. L1098-99

1. Father: this bike that he pinched, when the kid got it back he said that (5) they’d ripped his seat so we’ve got to buy him a new seat now,

2. 

In this extract, that the bike was pinched is presented straightforwardly as established fact. The indexical use of ‘this’ enhances the status of the stolen bike as an already established fact. Thus ‘this bike that he pinched’ is a statement which is uncontested and simply asserted, and clearly identifies the bike in question. In contrast, we find that as the speaker goes on to discuss responsibility for the ripped seat, he reports that the child who owned the bike ‘said that they’d ripped his seat’. As the speaker continues with his narrative about the ripped seat incident, the consequences are clearly to do with whose responsibility it was to replace the seat. What he doesn’t say is that when his son and his friends had stolen the bike, they had also ripped the seat. Instead he refers to what the owner of the bike said had happened. So, there is a contrast between ‘this bike that he pinched’, which is presented as fact, and ‘he said that they’d ripped his seat’, which is presented as a version.

The introduction of reported speech at this point in the narrative alters the footing, and thus changes the speaker’s alignment, from ‘author’ to ‘mere animator’ by reporting another person’s claim rather than stating his own knowledge. In other words by inserting a clear footing-shift marker in the form of ‘he said’, the speaker highlights a move away from alignment with the contents of the report, to a deliberate and hearable dis-alignment. An element of doubt about the actual facticity is consequently introduced without such scepticism being overtly claimed. In effect, he reports having accepted responsibility for replacing the seat, whilst at the same time indicating an element of doubt as to whether his son really was responsible for the damage.

The use of reported speech in this extract displays, and claims the ripped seat episode as a version. Instead of the reported speech being used to evidence a claim as Pomerantz
suggests in the example of the little girl whose mother reports that she ‘says she has a burning in her throat’, the use of reported speech in this case is used to imply that what the third party has claimed is only a version which may or may not be accurate. In effect, the speaker is not endorsing the report, but simply relaying it. The difference between these two examples lies partly in the function of the claims being made via reported speech. In the case of the mother speaking to the poison control centre, her concern is to explain as fully as possible what the symptoms are so that she can be given the appropriate help and advice. In contrast, in the situation with the damaged bike, the focus of the discussion is on blame and responsibility; there are interested parties involved, who have a stake in who is allocated blame for the damage because they will also have to bear the responsibility and cost of paying to repair the damage. In this scenario, accountability is may be contested.

Therefore, when reported speech is used in this setting, it is not a matter of the client’s father supporting the victim’s father’s claim by reporting what he said. On the contrary, as an opposing contestant in the argument, the client’s father is highlighting the fact that what the victim’s father said may well biased by what is at stake. In other words by reporting that the victim’s father ‘said’ the client had ripped the seat, he is implying at the same time that there may be other competing versions of the same scenario, such as what the client himself said about who ripped the seat, or what a witness may have said about who did it. The message is clear – reported speech can be used and is used in certain situations to present a report as a version, a potentially contestable version of a particular event. In doing so, the reported speech also implies a degree of doubt as to the validity of what is reported, after all, it is one person’s representation of a situation, but may not be the definitive version.

This brief encounter therefore shows us that people themselves orient to other people’s talk as action-oriented. By that I mean that the participants themselves appear to recognize and treat one another’s talk not just as a straightforward and honest reflection of what they ‘really’ think, but as context sensitive, designed for the particular content and possible trajectory of the current interaction. The fact that the victim’s father in our example blames the client for the ripped bike seat is not just a simple ‘reporting of fact’ but an action of
blaming, pertinent to the larger context of an argument about responsibility for repairing the damage.

In the previous example, 'he said' was used to separate out what the speaker aligned with as fact, and what the speaker merely reported as a version of events. The next extract is similar, with the client again using reported speech to dis-align himself from his report of what his father said. The focal turns are towards the end of the extract.

Ex 2. G1/S3. L243-249
1. Therapist: It wouldn't have made much sense if your mum and dad if one of them had gone to pick you up and had a car crash 'cos they'd too much wine?
2. (2)
3. Client: Well I asked I asked them (1) I said are you drunk he said no,
4. Father: Well I wasn't [drunk
5. (2)
6. Client: [You don't have to be drunk [to be over the limit
7. Mother: [You don't have to be drunk [to be over the limit

What I want to show in this example is that the skepticism introduced by using reported speech in this way is not just my analysts interpretation, but is clearly oriented to by the participants themselves. The client is reporting a telephone conversation with his father during which he asked his father if he was drunk. His rendition of what happened which includes 'he said no' (line 5), stimulates an immediate response from his father to defend himself by stating 'well I wasn't drunk'. It is this response which is of particular interest to us. Firstly, the client’s father does not dispute that he said ‘no’. In fact by adding to the claim by giving a justification for having said it, he simultaneously validates the claim that he had said it in the first place. So, the fact that he said ‘no’ is not being questioned. What is in question however, is whether he really was drunk or not.

What is implicitly conveyed in what the client reports is that there was a possible discrepancy between what his father said, and what was actually the case. It is exactly this implication of discrepancy that is picked up by the father, and provokes his response to justify himself in the current interaction by emphasising that he really wasn't drunk. His
need to make that clear, illustrates how the use of reported speech in the prior turn was treated as contrasting what he had said from what was really the case. The reply 'well I wasn’t drunk' is clearly both an emphatic re-emphasis of the original claim, but also a defence. However, it is not obvious in the first turn that any accusation was being made, that might occasion that defence.

To gloss briefly on what has happened up to this point, the client’s argument with his parents at this point is that it wasn’t his fault that he didn’t come home until 1 o’clock in the morning, but that it was his dad’s fault for not picking him up (it later transpires that he was late because he had to walk home). The therapist appears to ‘take sides’ with the client’s parents in lines 1-3 when she defends their reasons for not picking him up because they might have ‘had a car crash ‘cos they’d too much wine’. It is in response to this suggestion that the client explains that he had telephoned and asked his dad if he was drunk and his dad had ‘said no’ (line 5). The basis of the argument is that on one side the therapist and the client’s parents are saying that they had had a glass of wine and so couldn’t drive. The client on the other hand, is saying that at the time he had asked if they were drunk and his dad said no. There seems to be a discrepancy created by the way that the client portrays what his dad said at the time, and what appears to be the basis of the argument for not picking him up now, ie. They couldn’t drink and drive. As it turns out, the apparent discrepancy is cleared up by the intervention of the client’s mother in line 7, who explains that ‘you don’t have to be drunk to be over the limit’. In doing so, she clarifies the difference between being drunk and having had too much alcohol to be safe to drive. This dissipates the argument, by showing how what the father said on the night of the incident about not being drunk is not contrary to the reasons given for not driving that are being discussed in the current conversation. So, let’s look back now at the target lines.

Ext 2(b) G1/S1:L 247-248

5. Client: Well I asked them (1) I said are you drunk he said no,
6. Father: Well I wasn’t [drunk

Firstly, as I have already discussed, the turn by the client in line 5 is in response to a question from the therapist (lines 1-3). So, the turn that follows from the father is the result
of overhearing the client's turn which was directed at the therapist. His assertion is made as a response to what was said by his son, although he was not actually the one who was directly addressed. The turn 'I said are you drunk and he said no' (line 5) is both a justification in response to what the therapist has just said, and simultaneously an accusation against his father. The accusation in effect shifts the blame from himself to his father. So, what may appear superficially as just a statement of fact about what two people said to one another on a prior occasion, a 'mere reporting', turns out to be not so straightforward. However, it is the father's response to this statement which shows that he at least treated what his son said as casting doubt on how genuine what he is quoted to have said was.

As analysts we cannot assume that the client's intention was to be accusatory or to imply doubt, because it is impossible to know. The only evidence we have that we can use to discover what it might have been, is what was said, and how what was said was treated by the co-participants in the interaction. The claims I am making about the use of reported speech as a way of casting doubt on the validity of another person's claim are based on how reported speech is treated by the co-participants. This means that I am not superimposing my interpretation, but explicating the interactants' interpretations of the conversational actions that are happening between them.

I suggest that unless the father heard what his son had said to the therapist in the immediately prior turn as an act of displaying incongruity with reality, he would not have self-selected to make his defence in the way that he did. What happened by the client using reported speech in this way was that a contrast was introduced between what was said and what was true. It is precisely this implication that the client's father was seeking to rebut by re-stating that he wasn't drunk. Let us look now at a couple more examples of how this contrast between what a person is reported to have said and what may actually be the case is constructed. In the cases we will now look at the issue is one of constructing relevance. In the following extract, the client begins by describing a trope, or metaphor - something that apparently is said often, that he is now relaying in the context and for the purposes of
the current interaction. The metaphor he uses is of an issue being repeatedly ‘pulled back up’, like a plant that is frequently disturbed and pulled back out of the ground.

Ext 3. G1/S1. L1716-1727

1. **Client:** They keep pulling that back up, oh when he was little he couldn’t
2. of loved you more. Y- w-(0.2) He couldn’t have loved anybody
3. more than he loved you. ((feigned deep voice))
4. (0.6)
5. **Client:** (Well) it’s a shame that I can’t remember none of that, all I can
6. remember is him punched me, an-(0.4) shoutin’ at me and
7. swearing at me an-
8. (4.2)
9. **Client:** hh hh...knob head-
10. (1.2)
11. **Therapist:** Maybe it’s easier to remember those bits.
12. **Client:** Mm?
13. **Therapist:** Maybe it’s easier to remember those bits.
14. **Client:** Oh and they said th-th-...hh that (. ) he was good with me when I
15. was little.

In this extract, the client reports something that his parents had said earlier in the same session (lines 14-15 ‘they said th-th- that (. ) he was good with me when I was little’). The use of indirect reported speech, together with the fact that the reported speech is a combination of what two people have said (the ‘they’ being the clients parents) inevitably means that what is reported is very much a gloss or formulation of what had been said. The client’s turn is apparently complete after ‘little’ in that it has finishing intonation and is grammatically complete as a sentence, however there is more to it than this. The turn-initial introduction to the reported speech in line 1 of this extract is not in the canonical ‘they said’ format, but the phrase that the client uses, “keep pulling that back up” implies both that something has been said (‘pulling that back up’), and that it has been said repeatedly (‘keep’). Furthermore, the use of this phrase implies that the topic that has repeatedly been brought up by the boy’s parents is one which is old, possibly even buried. The term ‘pulling’ suggests an effort to retrieve the information, coupled with ‘back up’ suggesting
that the information was once current but has been let go of or dropped, so that to bring up the subject is both a process of resurrection to some extent, and one of effort.

Following this introduction comes the change of state marker ‘oh’ (Heritage, 1984) which marks a transition from a description of the general behaviour of his parents to a segment of active voicing. Whilst, ‘oh’ as a conversational particle has most commonly been interpreted as a change-of-state marker; this ‘change of state’ may not necessarily be interpreted as a cognitive one. According to Schegloff, “oh can claim a change in the speaker’s state, but its utterance enacts an interactional stance and does not necessarily reflect a cognitive event.” (1991: 157). Taking this position in relation to the piece of data that we are investigating, the particle ‘oh’ represents an indicator of a change in interactional state; in this case the introduction of reported speech using active voicing. “when he was little he couldn’t of loved you more. Y- w- (0.2) He couldn’t have loved anybody more than he loved you.” (lines 1-3). The active voicing is most clearly identifiable from the feigned imitation in the tone of the speaker’s voice, an alteration of voice quality that continues throughout this part of the client’s turn. Although it is not clear who he is imitating we can assume that it is the voice of his mother as the person reference is masculine in both cases ie. ‘he (father) couldn’t have love anybody more than he loved you (client)’. After a short pause, the client continues with ‘well’, used in this instance as a pre-cursor to what turns out to be a contrastive statement that acts to undermine the validity of the claims that he has just reported moments earlier.

The format he chooses does not deny that the claims are true, but has a sarcastic edge as he continues that “it’s a shame that I can’t remember none of that, all I can remember is him punching me, an- (0.4) shoutin’ at me and swearing at me an-“ (lines 5-7). The use of ‘can’t remember’ leaves the possibility open that his parents were telling the truth, but that simultaneously displays a discrepancy between the two versions. The client ‘remembers’ being punched, shouted at and sworn at. His parents on the other hand, reported that they couldn’t have loved anyone more than their son. The extract that we have been examining comes towards the end of a larger sequence in which the client talks at greater length about the apparent dichotomy of how his parents love him, and yet treat him badly. What appears
at first contradictory becomes clearer on closer inspection. To appreciate this we need to look briefly at the extended sequence preceding the extract that we have already looked at.

1. Client: They don’t do nothing for me so they can sod em ...hh
2. (1.2)
3. Client: I aint goin to do [nothing for them.
4. Therapist: [Th-] The problem js (0.4) that it’s not just sodding them it’s sodding you.
5. Client: No not really.
6. (3.2)
7. Therapist: But you’re the one that’s in trouble with the police, (1.2) and you’re the one that’s >wrecking your lungs< wre- wrecking your lungs with the fags
8. (0.8)
9. Client: Yeh but it’s only myself but because they (0.2) love me (1.6) and I’m wrecking my lungs they get upset.
10. (0.6)
11. Client: And because tha- they love me and I’m getting in trouble with the police, and I could get banged up and all this they’re getting upset.
12. (2)
13. Therapist: Do they really deserve to be got
14. (1.8)
15. Client: †Yeh.
16. (1.8)
17. Client: You don’t see how they treat me.
18. (2)
20. (1.2)
21. Client: How they can just (1.6) s- swear at me and, (1) threaten to kick my head in an-, (1.4) and [then just be as nice as- nice as †pie,
22. Therapist: [(I’ve not seen that today)
23. Client: to my sisters.
31. (5.4)
32. **Client:** Never shut up, David don’t do this, David don’t do that. (1.2)
33. Carina you can do this, Leanne you can do that, David you CAN’t. (3.8)
34. (3.8)
35. **Client:** †Like last Wednesday, (1.8)
((17 lines omitted))
36. **Client:** so I just slammed the door, (1) told him to F off and walked away. (2.6)
37. (2.6)
38. **Therapist:** Very civilised exchange. (2.4)
39. (2.4)
40. **Client:** «He’s (a knob)» (4.2)
41. (4.2)
42. **Client:** They keep pulling that back up, oh when he was little he couldn’t of loved you more. Y- w- (0.2) He couldn’t have loved anybody more than he loved you. ((feigned deep voice)) (0.6)
43. (0.6)
44. **Client:** (Well) it’s a shame that I can’t remember none of that, all I can remember is him punching me, an- (0.4) shoutin’ at me and swearing at me an- (4.2)
45. (4.2)
46. **Client:** .. h h.. «knob head».

Note first of all, that in lines 11 and 14, the client clearly repeats the statement ‘they love me’ when referring to his parents. However, the occasion of him saying this occurs amidst a bitter argument regarding how he is glad that his behaviour upsets his parents (see lines 12 & 15). In other words, he is trying to ‘get’ them (lines 17 & 19). When questioned by the therapist in line 19 about whether his parents deserve to be ‘got’, he maintains that they do (line 21) and goes on to justify his position by explaining how badly they treat him (line 23-33). The logic of the client’s argument is quite sophisticated; to start with, he knows that his parents love him, and yet they treat him badly. They don’t act towards him in a way that he expects them to if they were demonstrating that love.
Another aspect of this section of talk is that the parents express that they love him, and that they feel hurt and upset when he does things that are hurtful to himself such as smoking and getting into trouble with the police. The client is obviously upset by the way his parents treat him, and explains that in order to retaliate, he acts in ways that upset them - namely by causing harm to himself. A bizarre 'catch 22' situation has thus been created, with the client causing himself harm in order to 'get back' at his parents and upset them. They react by punishing him for his bad behaviour and becoming cross with him, which in turn stimulates his response of self-inflicted harm. The difficulty for the therapist is how to break this destructive cycle of attack and counter-attack, so that the family system can begin to function normally again.

The client's explanation of what the problems in the family are about, to start with consists of a general gloss on the kinds of things that his parents do that constitute bad treatment. After presenting this characterization of their behaviour there is a lengthy 3.8 second pause (line 34) during which time the therapist makes no response to the allegations by way of assessment as would usually be expected. At this point the client continues to defend his position by being more specific about his claims, this time giving a concrete example of a recent event which typifies the general behaviour of his parents that he has just characterized. I have omitted the detail of this story for the sake of keeping the extract as short as possible. The point I wish to make however, is that firstly the client makes general claims about the way his parents treat him, for example in line 25 he claims that they are 'nasty really nasty'. He then goes on to elaborate a little by explaining that they swear at him and threaten him (line 27). However, when the 'non-response' of the therapist occurs in line 34, a place where we would expect her to make some comment or acknowledgement, he chooses to instantiate his claim with a specific example.

Pomerantz showed in her analysis of small claims courts that whilst generalizations are at times useful because they are more difficult to refute than specific examples, the use of exact detail at times can make facticity more tangible (1987). The client's rendition of an argument is reported as an instantiation of the 'nasty' treatment that he receives from his parents. The report concludes with a description of how he had sworn at his father, and
receives from the therapist the anticipated story assessment, albeit a sarcastic one, "very civilized exchange" in line 38. The client responds by producing a description of his father that characterizes him in such a way as to imply that his manner of speaking to his father was justified, "he's a knob" (line 40).

My point in showing this extract is to demonstrate that the client is able to hold two apparently contradictory ideas in tension. On the one hand, he clearly states that his parents love him (lines 11 & 14), and on the other hand he goes into considerable detail about how badly they treat him. When we hear the report of how much his parents had loved him when he was little, we can now understand a little better why the speaker may have chosen to say "I can't remember none of that" (line 50). The crux of the argument is consistent with what has just been said in the preceding few minutes. In the preceding lines, the client himself talks about the fact that they love him. The issue of whether they love him or not, does not therefore seem to be the issue in question. What is in question however, is the way that they treat him now. Although his parents say they love him, the way that they act towards him is not consistent with that claim. So, when the client says that he can't remember how close he and his parents were when he was younger, he is not denying that they were, but rather making a point that that was a long time ago, and therefore not necessarily relevant to the current situation. In essence, the issue in this argument is one of comparing what someone says with what they do, and either validating what is said or undermining it by referring to contradictory actions.

CONSTRUCTING IMPORTANCE

A pervasive theme for family members generally, and one which invariably comes out in the therapeutic environment also, is the extent to which parents allow their children degrees of freedom to have or do what they want. This involves the production, by various family members, of descriptions and narratives that define, legitimate or undermine those various wants or sanctions. The notion of ‘importance’ is invoked by children and adults alike when making conflicting demands of one another, or when producing conflicting versions of events. According to the dictionary definition, something is important if it is ‘of great consequence’. So, importance is linked to consequence. Consequence is ‘that which
follows from any cause'. The emphasis of the meaning of the word 'importance' semantically, is on what happens next, the consequence of the thing, action, thought, issue or whatever, is what makes it more or less important. In other words, the 'thing' that is current topic in a given conversation can be measured abstractly as more or less important depending on the degree of severity of what follows on from it - the consequence.

Consequences can be measured in crude terms as either good or bad, desirable or undesirable, and in degrees of these extremes. Therefore, the whole issue of importance and consequence is necessarily only appreciable within the context of a system of meaning and values. What is important is by nature a relative term and as such, it has to be relative to, or contrastive with something else. Things are thus more or less important than other things. Just to say that something is important is by default also to imply that there is some kind of contrastive category of other things that are less important. So, 'importance' is relative to something else which may be more or less important. Importance as a concept needs therefore to be appreciated as a product of an occasioned and situated piece of discourse, in which the thing of import is produced as such by either an overt or implied contrast to something else of lesser import.

What About What I Want?
Once again, we continue with the general theme of this chapter, which is about how versions are constructed. In the first part we looked at the construction of versions of the truth, and in particular at how reported speech can be used to signal that a report is one of a number of possible explanations – a version. In this second half we will be turning our attention towards the construction of what is or isn’t important. The key issue here is to determine whose voice becomes the prevailing authority on whether one thing is deemed to be more important than another, who gets to say what is true or right, whose values are accepted as dominant, and how are other voices marginalized or silenced in that process of constructing a dominant version of what really is important. I begin with a family therapy session where the mother, father, client (15 yr old lad) and his two younger sisters are all present. It is the first session in the series.
So you expect me to do everything they want ... hhh when they want how they want if they want, I've got to I've got to do everything, but I want something and () they just won't let me do it or ↑ have it. There there's only one thing that I really want and that's to get my eyebrow pierced.

((possible general laughter from others in the family))

Cos loads of people have got it done at school, and I reckon it looks really good, everyone's telling me it'd suit me,

Yeh [hang on

[Hang on hang on. We're talking about how unhappy this family is and it- Leanne's crying, and yo↑ ur ()

talking about having your eyebrows pierced

No I'm just ... hhh Oh forget it then.

What I am aiming to do by introducing this extract is to show how relationship between parents and children in particular may influence the outcomes of arguments, and may in fact be inseparable from the trajectory of those arguments in terms of who 'gets what they want' and how relatively important those conflicting desires are deemed to be by the opposing parties. The issue of importance is something that is constructed through their talk, so that the person(s) who deserve the right to have their wishes take precedence over the wishes of others are those who can argue that their own concerns are more 'important'.

In the extract above the key issue of importance to the client is that of having his eyebrow pierced. He claims that this is what he really wants (line 4) but that his parents won't let him (line 10). The issue however is not an isolated desire that happens to be expressed right here and now in the interaction. The question of whether having your eyebrow pierced is important or not on a scale of 1 to 10, is not the right question in this context. Nor is it a question of determining or quantifying in some kind of vacuum how much the client really wants this thing. What matters in this particular scenario is how important discussing issue of being allowed to have your eyebrow pierced is in relation to discussing for example why the client's sister is crying, or why the client is here in therapy, or why he is in trouble with
the police. The issue of which things are more or less important is not relevant as an abstracted concept outside time and context, but is only meaningful as an issue that is constructed in the current interaction, with the co-present others for the particular purpose that is serves in that particular interaction. To ask an apparently simple question such as 'is having your eyebrow pierced important?' one has to simultaneously ask 'in comparison to what?' or 'by whose standards?' Perhaps for the client it is vitally important for him to be accepted as part of his group of friends (see line 7 'loads of people have got it done at school'). Being accepted by his friends may well be far more important to him than being accepted by his family, or anyone else in society such as teachers, future employers etc. In this example, the importance of the eyebrow piercing issue is constructed by the therapist as in contrast to the obvious current distress of other family members, and is thus played down as being relatively unimportant. Therefore, the category 'important' needs to be understood relationally, as a contrast to some other issue or phenomenon.

Let's go back now to extract 5 to see how this notion of relativism is deployed as a discursive resource in this instance. The crucial turns in this respect or from lines 7 to 13 where the therapist cuts across what the client is saying.

Ext. 5 (b) G1/S1: L697-704

7. Client: Cos loads of people have got it done at school, and I reckon it looks really good, everyone's telling me it'd suit me,

8. Therapist: Yeh [hang on

9. Client: [and (?) they won't let me

10. Therapist: [Hang on hang on. We're talking about how unhappy this family is and it- Leanne's cry crying, and yo'ur ()

11. Client: talking about having your eyebrows pierced

12. Therapist: No I'm just ...hhh Oh forget it then.

To begin with the client uses a powerful rhetorical structure in his turn in lines 7 and 8, by listing the reasons why he should be allowed to have the piercing – 1) 'loads of people have got it done at school' 2) 'I reckon it looks really good' 3) 'everyone's telling me it'd suit me' (see Jefferson, 1990) The therapist actively tries to stop her client in his tracks in line
9 when she says ‘hang on’. Although this is not done in overlap, the end of the client’s
prior turn is said with continuing intonation, so he had obviously not finished what he was
saying. As he disregards her interjection, and continues with ‘and’ in line 10, the therapist
once more interrupts him and repeats her assertion to ‘hang on’ another two times. Once he
has finished speaking, she continues by contrasting what ‘we’re’ talking about, and what
‘you’re’ talking about (lines 11 & 12). The ‘we’ that is constructed in this assertion is
obviously exclusive of the client. The therapist overtly and strongly draws a distinction
between what she and the rest of the family are concerned with talking about, and what he,
as the client is talking about. In effect, she makes that the case by defining it in that way.
She alienates her client by claiming that he is not part of the same conversation as the rest
of them.

Furthermore she makes another distinction between ‘this family’ and ‘you’ (line 12). She
claims that the point of the discussion is about how unhappy the family is (evidenced by
reference to the fact that Leanne, the client’s sister is crying), not about what he wants.
However, it seems to cut across the fact that the client is himself part of that same family,
and his happiness is just as much at issue as everyone else’s. The point I am making is that
at this crucial juncture in the conversation, when the client is in ‘mid flow’ about
something that he claims is really important to him, “there’s only one thing that I really want”
(line 4 ext 5), the therapist strongly intervenes, stops him from what he is saying, and
enforces a claim about what to her is more important. Clearly, the therapist makes relevant
her position in this interaction as ‘therapist’ at this moment, and uses this to assert a
direction on the conversation. The context of therapy is not always apparent in looking at
the data, but it is at crucial junctures such as this one that we become more inclined to
interpret the current interaction as ‘therapy relevant’.

Again, we have to think about the issue of what is or isn’t important as something that is a
flexible resource that can be drawn upon or oriented to at any time. At this point, the
therapist is making a claim, not abstractly about whether the piercing issue is important, but
something more subtle and specific to the ‘here and now’ of the interaction. What she is
saying is that ‘right now’, ‘at this point’, ‘in this conversation’ ‘with these people’ and
‘these other concerns at stake’, what is more important than discussing eyebrow piercing, is to discuss other more fundamental issues to do with why this family is so unhappy. In his article on accounting practices, Buttny (1990) explains that often people will cite the impossibility of taking an action with the proviso ‘if circumstances would have allowed’. Such constraints are formulated to appear as strong and uncontrollable as possible. Other actions that the person were engaged in are often cited, so that the account for not doing X is that doing Y was of greater importance or priority. In our example, the reason for not discussing the piercing issue is not that it isn’t of any importance, but rather there is another issue right now that has to take priority. Even later in the same session, when she is alone with her client, and the rest of the family have left the room for a short while, she remains strong on her line of not giving time to her client to discuss what he has overtly claimed to be so important to him:

Ext. 6 G1/S1: L1271-1283

1. Client: if I if my mum and dad want me to behave and do whatever I whatever they want me to do () or I don’t mind as long as they let me do some of the things I want to do. (0.5) I mean there’s nothing more that I there’s nothing that I want more than to get my eyebrow pierced. I’ll pay out of my own money and go in on on busfare and everything like that

2. Therapist: [So- sorry,

3. Client: My eyebrow pierced.

4. Therapist: So we’re back to that?

5. Client: °Yeh°

6. Therapist: Do you think you’re good (1) at switching (.) worry off?

7. Client: Worry?

Note in this extract, that as the client once again brings up the piercing issue in line 4, referring to it as so important to him that there is “nothing that I want more” her response is bluntly “so we’re back to that?” (line 10). When the client affirms his reintroduction of this topic, the therapist’s response is once again very curt. She completely ignores the
possibility of continuing this topic of conversation, leaving a massive 5 second silence, before she initiates as new topic, ‘worry’ in line 13. The introduction of this new topic is obviously a surprise to the client, as he responds by repeating ‘worry?’ with questioning intonation, as if he just hadn’t quite heard her right. Again we can see evidence that in terms of whose topic gets the floor, there is a considerable disjuncture between what the therapist thinks is important to discuss and what the client wants to discuss. The therapist wins.

This next extract sheds a little more light on the issue of how what is and isn’t important is constructed and ‘explained’. Here, the therapist is speaking with her client alone, and addressing a concern of his that his does not receive equal treatment with his two younger sisters. He claims that his parents treat him more harshly than the girls:

Ext.7 G1/S1: L 1816-1821

1. Therapist: I’m sure (0.6) that the girls do get lighter punishments than you do
2. because you’re the oldest and that always happens in families the
3. oldest one always gets (2) more control (1.8) by the time the
4. younger ones come along (1.2) parents have sussed out (2.8)
5. what’s more important and what’s less important (1.8) and they’re
6. usually easier on younger ones.

An interesting point that the therapist makes during this exchange is to transform what could have been a contrast between boys and girls, or even between him as an individual and the others, into a contrast between an eldest child and subsequent siblings. The claims that the client have been making are that in some way he is singled out for rough treatment which is ‘unfair’. The therapist’s attempt to reformulate the problem in terms of something that is common in families, is a way of ‘normalising’ what the client is seeking to claim as abnormal. If the therapist succeeds in normalizing his experience as something that is common in all families, then his argument about being singled out for punishment does not carry as much weight. In the first fine the characteristics of the family are described as contrasting ‘the girls and ‘you’. This categorisation is subsequently transformed by the therapist within the continuing same turn, into ‘the oldest’ (lines 2 & 3) and ‘the younger
ones' (line 4). Similarly 'punishment' in line 1 is transformed into 'control' in line 4, minimizing and normalizing the severity of the discipline.

Finally, the therapist directly addresses the issue of what's important. She describes the process that parents go through as they have more children as having 'sussed out' the things that are more or less important. This characterization of discovering or 'sussing' what is important displays the concept of importance as somehow external, in someway 'out there' waiting to be discovered by a process of trial and error, rather than something that is actively constructed in the moment-to-moment interaction of everyday life. The implication of what she is saying about this process is to concede in a way that parents generally tend to be overly harsh in their discipline of firstborn children, justifying that position by explaining that they just haven't worked it out yet. She does not deny that the client's parents are harsher with him than with the girls, but defines a way of understanding some reasons why, in an attempt to help her client accept that fact as normal. Thus, in normalizing their behaviour, it is by implication, his behaviour that now appears to be abnormal in comparison, and therefore his behaviour that needs to change.

This section has focused in general on the construction of importance in the therapeutic environment. One of the functions of the indexical use of importance as a discursive resource is that it emphasises the way that 'important', like other such terms and 'member's measurement systems' is only logically understood indexically – and in particular relationally and rhetorically. Importance by its nature has to be constructed as relative to something either more or less important rather than as a kind of 'free standing' entity in itself. Two other facets of this discussion about how contrasts are used in the construction of relative ideal are the use of the concepts 'understanding' and 'remembering'. I will briefly look at both of these in relation to the current discussion.

Understanding

The following extract, at face value, is all about what the therapist can and can't understand with regard to the family situation and some of the issues that have been discussed during the course of the session. However, her use of this mental concept is not simply a matter of
her inability to grasp the matter, nor that she really just can’t understand the issues, but it is a question of the use of the concept ‘understanding’ being deployed in a given situation for the sake of its rhetorical effect.

The issue that the therapist raises is not that she doesn’t understand why her client wants his eyebrow pierced, but why ‘anybody’ would (line 1). It doesn’t come across as an admittance of lack of understanding which is open to having the issue explained, but rather an expression of how ridiculous she thinks the idea is. Thus, it has more status as a kind of criticism or negative evaluation, than a confession of ignorance. When she goes on to say what she ‘can’ understand, again, it’s not a verbalisation of the adequacy of her intellectual ability, it’s not that she is reporting on the efficiency of her cognitive processing. Rather, she is expressing what she perceives as reasonable. She is saying that it is reasonable for children to want their parents to trust them (line 9), and for parents to worry about their children (line 10) and to want to protect them (line 14). So, her talking about what she does and doesn’t understand is not really so much to do with expressing her personal ability to comprehend a range of issues, but is more to do with presenting her opinion on what she
discerns to be matters which are either sensible and important rather than peripheral or unreasonable.

The use of the concept ‘understanding’ in this environment has more to do with alignment and legitimization than it does about cognition. In line 1, the therapist begins ‘I can’t understand’, not, ‘I don’t’. Using the repertoire of inability is something which she on another occasion explicitly tells her client to avoid, telling him to say ‘don’t’ rather than ‘can’t’ (see chapter 4 ext. 5). In this case, her use of ‘can’t’ has the same effect that her client’s use of it did. In his case, he was expressing an inability to do otherwise, and therefore without responsibility to change. In this case, the therapist is similarly claiming an inability to understand, rather than a choice not to; in other words, it would be unreasonable for anyone to expect her to do something which is not possible. To claim to ‘understand’ a position or a line of argument is to align oneself with it; to validate that position. By claiming not to understand why he (or anyone else) would want their eyebrow pierced, she is stating that she does not align with that position. So she is not prepared to take ‘his side’ against his parents “to fight your battle” (line 6) with this issue. Clearly, by portraying the argument as a battle, the metaphor also invokes the idea of two opposing sides, fighting against one another. By defining the battle as ‘yours’, she is clearly indicating that she is not willing to align with him and argue for his side.

After identifying what she ‘can’t understand’ the therapist goes on to explain what factors in the dispute she can understand; these being his desire for his parents to trust him (line 9), his parents’ worries about him (line 10), and his parents’ concern to protect him (line 14). These are the issues that she selects as ‘more important’, issues with which she can align herself. The dichotomy of the eyebrow piercing situation as a matter of greater or lesser importance is interesting in that it is both very important to the client, and not at all important to the therapist and to the client’s parents. In fact, it seems that the eyebrow, is rather an instance of something he is not allowed to do: the prohibition of certain activities being the bigger issue, as is illustrated in this final example:
1. Therapist: Are you telling me (.) that all that matters to you in life is whether or not you get your eyebrow pierced?

2. Client: No. No that’s what I (1.5) like to have done. They won’t let me.

Here, using the extreme case formulation ‘all that matters to you in life’ (line 1), the therapist scorns the reintroduction of the subject of piercing that the client has raised. His response belies the real issue – ‘they won’t let me’ (line 3). This is not just about eyebrow piercing, but about control, about who gets to decide what he is or isn’t ‘allowed’ to do. What really matters to him, is to be able to have the degree of independence from his parents to do what he wants, rather than what they want. The issue is the battle, the eyebrow is the topic.

The interesting concern that is relevant to who gets to say what is or isn’t important in the context of a family group, especially where there are adolescent members, is the issue of maturity. We saw in an earlier extract that the therapist used a similar repertoire to explain how parents learn with successive children to ‘suss out’ which things are really important. It is this same repertoire of experience and maturity, of growing and learning, that is used with this issue of determining how much freedom an adolescent is given in determining their own life choices. As a participant’s repertoire, the idea that experience and maturity are critical indicators of an individual’s ability to accurately determine what is important, this is a particularly fundamentalist mode of discourse which appears to be based on an underlying presumption that certain issues really are more or less important than others. For example the therapist discusses in extract 7 how parents learn which things are really important in raising children. Similarly, in episodes where the client’s maturity is brought into question by the therapist such as in the previous extract where she claims ‘you make daft decisions’ (ext. 8. line 11), the concept of maturity is implicit.

The Piagetarian developmental view of maturity is a view that conceptualizes children as primarily egocentric beings who see themselves and their own needs, concerns and wants as of primary importance. This view appears to be the basis from which this therapist’s
contributions are made, as she questions the validity of her client’s knowledge and understanding of which things are really important, rather than perhaps the immature, egocentric perception of importance that he seems to be displaying. This notion of the ability to accept and embrace other people’s points of view is central to systemic family therapy. So, there is a parallel with so-called physical maturity in a developmental sense, and a social maturity in a systemic sense. One of the primary objectives for a therapist working with a family group like this, and ultimately a measure of his/her success, is evidence of those individuals having heard and accepted other people’s viewpoints, and to be able to verbalise them as part of a range of perspectives alongside their own. This seems to be more relevant in counseling adolescents, who have more of a tendency towards egocentrism than adults (see Geldard & Geldard, 1999 pp174-175). Therefore, we can see that to move away from what may alternatively be called ‘egocentric’ or ‘selfish’ ways of viewing situations is ultimately a therapeutic goal. The need to embrace the ideas of what is important to another family member *even if it doesn’t seem important to you*, is a way of reaching this position of embracing more than one perspective. So, importance per se is not a discrete entity, which can be identified and ranked, but something which is a category which is also a personal, flexible conversational resource. We will now briefly look at the use of the term ‘remembering’ in a similar way to the analysis of the concept of ‘understanding’ that we have just examined.

**Remembering**

Using a mental state term such as ‘remember’ in this situation is especially useful in that it presents his side of the argument, whilst still suggesting that the two apparently incompatible versions may be resolvable. In other words they are different aspects of perspective rather than of reality. The term itself carries with it the possibility of fallibility, and the possibility of suddenly finding things coming back to remembrance that were not previously accessible. What one ‘knows’ of the past is thus potentially alterable.

The client’s account of what he can and can’t remember in the following extract, however, should not be interpreted simplistically as his actual reflections on his inner cognitive state. This extract comes as part of a sequence of turns in which the therapist is reminding him of
times that his father had talked about when he was much younger; of how close they were, and the amount of time that they had spent together:

Ext 10. G1/S1. L1726-1735

1. Client: Oh and they said th- th- ...hh that (.) he was good with me when I was

2. little. (1) But I can’t remember flippin’ fourtee- er eleven years ago can I?

3. (3)

4. Client: Can’t even remember last tweek.

5. (4)

6. Client: Only specific bits, only important bits. (0.8) Can’t remember all- (1.2)

7. what lessons I had or owt like that. I can remember that I got suspende;d, an-

To claim to ‘not remember’ in this environment is also an interactional action. By saying that he can’t remember ‘fourteen or eleven years ago’, the client is not just drawing attention to a deficit in his ability to recall events of the past; rather, he is complaining firstly that it is unreasonable to expect him to be able to, and secondly that what is actually more important to him is what is happening in his life right now (see also Lynch & Bogen, 1996 and Bogen & Lynch, 1989). The client does not deny that he and his father were close in the past, but by saying that he doesn’t remember, he is in effect saying that those times gone by aren’t relevant any more. What is more important to the client is that if his dad is beating him up now, it doesn’t really matter how great things were all those years ago. What he wants is not rosy reminiscing about the good old days, but some concrete help with his current relationship problem with his dad. This is further evidenced when he goes on to talk about more recent events that he can or can’t remember.

The client claims that he can’t remember what lessons he had last week, let alone eleven or more years ago. What he can remember though are ‘important’ things like the fact that he got suspended. What he is saying is not meant to be taken literally as just an interesting piece of information about how human memory processing works, but as a description that accomplishes some interactional business. In this case, that business is to express what is and isn’t important to him. It doesn’t matter if he can’t remember what lessons he had last week because that isn’t the important thing about last week. What is important about last
week is that he got suspended. When this additional support for his argument about what is reasonable and unreasonable to be expected to be remembered is added to his initial claims about remembering how he and his dad were years ago, we can see that what he is saying all the way along throughout this extract is not just about how good his memory is, but about what things are important to him. What is important to him is to deal with and sort out how his dad treats him now, and not to talk about how he was treated eleven years ago.

I would like to return now to part of extract 3, which we previously examined from the point of view of how reported speech is used as a way of exhibiting non-alignment or skepticism. This time, I would like to look at the same segment, but with the emphasis on the current discussion of how ‘remembering’ is constructed as an activity in conversation, and the work that this accomplishes. Towards the end of the extract, the client uses the transition marker ‘oh’ to introduce an aspect of reported speech (line 10).

Ext. 11. G1/S1: L 1725-1727

1. Therapist: Maybe it’s easier to remember those bits.
2. Client: Oh and they said th- th- ...hh that (. ) he was good with me when I
3. was little.

The turn-initial particle ‘oh’ has the effect of displaying a ‘just now’ realization or rememberance of an additional piece of information, a display of current cognitive activity (see Heritage, 1984). It is here, in precisely this environment and sequential location that the client speaks the words that we began this investigation with, “they said th- th- ...hh that (. ) he was good with me when I was little.” (lines 10-11). The point that I began with at the beginning of this discussion is that this turn seems intonationally and grammatically complete as a sentence at the end of ‘little’. However, given its place in the overall sequence, and the nature of the prior talk, it sounds as though the turn is incomplete, as though the speaker has more to add. The whole of the previous stretch of talk by the client was given over to setting up a contrast between what his parents said and the way that they behave towards him. This contrast is also strongly echoed in the apparently unfair distinction between the way that his parents treat him compared to how they treat his sisters (see lines 27-53). So when we hear ‘they said X’ in line 10, we are anticipating something
contrastive to follow. Surely enough, after a 1 second pause the expected contrast is delivered.

Ext. 12. G1/S1: L1726-1728
1. Client: Oh and they said th- th- ...hh that (.) he was good with me when I
2. was little.
3. (1)
4. Client: But I can’t remember flippin’ fourtee- or eleven years ago can I?

Not only does the contrast come where we expected it, but it is also in the form that we could have anticipated, ‘yes, but ...’. Once again the client uses the phrase ‘I can’t remember’ that he had used in the previous contrast earlier in this segment. A very similar contrast happens in the following extract. Again, the first turn appears complete were it not for the strong implication evoked by the active voicing that what is reported is clearly meant to be heard as a version, and therefore implicitly something that the speaker is clearly not aligning himself with. It is this use of reported speech (in this case by active voicing) that we have already seen, to present a version of something as a version, which sets up a contrast with an unstated ‘other’ version. The alternate version may or may not be produced, but is already ‘heard’. In this case however, a in the previous extract, that other version is actually verbalized in the next turn.

Ext. 13. G1/S1: L1717-1719
1. Client: He couldn’t have loved anybody more than he loved you.
2. ((feigned deep voice))
3. (0.6)
4. Client: (Well) it’s a shame that I can’t remember none of that.

In this extract ‘he couldn’t have loved anybody more than he loved you’, is contrasted with, ‘I can’t remember none of that’. Similarly, in extract 12 ‘they said th- th- ...hh that (.) he was good with me when I was little’ (lines1-2) is contrasted with, ‘But I can’t remember flippin’ fourtee- or eleven years ago can I?’(line 4). In each case the first part is a snippet of reported speech, and the second part is an assertion of ‘not remembering’.
As I noted above, the use of reported speech presents the third party’s claim as just a version. In both of these examples the speaker is referred to by the third party who is quoted, and is therefore part of that ‘history’. This means that in terms of rights to knowledge claims, the current speaker, the client, has just as much right to claim to ‘know’ about the issues reported on as his father. In other words, the person whose speech is reported does not have more right for their version to be accepted than the current speaker. So, when the client reports that he can’t remember his dad being ‘good’ with him or ‘loving’ him when he was little is not a flat denial, or claim that this is not true, but rather that it may not be an entirely accurate version. Alternatively, the client may be suggesting that his father’s version is accurate, but not relevant. If something was true many years ago, it is not necessarily relevant in the current argument. It is not unreasonable that the client can’t actually remember his early childhood, and so claims made by his father about how good their relationship was then, have no real bearing on their relationship now. Again, in extract 4 the contrast is made more of by the addition of information about what the client can remember (being punched and sworn at), a description which appears to be made as polarized as possible to add to the effect.

Ext 4(b) G1/S1. L 1713-1715

46. Client: (Well) it’s a shame that I can’t remember none of that, all I can  
47. remember is him punching me, an- (0.4) shoutin’ at me and  
48. swearin’ at me an-

In extracts 10 & 12 the contrast is also embellished, this time by the addition of more specific information, in numerical terms indicating more-or-less exactly how long ago he can’t remember, “fourteen- or eleven years ago”. This numerical detail contrasts with the “when I was little” (ext 12 line 2) that he reports that his parents have referred to.

The contrast becomes not just what his parents say about how much they love him and how they treat him, but between how they say they loved him then and how they treat him now. In other words the client’s argument hinges on the problem that ‘they keep bringing that back up’ (ext. 3, line 1). His parents are using an argument from 11-14 years ago about
how they loved him, which he complains is too long ago to remember. The use of the phrase 'I can't remember' does not negate this claim as being true, but merely points to its current ineffectiveness on the basis of being outside his personal recollection and therefore serviceable experience. It implies that there may still be some kind of mismatch between what was said and what really happened, but is not directly accusatory. He doesn't directly claim that his dad wasn't 'good' with him when he was younger, and thus make an explicit assertion that his father hadn't been telling the truth. This would be a very confrontational and dangerous move to make, immediately creating a situation where it was his word against his parent. The subtler approach that the speaker takes, is to introduce an element of doubt into the mind of the hearer about the testimony of the previous speakers.

To say 'I can't remember' allows that the speaker may just be fallible and unable to recall. It allows room for both parties in a contest of versions to possibly be right. It allows for the possibility that the other person's version is correct, and that the speaker is just unable to recall the incident, whilst also introducing the possibility that the other person's version may actually be incorrect. Thus an element of doubt is introduced. At least where there is doubt about a particular version, then both parties still have opportunity to continue the discussion. By adding the tag 'can I?' (ext. 12 line 4) the client furthermore indicates that it would be unreasonable for anyone, the therapist included, to expect him to remember that far back. As the client is 15 at the time of the interview, he would only have been between 1 and 4 years old.

As with all of the examples I have been using in this chapter, the use of reported speech in the course of the narrative is not included to endorse the content of what is reported (eg whether his parents love him or not) as is usually accepted to be the case with reported speech, but conversely, it is used to set up some form of contrast which is used to cast doubt on the validity of what has been reported to have been said. In this next extract, the speaker pits two contesting versions of an event next to one another.


1. Mother: On Monday we got a phone-call from the local shop, saying
2. David's outside and he'd given them ten pounds and asked her to
3. buy him some alcohol, well he said he wasn’t there, I don’t know-

4. where the money came from, y’see he won’t discuss it with us,

The first version of events is reported via the person at the shop who had called the current speaker (the client’s mother). The caller’s version is that David had given him ten pounds to buy alcohol for him (David is under age). David’s version as reported by his mother is that he wasn’t there. The use of ‘well’ at the pivotal point between one version and the other suggests immediately that a contrast is being set up. At the end of the two versions, just after ‘well he said he wasn’t there’, we are presented with two opposing versions of the same story; 1) David was buying alcohol at the local store, 2) He wasn’t even there. However, immediately following the presentation of these two versions, his mother goes on to offer what amounts to her own personal assessment of the incident.

She continues ‘I don’t know where the money came from’ (line 5). This comment supports the version that there really was a ten pounds involved, and that there is some reason to presume that she may have some knowledge about where the money had come from. If this were not the case she would have no reason to comment on not knowing, as people generally only comment on things that are unusual, or contrary to normal expectations. In doing so she indicates support for the version of events presented by the caller from the shop. Finally she makes the link between the money and her son by saying ‘y’see he won’t discuss it with us’ (line 6). The positioning of the comment about not knowing where the money came from, immediately next to the comment about her son not telling her, links the two concepts together. This strength of linkage between two otherwise unconnected statements by consecutive positioning, means that the sum of the two statements is greater than their meaning separately. This was demonstrated most clearly by Sacks when he juxtaposed the two statements ‘the baby cried’ with ‘the mommy picked it up’. Returning to our current example, the juxtaposition of ‘I don’t know where the money came from’ with ‘y’see he won’t discuss it with us’ line 4), links the two sentiments as being in some way causally related. The result is to infer that David knows where the money came from, but he won’t tell his parents.
The combination of support for the initial version in this story that the reference to the source of money suggests, with the use of reported speech in the form of ‘well he said’ act together to throw doubt on the son’s version of events as reported by his mother in this interaction. We can see how the use of reported speech can be used in certain situations to engender skepticism about the validity of reported person’s account. This scepticism is achieved by the implicit suggestion that there is a discrepancy between what the reported person said and what in fact was the truth. Let us look at one more example of how this discrepancy is achieved in a reported version of events.

Ext 15  G1/S3. L638-639

1. Client: Y- YOU SAId it’s not a punishment BUT Ya grounded ya not goin’ out.

In this extract the client is confronting his parents about what he perceives as a clear discrepancy between something that was said, and the actions that supported it. Again we can see the by now familiar accusatory ‘you said X, but you did Y’ format. This is a simple example of how the notion that there is the possibility of discrepancy between what one says and what one does can be constructed through and by talk. It may seem an obvious point to make that people don’t always say what they really think, or act in line with what they say, but it takes on a particular significance when you begin to think about how traditionally in psychological testing, what people say is taken to be a direct reflection of what they really think. This concept that there is a mapping of mind onto words which has been used in a largely unproblematised way, is potentially a serious problem for psychological research which relies on verbal or written reports of mental processes.

Summary
This chapter has primarily been concerned with the construction of versions of events within the environment of a family therapy clinic. An important issue to cover as a basis for this analysis was the concept of truth as a construction. In this section I outlined how the use of reported speech has traditionally been almost synonymous with its use in enhancing the validity of a person’s claim to facticity in their reporting. However, through the analysis of the data that I have been working with I have been able to show that the use of reported
speech can also be a way of ‘dis-aligning’ oneself with what one is reporting. This is done by subtle changes of footing, and has the effect of introducing an element of doubt about the validity of the assertion.

By changing footing, the speaker in effect separates him/herself from ownership of, or responsibility for the report’s accuracy, in effect, displaying non-alignment. In fact, I have shown that a speaker can display scepticism by presenting their description as a ‘mere report’. What I mean by this is that when a speaker chooses to use reported speech in what appears to be just reporting they change their footing from author to ‘mere animator’. As a conversational move, the effect of this footing change is to introduce an element of doubt as to the absolute facticity of the claim. For example, the report that the child who owned the bike ‘said that they’d ripped his seat’ suggests more than a straightforward repetition of what someone else has said for the sake of accuracy; it concurrently implies that there may be other competing versions of the same scenario, such as what the client himself said about who ripped the seat, or what a witness may have said about who did it.

The construction of the concepts of ‘importance’, ‘understanding’ and ‘remembering’ have also been investigated as potentially contestable versions in a similar way. Firstly, importance was linked to consequence in that any ‘thing’ that is current topic in a given conversation can be measured abstractly as more or less important depending on the degree of severity of what follows on from it - the consequence. The issue of which things are more or less important have been shown to only be meaningful as issues that are constructed in the current interaction, and the notion of ‘importance’ itself was demonstrated to be understandable only as a flexible resource that can be drawn upon or oriented to at any time. Of particular interest in regard to who gets to say what is or isn’t important in the context of a family group, especially where there are adolescent members, one issue that was identified was that of maturity. As a participant’s repertoire, a particularly fundamentalist mode of discourse was revealed in the presentation of the notion that experience and maturity are critical indicators of an individual’s ability to accurately determine what is important.
Secondly, the notion of ‘understanding’ was examined not just as a simple mental concept, but more sophisticatedly, as a concept that is deployed in a given situation for the sake of its rhetorical effect. The use of the term ‘understanding’ in the extracts that I presented were shown to have more to do with alignment and legitimization than with cognition. In one case in particular, the therapist claimed an inability to understand, where to ‘understand’ a position or a line of argument would be to align oneself with it; and thus to validate that position. By claiming not to understand the therapist in this analysis demonstrated that she was not aligning herself with a particular position.

Thirdly, the topic of remembering was considered as a participant’s concern. I demonstrated in this section, that by using the concept of ‘memory’, what one ‘knows’ of the past becomes potentially alterable. In an exemplifying extract, the client claimed that he couldn’t remember what lessons he had last week. What he could remember though, were ‘important’ things such as the fact that he had got suspended. His memory claims in this instance demonstrate a broader principle that, at time talk of ‘memory’ ought not to be taken literally as a piece of cognitive information, but as a description that accomplishes some interactional business. In this case, that business was to express what was important to him. In the context of the use of memory in conjunction with a piece of reported speech, I have shown that such combinations have the effect of implying that there may still be some kind of mismatch between what was said and what really happened, without being directly accusatory.

It has been shown in this chapter that reported speech can be, and is used in certain situations to present a report as a version of a particular. In conclusion, this analysis demonstrates that participants themselves appear to recognize and treat one another’s talk not just as a straightforward and honest reflection of what they ‘really’ think, but as context sensitive, designed for the particular content and possible trajectory of the current interaction.

This chapter shows the significance of being able to demonstrate empirically that people operate in everyday talk with a set of principles that allow for the possibility of saying
other than what they really know to be true. Furthermore, it demonstrates that people have a way of creating in their talk a world where there can be a differentiation between thought, language and action. Thus, the construction of truth and importance need to be seen as is discourses which can and are used in conversation as *flexible resources* which cannot be taken out of context in which they occur and isolated as static or consistent realities; they are rather issues which are intrinsically indexical.
The 'Inner' and the 'Outer' Self

Representations of other people's internal states occur frequently in everyday conversation, and no less in therapy talk. During therapy, clients often make claims about the motives, attitudes, thoughts and feelings of other family members or friends. Here are a few examples:

Mother: *He thinks he's very .hh (1) picked on.* (G1/L903)

Father: *an' Dave thinks it's brilliant.* (G2/L1361)

Therapist: *Because he feels obliged (.5) to defend his friends.* (G3/L1145)

Mother: *He wants them to be like that so that he's not the only one in trouble.* (G3/L1092)

Mother: *Now, he absolutely hates it* (G2/L1644)

The form of these claims varies, sometimes assertive or declarative, at other times offered tentatively or reluctantly. In terms of their sequential placement, although I have not shown it in the brief extracts above, at times they appear to be spontaneously volunteered, at other times they are clearly solicited. Their coherence as a set of observable actions lies in their status as personal ascriptions of others. They also share a uniformity in being ascriptions of what we might refer to as 'inner' processes, those things that are not outwardly observable, but which can only be deduced, inferred or assumed from outward actions such as what a person says or does.

Psychology itself is a profession given to the academic pursuit of knowledge with regard to *how* these inner processes can be reliably identified and predicted, although there are many within the profession who would claim that this is an impossible and ultimately futile
enterprise. For example, Garfinkel (a sociologist, but a great influence within social psychology, particularly that strand of social psychology done in North American sociology departments) declared that “there is no reason to look under the skull since nothing of interest is to be found there but brains” (Garfinkel in Coulter, 1990:6).

There is a common-sense notion that we think first and then act and/or speak as a consequence of that thought. The conversation analyst, Robert Hopper, illustrates this point very eloquently with a simple story from his own childhood,

“My dad was a careful man, an engineer. After some occasions in which I ran my youthful mouth and got into trouble Dad could emit a silence to help me reflect on my actions. He showed in his own infrequent but literary speech, in his stories for instance, evidence that each word had been carefully edited. On one painful occasion he shared me this engineer-speak maxim: ‘Engage brain before putting mouth into gear.’”

(Te Molder & Potter, in press).

As Hopper goes on to explain, this old cognitivist maxim prescribes thought before speech as a preferable and attainable order of things. It also suggests that purposeful thinking is the source of talk, and talk proceeds from purpose to effect. Thus, a differentiation between what is internal and private, and what is external and public is created, although the two are inevitably linked. In many psychological studies, especially those within social psychology that relate to the measurement of attitudes, the assumption is made that these psychological, mental states can be represented in the form of answers to questionnaires and interview schedules. However, we need first to question this assumption that there is indeed such a separation between the inner and the outer world of the individual, that there is a pre-existent ‘mind’ and ‘heart’ that can be reached. The constructivist approach to this issue is to look at how these mental predicates are actually the result of, rather than the prerequisite for social interaction.
With modern technology we can measure many physical changes in the body that are believed to be associated with particular states of emotion for example, such as increases in perspiration, pulse rate and body temperature. These physical measurements can then be mapped onto self-reports from the experimental subject about how they were ‘feeling’ at the time of the tests. In this way correlations can be made between the physical measurements and the subject’s self-reports, to make quantifiable claims about the nature and constitution of varying emotional states. However, in our everyday lives, we do not carry around with us such sophisticated machinery, and yet people incessantly continue to offer their knowledge claims about how other people think and feel. As people are so ready to make such claims, even after even the briefest of encounters, the question that clamors for attention is just how do they do that? On what basis do people make such claims, and when challenged how do they justify their assertions? These are a few of the issues that we will be probing in this next chapter.

As we do not have the same kind of privileged access to other people’s thoughts as we do to our own, we can say that we cannot actually ‘know’ for definite what anyone else thinks or feels. In this respect we have ‘limited access’ (Pomerantz, 1980) to what other people are thinking. What we tend to do, is to infer things about other people’s ‘inner’ world from external evidences such as that person’s expression, their words or actions. As Pomerantz illustrates, we can infer that someone is home if we see their car parked in the driveway, but we do not know for sure in the same way that we would know whether we ourselves are at home. So, although we do not have direct access to other people’s thoughts we use the evidence that we do have to make inferences about what they may be. In therapy and counseling, a person’s everyday actions are not open to the scrutiny of the therapist in the same way that they are to their family members, and consequently the therapist must rely on other people’s descriptions of a client’s actions as a kind of second-hand form of inferential evidence. Where there may be competing claims about an individual’s state of mind, it is largely these descriptive evidential reports that the therapist uses to inform her diagnosis.
A classic example of this reliance on secondary sources in describing a person’s behaviour as an indicator of their state of mind is the case study of ‘K’ by Dorothy Smith in 1990. In this instance, K’s ‘friend’ Angela reports a series of instances of unusual or odd behaviour that she has observed in K, which cumulatively seem to point to the fact that she is mentally ill. The focus of this particular paper is to examine how apparently factual descriptive discourses can be used to create a picture of an individual’s mental state. The emphasis is on how descriptive practices cannot be simply a neutral activity, but will always contain some bias or interest on the part of the speaker. With this caution in mind, we will return to the project of examining how mental states are attributed to others in therapeutic situations by corroborating those claims with ‘evidence’ in the form of descriptions of behaviour and/or by reported speech.

In seeking to give reasons for making claims about someone else’s state of mind, two forms of evidencing appear to be recurrent; one is the use of reports about what that person has said, and the second is to report on what that person has done. A particular technique used by some therapists to elicit information from their clients is that of ‘circular questioning’. In this approach the therapist asks her client what he thinks that his mother/brother/partner/friend thinks or feels about a particular topic. There are various therapeutic reasons for using this approach, which I will discuss in some detail later, but my primary interest is in its role as a method of eliciting mental-state ascriptions. To begin with though, I would like to take a brief look at the notion of causality and how it surfaces in the context of the therapeutic interaction.

Pursuing Causality

Part of the process of the therapeutic encounter is to investigate possible internal causal explanations for outward behaviour. A measurement of success is the evidencing of some extent to which clients have made positive change in how they think or feel during their course of treatment. However, without direct access to see inside a person, therapists, like everyone else, must rely on external evidences, such as what a person says or how they act as indices which represent inner activity. A person’s speech and actions are thus treated as reflections of the inner world of thoughts, feelings, desires, motivations and attitudes.
Whilst claims and ascriptions of this nature need not be justified or supported by a speaker, it is common that some form of evidencing will either precede or follow a claim. This is particularly true in contentious environments, where competing versions are rife. The therapeutic environment, whilst perhaps not quite as contentious as a courtroom for example, is still a fertile location for justified ascription claims.

In making claims about someone else’s inner processes or ‘psyche’, an appeal to evidence that claim is often seen in the form of reported speech and descriptions of instances of behaviour that apparently epitomise the claimed characteristic thoughts or attitude. Conversely, just as external behavioural ‘evidences’ can be used to substantiate claims another person’s inner state, observable behaviour and speech are also treated as having been ‘caused by’ some internal factor or factors. It is this relationship between the ‘inner’ and ‘outer’ selves as it were, the relationship of cause and effect between these two selves, and how these concepts are talked about in therapy that this chapter is primarily concerned with.

So far then, we have established that people make assertions about other people’s inner states. They do so either by volunteering an unsolicited comment, or in response to a question. In the case of the therapeutic setting, it is normally the therapist who can be heard asking a range of different ‘wh’ questions that elicit information about the clients’ views on many things, including their perceptions of what other members of their family may be thinking or feeling. Also, we have considered the need for claims about someone else to be substantiated in some way. This is often done via a report of something that person said, or something they did. Finally, we have also thought about how not only are words and actions taken to represent ‘inner’ processes, but also that inner processes are expectably expressed in these same ways.

This last point forms the basis of our next line of enquiry. In the assumption that everyone has desires, aspirations, feelings, thoughts, attitudes and beliefs that can be expressed verbally, the therapist sets about asking a range of questions aimed at uncovering what that inner world may consist of. Therefore, a key location for observing these assumptions at
work is in the arena of the kinds of questions that therapists routinely ask. To begin with, I would like to continue the current theme of investigating cause and effect in the relationship between the 'inner' and 'outer' self. A good place to begin this enquiry is to look at one of the simplest question structures that demonstrates this activity, the 'why' question.

Why Questions
The most unambiguous way to ask for an account or explanation is to simply ask 'why?' However, often eliciting information from a client is not always a straightforward task for the therapist, especially if the client perceives that some accountability for their actions is at stake. Many times therapists will draw on more subtle approaches to the problem of information elicitation than to use a direct questioning technique such as a 'why' question, but the principle is basically the same. Somewhere along the way, a client will begin to provide the therapist with their story, a story which relates to what has brought them to look for a therapeutic solution to their problems, and one which is laden with descriptions of their own or other people's actions. It is here that the process of jointly establishing the possible causes of these 'facts' begins.

At this point I must just say that I am not going to address the issue of fact construction as an interactional process per se, nor the way that descriptions are formulated towards that end. We will consider our current analysis from a point which occurs at a stage in therapy which follows on from, and builds on prior elements of the conversation where particular things have already been accepted as real, or at least treated as a basis for proceeding. That is to say that certain descriptions of events or actions are treated by the participants in the current moment of interaction as true, and on the basis of that 'treated as' facticity provide a basis for exploring what the motivations or causes of their occurrence might have been. The following extracts demonstrate how this is so in the therapist's use of some straightforward 'why' questions.

1) Therapist: Why are you suspended David? G1/S2. L29
2) Therapist: Why might you get expelled? G1/S1. L1367
In each of these cases the ‘thing’, suspension, possible expulsion, or the client’s feelings, is treated as already established, as ‘given’. By talking in this way the therapist demonstrates that what she is now looking for is not further evidence to validate what has been claimed, but an account for why it happened. In the third extract for example, the therapist does not question whether the client really does feel guilty, but by seeking information about why she feels guilty, the guilt is treated as given.

In the first two extracts the therapist asks her teenage client to provide information about his own situation, his suspension from school (1), and his possible expulsion (2). Generally speaking, an individual is expected to be the primary authority on information or knowledge pertaining to themselves, or about things that they have first hand experience of (Pomerantz, 1984). The questions themselves in both extracts (1) and (2) display a pre-supposition on the part of the therapist that an account or explanation is required or expected, and furthermore that the person in question is expected to be able to provide such an account. As a member of the same culture, the therapist understands that being expelled from school is not the normal experience of the majority of pupils. Where an expulsion is likely, therefore, an account can reasonably be required, exactly because of its exceptionality. Also, as the matter relates directly to the client, it is also reasonable to expect that he would know why he had been suspended, and why he might be likely to be expelled. If he did not, an account for not knowing would also become relevant.

The third extract is slightly different from the first two in that it is a question about how the client feels. In a similar way to the way that an expectation of knowledge about the client’s own circumstances is displayed in the first two extracts, this question displays that the therapist assumes the addressee has insight into the causes or reasons for her own feelings. So, the therapist treats the client’s feelings as being actual, identifiable, and reportable, and as having been caused by something or things which are also identifiable and reportable.
In each of these examples we can see that without actually using the words themselves, the notion of cause and effect is a repertoire that is being drawn on by the therapist to engage her client further. This brings us back to the central theme of this chapter, which is to examine how people in therapy talk about the relationship between external observable actions and possible inner causal factors, and how that may be therapeutically relevant. An issue that is important to discuss briefly with this overall objective in mind, is that of a person’s rights to knowledge. Where there are potentially competing claims regarding the facticity of evidence, or the validity of propositions about causal factors particularly where it relates to a client’s behaviour, the issues of access to knowledge, and the comparable reliability of those knowledge claims are brought to the forefront.

The ‘discovery’ of causality is a focal topic in medical and legal settings alike, as the implications for treatment or punishment of the individual concerned rests heavily on its outcome. With the high stakes involved any talk about causality especially where it relates to personal responsibility and accountability is a rich forum for investigating how claims are delivered and evidenced. The issue of what is known, or legitimately knowable by an individual is central to the task of establishing and appropriately dealing with causal factors. With this in mind, let us look briefly at the subject of access to knowledge and rights to knowledge claims.

**KNOWLEDGE CLAIMS AND THE CASE OF THE ‘EXPERT OTHER’**

Normally, an individual is expected to have privileged access to his own thoughts, what Pomerantz refers to as ‘type I knowables’ (1980: 187). Sacks also mentions a distinction between what one knows first hand, and what one knows by virtue of having been told. In his words, “one is responsible for knowing some things on one’s own behalf in contrast to the situation in which one is treated as likely to be repeating what another has told him about himself” (Sacks, 1975: 772). However, there may be a difference between how this premise works with regard to two friends or colleagues talking together informally, compared with an individual talking to a therapist, because of its institutional situatedness.
For most, seeking professional help from a therapist is the result of unsuccessful attempts at dealing with their problems themselves. The therapist as a professional, trained and appropriately qualified person, is regarded even before the first encounter, as having a potentially greater ability to diagnose and prescribe treatment for the problem than the clients themselves. Harvey Sacks made the point in one of his lectures that Freud had a mission in his lifetime to develop psychology “so that laymen would know that they don’t know anything about it” (Sacks, 1995 Vol 2. p217). To some extent this appears to be true. The therapist, by virtue of her incumbency within the category ‘expert’ has certain category bound expectations attached to this role which may entitle her to a greater claim to knowledge about the psychological causes of her client’s behaviour than the client himself. In this particular context then, there is a slight difference in what might normally be expected in terms of who has privileged access to knowledge. The categories ‘self’ and ‘other’ are no longer adequate. Rather, an additional institutional category of ‘expert other’ becomes relevant.

The concept of ‘expert other’ is important when considering issues of evaluation which routinely attach themselves to any situation in which persons are asked to discuss matters about which someone else who is present (actually or virtually) may be more knowledgeable about than themselves. One way that clients manage this problem is to make subjective rather than objective claims. For example;

Subjective:  I think it’s uncomfortable for the girls, G1/S1.L2152
Objective:  It sort of ( ) recovered an’ now it’s hurting again G1/S1.L9

In the first example, a subjective comment is made, one that expresses an opinion, the thought of the speaker. It is not stated as an objective fact in the same way that the second example is. At times, even within the same turn, a speaker will assert that they don’t ‘know’ what a particular answer or state of affairs is, but are willing instead to offer an alternative, lesser, subjective appraisal. Often this is presented as something that they ‘think’ or ‘feel’. We can think of these subjective modifiers as a way of making an ‘epistemic downgrade’. They do this by moderating an outright knowledge claim down to
the level of a subjective opinion. These next two examples demonstrate how this works in practice.

1) *I don't know I think it was the fact of (0.4) comin' here*

2) *I don't know, I think he can now identify (0.7) that he has done, in certain areas he has done things wrong*

In each of these turns, which are both second parts of a question/answer pair, the speaker begins by deliberately outlining the terms of the following answer. In particular the speakers frame the subsequent utterance in each case by specifying it as not ‘known’, but ‘thought’. In other words, the knowledge claim is downgraded from one of objective fact to subjective opinion. The vehicle for making this distinction clear in each case is by use of the phrase ‘I don’t know’. Pragmatically it would appear that this framing statement is surplus to requirements, as we can see from the extended extracts that follow, the first part of each pair was a question which sought only opinion anyway.

Extract 1. Oak1/S1. L959-962

Therapist: What d’ya think helped Steve (0.4) get involved again? (0.5)

Client: I don’t know I think it was the fact of (0.4) comin’ here

Extract 2. Oak1/S1. L499-502

Therapist: D’you think he still sees himself as naughty? (3.0)

Client: I don’t know, I think he can now identify (0.7) that he has done, in certain areas he has done things wrong

In both cases the question is posed in a way that solicits an opinion, ‘what d’ya think’ (1), ‘D’ya think’ (2), in the first with an open, and in the second with a closed question structure. If it were ‘facts’ that were being requested, the therapist may have asked ‘what was it that helped Steve’ or ‘does he still see himself as naughty’; both entirely plausible alternatives. Although these examples are only hypothetical, I want to demonstrate that
such questions, by virtue of their grammatical structure have inbuilt into them something
which displays a presupposition that there is already an actual agreed ‘right’ answer to the
questions. In contrast, if we look back again at the data, we can now contemplate what it is
about asking what someone thinks that makes the difference. To start with, the change of
footing transforms the question from a ‘right answer’ question to a question which has a
range of legitimately alternative answers. The crucial difference between these two ways of
asking is that for the ‘right answer’ scenario, if a client doesn’t know what that right answer
is, then the subject may effectively be closed down. However in the ‘what do you think’
scenario, whatever answer the client gives will in effect be ‘right’.

So, in essence, a subjectively framed question is easier to answer than an objectively
framed question. This allows for the conversation to continue and for alternative opinions
and ideas to be aired without the immediate polarisation that a question that presupposes a
‘right or wrong’ answer would create. Also, by asking a subjectively framed question, the
questioner displays that a range of possible alternative answers are relevant, and legitimate.
The subjectively framed question therefore pre-configures the nature of the relevant second
part of that question/answer pair as one for which a range of possible ‘right’ answers are
available, any of which would be equally acceptable.

Even though the questions in each case ask specifically for what the client thinks, the initial
response in both cases is to make explicit that the answer is to be heard as a subjective
rather than objective account. In the first example, Steve, the person being talked about, is
also in the room. As we have already established, an individual is usually expected to be
the most reliable source of knowledge about him/herself. Therefore, we can with some
confidence conclude that Steve should in theory have a more accurate insight into his
motives for ‘getting involved again’ (in the therapy sessions). However, all this being said,
it still does not invalidate whatever his wife proposes as her own opinion, because after all
it was only ever proposed as just her opinion. Let us look now at an extended version of the
same extract to see what happens next.
Therapist: What d'ya think helped Steve (0.4) get involved again?

Sandra: I don't know I think it was the fact of (0.4) comin' here it [was sortof

Therapist: [Right

Sandra: Well. Whether the reality or seriousness or (0.6) t' help Dwain he would have to come

Therapist: [Mm

Sandra: whatever.

Steve: When I started goin (.) again before we came back here when we seen Dr Larson it's (0.4) somebody else who-I I don't know how we seen Dr Larson for [but

Sandra: [I think

Therapist: [Mm

Sandra: He said ye- [ye had

Therapist: [Mm

Sandra: Like >it were sortof< y' had to come if you wanted(0.4) t' come here.

Sandra: It come from both parents so it was a sortof

Therapist: Right, so it was ul- um ultimatum?

Sandra: Ye[h

Steve: [But yeh but the worst thing was when we met hi- well when I met him, I don't know if Sandra had seen him a few times before [that

From line 3 through to line 10, Sandra attempts to answer the question that the therapist asks in lines 1 and 2. She starts with 'I don't know I think' in line 3, which we have already established, frames her answer as subjective opinion. It appears that she is having some difficulty in providing her answer, as we can see at the end of line 3 where she begins 'it was sort of' and then abandons what she had started to say, only to begin again with a different way of answering in line 6 where she starts with 'well'. Finally her answer comes
in the form of a hypothesis that has two alternative possibilities, 'the reality or seriousness' (line 6) 'or t'help Dwain he would have to come' (line 7).

Steve eventually self-selects in line 11 to offer his version, although he has not actually been asked outright by the therapist to do so. His turn is more like a narrative introduction to a relevant answer rather than an answer in itself, and Sandra steps in again to expand on option two of her hypothesis. Finally, despite considerable perturbation throughout her turn from lines 14-21 she concludes 'it come from both parents'.

Picking up on this conclusion, the therapist offers her formulation of the reason for Steve's return to therapy from the responses given so far, as being the result of an 'ultimatum'. Sandra’s immediate response in the next turn is to agree with the therapist’s formulation, 'yeh' (line 23). Steve responds very quickly as well in partial overlap with his wife with 'but'. To say 'but' in itself only makes sense if it is an abbreviated way of saying 'yes but'. The necessary agreement for the 'but' to be relevant in this instance is not initially verbalised, but is 'heard' none-the-less. However, Steve immediately emphasises his agreement with a self-correction which takes the form of 'yeh but' (line 24), thus inserting the agreement marker that had been missed out in his first response. So, first by the grammatical necessity of 'yes' preceding 'but', and then by actually stating his agreement, Steve also concurs with the therapist’s formulation of what his motives were for coming back to therapy, that being that he had been offered an ultimatum.

What we have been looking at here is an example of a clearly marked, subjective account of someone else's possible motives, in the presence of that person. The account here was provided in response to a question that asked for a subjective opinion about the 'inner' self of another person. If we go back now to the second example that we looked at initially, the person in question (the client’s son) is not present.

Extract 4. Oakl/Sl. L499-502
1. Therapist: D’you think he still sees himself as naughty?
2. (3.0)
3. Client: I don’t know, I think he can now identify (0.7) that he has done, in certain areas he has done things wrong

In this situation, the person who is being discussed is not able to give a second assessment in response to the claim his mother makes about whether he sees himself as naughty or not. The question ‘what do you think’ is not only contrastive with ‘what do you know’ but also with ‘what does anyone else think’. So there are at least two ways of hearing this question, what do you think, or what do you think. The first part of the answer deals both with its epistemic base as a subjective response, ‘I don’t know, I think’ and with the implied contrastive person reference, ‘I don’t know, I think’.

What I am proposing is that where there is an explicit unsolicited underlining of the difference between knowing and thinking as there is in these two extracts, one of the things that it does is to inoculate the speaker against a possible counter-claim by another party. It allows room for the subsequent presentation of alternative perspectives or evidence which might contradict that claim had it been presented as fact rather than opinion.

Using Epistemic Downgrading Positively in Therapy
The presumed level of ‘category-incumbent’ knowledge that an addressee may have access to can be displayed in the way that a question is phrased. For example the question ‘Why d’you feel guilty? (G1/S1.L1144) displays a presumption that the addressee has direct access to definite reportable knowledge, whereas ‘what did you think was in it for you? (G1/S1.L1442) is a form of epistemic downgrading, and implies that the addressee has possibly fallible or limited access to knowledge about the matter. In the second instance, the addressee is not being asked for the reason, but for a possible reason: their opinion, which is a far lesser request. In some situations this kind of downgrading would be heard as a ‘put down’, for example ‘what do you think you’re trying to do?’ However in therapeutic situations, the use of epistemic downgrading can have a positive role to play in facilitating the opportunity for potentially unsubstantiated propositions to be ventured. Where ‘non-factual’ comments are invited by therapists by using ‘what do you think’ question prefaces, an environment conducive with a freedom of expression is fostered. This freedom is
created on the premise that anyone is allowed to have their own opinions and thoughts about a range of matters. The following extract is an example of such a case.

Extract 5. G1/S1.L11553

Therapist: What do you think it's going to take for (0.5) for (.) life to kind of turn around?

In this extract, the question is not posed as 'what will it take for life to turn around', but 'what do you think it's going to take'. The former question presumes an authoritative knowledge on the part of the answerer. Presumably if he knew the answer, his reason for being in therapy would already be greatly reduced. The design of the whole question both addresses the reason for being in therapy, 'the 'problem', and at the same time allows the client maximum room to give his own viewpoint. By glossing the problems that her client is experiencing as 'life', the therapist demonstrates an orientation to the delicacy of the situation, and the potentially inference-charged nature of using more specific descriptive terms. The displayed neutrality of 'for life to turn around' is a non blame-specific phrase which further assists her client by giving him room to answer the question without having to draw on a more defensive repertoire.

Within this overall context of the therapist's turn, the phrase 'what do you think' is found. As I have already discussed, to report on what one thinks about a situation is epistemically far more answerable than to give a definitive answer about a situation. In the case of disclosing what you think about something there are no wrong answers, what one person thinks may well be different from what another person thinks regardless of any so-called external reality. Thus, an acceptance of a multiplicity of perspectives on any given matter can be fostered in this environment by using this simple technique.

There are two important points from this discussion that I wish to draw out. Firstly, that requesting a person's opinion, whether it be in the form of asking 'what do you think' or 'what is your opinion' or 'what do you see' makes the question far more easily answerable than to ask for some definite answer to a problem. In theory at least, everyone is entitled to their own beliefs and opinions about a range of issues, whether they are 'right' to think as
they do or not. The question, put in this form, therefore allows the respondent the space to talk freely about the topic proffered without concern for the 'correctness' of their comments in any absolute sense. It is apparent that this is a useful approach to take in a therapeutic setting, where a large part of the therapist’s activity is addressed at getting the client to talk openly and without fear of reproach or accusation.

Secondly, although everyone is entitled to say what they think, what some people think may be treated as more influential than what others think. Whilst both the therapist and client are in theory equally at liberty to volunteer what they think about any given situation, what one person thinks is not necessarily equally comparable with what another person thinks, depending on their status, expertise, situation etc. There are degrees of entitlement to knowledge and rights to make knowledge-claims depending on a variety of these category incumbencies. Whilst it may often be the case that none of the parties involved in a therapy session claim to ‘know’ what a problem, its cause or solution is, what the therapist thinks is likely to be ascribed with greater weight than what the clients themselves think.

**KNOWING YOUR OWN MIND V. KNOWING OTHER PEOPLE’S MINDS**

I want to turn now to the subject of knowing what other people are thinking, or at least at how this issue is talked about in the context of therapy. To start with let us consider how therapists talk to clients when they are asking what the client him/herself thinks about something. We will then go on to compare these question types with questions about what someone else is thinking. The following extracts are illustrative of therapist’s questions about what the client him/herself thinks. In the way that the questions are formatted, they display something of the therapist’s perspective regarding what access to knowledge about their own thoughts the client may have.

1) Therapist: What do you think (.) they should have done to Carina? G1/S1. L1335
2) Therapist: But at the time (.) what did you think was in it for you? G1/S1. L1442
3) Therapist: What do you think it’s going to take (0.5) for (.) life to kind of turn around? G1/S1.L1553
4) Therapist: How often do you think (.) about being dead. G1/S2. L1011
I have chosen these particular examples because they illustrate various things, not simply the assumption of a given speaker that her addressee has access to what he thinks right now, but that he can also report on,

1) what he thinks now about a past event
2) what he thought about a past event then
3) what he thinks now about a future event, and
4) the frequency of discrete identifiable thoughts about a particular topic

There may be many other permutations that I have not identified, but the point I want to make fundamentally is that an individual is normally expected to have access to, or knowledge of their own thoughts about a range of topics, persons, events etc., and that they can report on those thoughts. This socially shared assumption is evidenced by the fact that such a question as ‘what do you think about X?’ can be asked. What I want to look at now is the slightly more complex situation of asking one person what another person thinks. In therapy this process is known as ‘circular questioning’, although the practice of asking someone what someone else thinks is obviously not confined to this context.

Circular Questioning
Circular questioning is a technique in Family Systems Theory that has its origins in the Milan model of family therapy (Selvini et al, 1978; Palazzoli et al, 1980), and is defined as “a question asked by an interviewer of a patient about a person or persons in a relationship with the patient, such as family members, peers, or members of the family of origin. The focus of the question is the patient’s perception of the experience or the belief of the third person whom the patient is discussing” (Maukshe & Roesler, 1990: 6). The therapist will typically ask the client what they think someone else in their family or friendship circle thinks or feels. Here are a few examples from the data set that I have been working from:

Therapist: What do you think they think? G1/S2. L680
Therapist: What d’you think he thinks he’s got out of being at Acorn House? Oak1/S1. L1491
Therapist: How d’you think he’s (1.5) u:m (0.7) thinking about his discharge. Oak1/S1. L447

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Where the subject-actor is also present the therapist may then prompt a response from him, or the subject-actor may himself initiate a response (Perakyla, 1995). Where the subject-actor is not present the client may continue (either with prompting from the therapist or by their own initiation) to talk about their own feelings or thoughts, and to make clear whether they agree or disagree with the person reported (Geldard & Geldard, 2000). This style of questioning is considered to be a particularly helpful approach when dealing with adolescents, as it can be used as an indirect way of finding out what the client’s own thoughts or feelings are. From a systemic therapeutic point of view its primary usefulness lies in its function of assisting clients to build a framework of alternative perspectives, by utilising the notion of "relational language" (McNamee, 1992, p195).

Using relational language, responses to circular questions shift one’s attention away from what is ‘factual’ and “focus on the possible distinctions in interpretation that can be constructed within the same interactive context” (McNamee, 1992, p195). In this respect it is a tool for helping the client to realise the ‘systemic’ nature of their own problems: that a problem is not solely that of the individual concerned, but that it is embedded in their social relations. However, as Perakyla has pointed out in his excellent study of AIDS patient counselling, circular questions also provide a more fundamental purpose related to the moment-to-moment management of the unfolding interaction. In his study of circular questions presented by therapists to clients whose partners were also present, he found that a primary function of this device was to eliciting talk on a delicate topic from the ‘overhearing’ partner (Perakyla, 1995 p142). With partners present, a typical sequence would be something like this:

1) Counsellor asks client 1 to describe something related to client 2’s experience
2) Client 1 responds
3) Counsellor asks client 2 to respond to the description provided by client 1
4) Client 2 responds

The difference with the data that I have been working with is that typically, although not always, the subject-actor is not present. This distinction presents a functional difference in
the way that therapists use circular questions, and an evidential difference in the way that clients respond to them. Claims made by clients in the former situation can be immediately verified or countered by the subject-actor themselves, but not in the latter. It seems likely therefore that this may be a reason for the propensity for evidencing ascription claims made by clients about absent subject-actors.

During the course of any therapy session, one is likely to find all manner of self-initiated claims and ascriptions about other people’s states of mind. However, at present I will focus specifically on ascriptions elicited on those occasions where an explicit invitation is made by the therapist of the client by way of what is known as a ‘circular question’. I have symbolically characterised these kinds of questions with the formulation ‘what do you think A thinks about X’, where A is the subject-actor, and X is a specified topic. So how is it done? How can anyone even begin to answer a question such as ‘what does A think’? The only way that we can determine what makes this possible is to examine closely what people actually do say when asked such a question. But first let us take a look at the question itself.

In many cases, such as the examples just given, the question is formulated not as ‘what does X think’, but ‘what do you think that X thinks’. If we compare this question structure with a typical question about what you yourself think, there are obvious similarities. With a question about what you think, the format is canonically, ‘What do you think about X’. With a question about what someone else thinks the pattern is commonly ‘What do you think that A thinks about X.’ If we take the second example in two parts, we can see that it starts in the same way as the first example, ‘what do you think …’. The directness of the question presumes that the addressee has definite knowledge about what they think, the difference with the circular question however is that it is designed to explicate not what you think about X, nor what A thinks about X, but what you think that A thinks about X.

The point I’m making is that the question ‘What does A think’ is not the one that is asked. This question posed in this direct form, would assume that the addressee knows for sure what the other person thinks, in the same way that they may be expected to ‘know’ their
own thoughts. It assumes a kind of privileged knowledge about something that on the whole is treated as beyond absolute knowing. I am not suggesting that this question is unaskable, or that it doesn't get asked, but simply that there is a big difference between asking what someone else thinks and asking what you think that someone else thinks.

In essence, what I am saying is that just by the way that the question is formed, the asker demonstrates a pre-supposition about the anticipated knowledge entitlement of the person addressed. In effect, a display of what is expected to be knowable by the addressee is built into the question. This has strong implications in terms of the assumptions made about mutual rights to and expectations of knowledge about persons in close relationships. As Sacks points out, knowledge about someone close to you, such as a member of your family or close friend can be thought of as a kind of category bound activity (Sacks 1972, in Perakyla p138; also Potter, 1996). Part of being close to someone, is to know what they may think or feel about various things. So much so that the closeness of a relationship that two people share can be demonstrated in the way that they talk about one another's experience. For example:

Extract 6. G1/S2. L157-158
Client: you think you're a bad girl and you think you can speak up an all but you don't know nothing.

Here, the client addresses his sister directly, making a bold assertion about what she thinks about herself and her inaccuracy in making claims to knowledge about him. Similarly claims about a third party can be made in their absence, displaying the same intimate knowledge of that person. For example:

Extract 7. G1/S1. L903
Mother: He thinks he's very... (1) picked on.

In this last example, two things are relevant to draw out; firstly the claim about someone else's thinking is made definitely, rather than offered as a subjective opinion as we saw earlier in the chapter. The mother in this extract is talking about her son (the client). Again
a display of close relationship is achieved by a demonstration of knowing what someone else is thinking. In the same way, a claim like this may be heard to have greater veracity because it is made by a mother, than if it had been asserted by a more distant acquaintance.

Secondly, it is another example of an epistemic downgrade being used negatively. By this I mean that the use of ‘he thinks’ in this extract is used as a way of undermining or demonstrating scepticism about the facticity of what she subsequently reports. The insertion of ‘he thinks’ effectively reduces the impact of what she says from what could have been the straightforward ‘factual’ statement ‘he’s very picked on’, to the more skeptical ‘he thinks he’s very picked on.’ Furthermore, we can see that the way that the turn is produced, implies that it is contrastive with something else that has not been said. There is a silent ‘but’ at the end of the statement. One is left with the clear impression that ‘he thinks X, but Y is really the case’ although that ‘but Y’ is not verbalized. However, we can still see that there is an embedded contrast in what is said, and both the hearer and the analyst are left with the impression that whatever Dwain thinks is incorrect. Here, ‘thinks’ is obviously contrastive with what is ‘really’ the case. So, it very neatly performs the dual function of demonstrating intimate knowledge of another person by being able to report on their thoughts, whilst at the same time displaying the attitude of the speaker as one who treats those thoughts as ‘merely subjective’ (and by implication, incorrect) rather than factual.

Having spent some time looking at the presupposition embedded in questions about other people’s minds, I want to turn now to look at some of the kinds of responses to circular questions posed by therapists when the subject-actor is not present.

Some Responses to Circular Questions
Going back to some of the examples that I started this chapter with, what the therapist projects with the ‘what do you think A thinks’ question-type is that what is required is not a definitive answer about what the other person’s actual state of mind is, but what the addressed person ‘thinks’ might be their state of mind. It may not be immediately obvious why this subtle difference may be important, but if we look now at the kinds of responses
that questions formulated in this way produce, I hope that the significance will become apparent. The following extract is an example of a typical circular question-response sequence from the data that I have been working with:

Extract 8. Oak1/S1 L491-503
1. Therapist: What d'you think he thinks he's got out of being at Acorn House?
2. (3.6)
3. Mother: I d- I don't know really cos he h- he doesn't say (0.2) say (0.4) he
doesn't say a lot about here

In this particular example, after a very long pause (line 2 – 3.6 seconds), the client’s mother makes a faltering start as she begins her attempt to answer the question posed by the therapist in the prior turn (line 1). Her turn has the recognisable characteristics of a ‘dispreferred’ response in conversation analytic terms. Typically, the first part of an adjacency pair such as a question and answer sequence projects something of the kind of response that is expected. The expected or ‘preferred’ answer can be identified by its structural features, such as being produced quickly after the first part of the pair, and not being prefaced by markers such as ‘well’ or ‘um’ (Hutchby & Woofitt, 1988). Delay, ‘um’ prefacing and discontinuity or fragmentation in the response, are all displays of ‘dispreferrence’, not in the psychological sense of the word, but in the interactional sense. The important issue is that the first part – in this case the question – is built in such a way as to project what the preferred response should be (Schegloff 1888). Let me illustrate this with a couple of simple examples:

Extract 9. Christmas Dinner ‘98. L63
Father: are you happy with what you’ve got?
Daughter: Yes.

In this extract, the projected preferred response to the question is agreement, it is ‘yes’ she is happy with what she’s got, which is exactly how the daughter responds. In this next extract however, the response takes a ‘dispreferred’ form.
The notion of preference is a complex one; the kind of answer that any question ‘prefers’ is not just a matter of grammatical determinism, but is also constituted by situational variables such as the context (ie an institutional one such as therapy, or an informal one such as over a meal) and the wider sequence of talk that the turns appear in. A simple example of an exception to the basic preference rules is that of complements, where grammatically, the question may appear to project or prefer a particular kind of response, because of socio-cultural factors to do with politeness and modesty, the pattern for preference is reversed. So, without consideration of the wider environment of any question, the expected or preferred response is indeterminable.

If we return now to the question posed by the therapist in extract 8, the preference that the question design appears to anticipate is not a simple yes or no answer, but it does project that there is a ‘what’ that can be expressed by the addressee. It presupposes if you like that the addressee is competent to answer the question. To be able to answer also assumes knowledge about the object in question. In this case, it displays a presumption that the addressee already has thoughts about what her son thinks about the proffered topic, thoughts which she is able to report on. As we established earlier, there is plentiful evidence to show that people are ordinarily expected to have direct access to their own thoughts. In this instance, the required thoughts-to-be-accessed are those thoughts which are relevant to the proposed topic of what her son thinks about Acorn House (the pseudonym of the residential mental health unit where he has been staying).

The dispreferred structure of the addressee’s response displays that there is a problem with immediate production of the expected response. In other words, she does not immediately produce an answer to the question that describes what her thoughts are. Another feature of dispreferred responses is that they are typically qualified and accounted for. When we look at what she does actually say, we can see that the initial ‘I don’t know’ response is
immediately followed by such an account. Therefore, we can deduce that in this case ‘not knowing’ is treated by the participant as accountable.

So, the question ‘what do you think that A thinks about X’ displays a presupposition that someone else’s thoughts are in some way knowable or at least discernable. The accounting and dispreferrence noted in the example given, demonstrates that some work has to be done in answering such a question if compliance with this presupposition is not attainable by the answerer. To be specific, if the mother in this extract is not able to verbalize her thoughts about what her son thinks about Acorn House, she is apparently accountable for not being able to do so. There may be context specific reasons for this accountability, which go beyond the general category-bound activities which predict that a mother may be expected to know what her child thinks about various things. As this particular therapy session is largely concerned with her son’s discharge from the residential unit where he has been staying, there is an immediate relevance for all concerned regarding this particular issue. Therefore, whilst it may be more understandable that the client’s mother doesn’t know what her son thinks about global warming or the big bang theory, the local relevance of his discharge is more immediate. Her accountability for not knowing what he thinks about this particular subject is therefore perhaps more acute.

In both the question and the response, we can see that there is an orientation to the discernability of someone else’s thoughts. Other people’s thoughts are not treated as completely unknowable, mysterious or out of bounds. They are treated as in some way accessible. For this to be so, there has to be some socially shared understanding of some kind of mechanism of how this might be possible. One way of finding out what this might be is to analyse the kinds of accounts given in ‘not knowing’ answers to circular questions.

ACCOUNTING FOR NOT KNOWING WHAT SOMEONE ELSE IS THINKING
I would like to look again at extract 8 from the point of view of accounting for not knowing what someone else is thinking. In this extract, I am treating the response ‘I don’t know’ as an actual reporting of not knowing the answer to the question rather than what could be referred to as a ‘hedge’, or technique for displaying disattentiveness to particular details.
This extract is just one example of a ‘not knowing + account’ response to a circular question, but it provides an excellent starting point for this investigation. In her account for not knowing, the mother in this extract reports,

Ext 8(b). Oak1/S1 L501-503
3. Mother: I d- I don’t know really cos he h- he doesn’t (0.2) say (0.4) he
4. doesn’t say a lot about here

In any report, we can presume that what is stated not to have happened is only sensibly reportable by its unstated contrast to what would normally happen. By and large things that are expected, normal and everyday, by being just that, are not treated as newsworthy, or reportable. It is only those things that are out of the ordinary, unexpected or different, which are sensibly things that are worth telling. A story preface such as ‘a funny thing happened to me on the way to work today’ for example, is a ‘tellable’ thing not by virtue of its description of a typical journey to work, but by virtue of the ‘thing that happened’ on the way which was different from what normally happens.

So, going back to our example; to report that someone ‘doesn’t say much about X’ is a ‘tellable’ thing because it reports something other than what is expected. Therefore we can say that for ‘he doesn’t say much about X’ to be a possible, intelligible thing to say by way of account, it demonstrates that ‘saying’ rather than ‘not saying’ is the normal and expected alternative. Taking the whole extract once again as a unit, we can conclude that the account that the client’s mother gives to explain her ‘not knowing’ reveals something of the way that she would normally know what he is thinking. The account she gives for not knowing is that ‘he doesn’t say … a lot about here’ (line 4). So, if this is an account for not knowing what her son is thinking, we can legitimately deduce that her normal way of knowing what he is thinking is by what he says to her.

This is the point at which we come full circle from where we started at the beginning of this chapter when we discussed the ‘inner’ and the ‘outer’ self, and how these two are produced as causally linked in conversational interaction. Here we can see a very clear example of how an inference about what another person is thinking (their inner self) can be
drawn from what that person says (outer self). It is this ‘outer’ demonstrative act of speech that interactants treat as a resource which they can use to interpret what is going on inside that other person. Furthermore, even from this single example we can see that this is a normative expectation. The link between what another person thinks and what they say comes in the environment of an account. The account as it is produced implies by the way that it is expressed, that the fault, if there is one, is with her son for not talking about what he thinks rather than with her for not knowing.

Both in making claims about what someone else thinks, and in accounting for not knowing what someone else’s thoughts are, the use of reports about what that person has or hasn’t said is a common way of evidencing those claims. This is a subject that we will now look at in more detail.

EVIDENCING CLAIMS ABOUT OTHER MINDS WITH REPORTED SPEECH

Let us begin by returning to the first two extracts that I began this chapter with, and look at the responses that those questions elicited. It appears that there are various ways that a client can answer, or attempt to answer circular questions. Broadly speaking, an answer may take some form which indicates that the client doesn’t know what the other person may be thinking or feeling, as the last extract illustrates. At other times, the client may attempt to make some assertion about the person in question anyway, for example:

Ext 12. Oak1/S1 L447-451
1. Father: Well he- he hasn’t said much about it I think he’s (0.4) probably looking forward to it
2. 

Here, we see that whilst the father is unable to say what his son thinks, he is still willing to make an attempt at guessing what that might be—“he’s probably looking forward to it”. One of the significant things which this extract and extract 8 have in common is that in each case some reference to what that person hasn’t said is made relevant as an important factor in seeking to validate the answer given.
What I would like to focus on now is the difference in the way that questions about cognitive activity tend to be asked of someone in contrast to about someone. In other words there is a noticeable difference in the way that therapists ask about the thoughts and feelings of the person they are addressing, and the thoughts and feelings of a third party. Let us begin by looking at an example of the former:

Extract 13. G1/S1 1483-1493
1. Therapist: When there aren’t people around, how do you feel?
   
   (7 lines of insertion sequence omitted)
2. Client: Depressed. I hate being by myself. (0.5) That’s the one thing I hate most.
3. 
4. Therapist: M hmm. Because?

Here, the therapist asks her client directly “how do you feel?” (line 1), not ‘how do you think you feel?’ The point I am trying to make is that in this example, as in many others, the therapist treats her client as proficient in being able to answer her apparently straightforward question. By asking the question directly, she treats her client as both competent and in a good position to be able to answer the question. In other words, the direct form of the question displays a presupposition that he has both direct access to knowledge about his own feelings, and will be able to articulate that inner state in response to her question. Following a brief insertion sequence initiated by the client to clarify what she meant by ‘people’ (omitted) the client proceeds to answer the question, apparently unproblematically. In doing so he also demonstrates that he does not treat her request for information as unreasonable nor the displayed presumption that he should be able to provide an adequate answer as problematic. Therefore both the form of the question and the response to that question show that there is an orientation by both parties to the normative nature of one person asking another person to tell them how they feel.

Taking this example just one step further, after the client’s response in lines 2 and 3, the therapist goes on to ask, “Because?” She demonstrates in this minimal request that not only is it perfectly reasonable to ask someone else to report on their own emotional or cognitive state, but also to be able to provide an explanation for why that might be the case. She
treats her client’s emotional state as not just something randomly generated and unpredictable or mysterious, but as something which is influenced by identifiable causal factors, causal factors which furthermore are also reportable.

We are now in a position to identify some important contrasts between how people relate in terms of their ability to report their own or other people’s internal states. Let us hold in mind for a moment the difference between the direct form of questioning used when asking someone to report on their own thoughts or emotions, and the circuitous form of questioning used when asking someone to report on someone else’s thoughts or feelings as we look again at an extended version of an extract we have already briefly looked at.

Extract 14. Oak 1S1 L447-451

1. Therapist: How d’you think he’s (1.5) u:m (0.7) thinking about his discharge.
2. (1.7)
3. Father: Well he- he hasn’t said much about it I think he’s (0.4) probably looking forward to it

As we established in the previous section, there is a great deal of difference between asking ‘how do you think he’s thinking about his discharge?’ and ‘how is he thinking about his discharge?’ Here, the therapist’s mid-turn perturbations in line 1 indicate a possible word-search on her part. The word that appears after the trouble is “thinking” although it is conceivable that given the environment it could have been that the therapist may have said ‘feeling’ at this point. Although this is largely conjecture, it is none-the-less conjecture built out of the evidence that the therapist did not produce “thinking” immediately, and yet in all other respects her turn passes smoothly and is grammatically coherent. The delay of 1.7 seconds before the father begins to answer is very long considering that an answer from him is immediately relevant. He begins with ‘well’, a typical dispreference marker, suggesting perhaps that the answer he is about to give is not the one that was expected. He then goes on to say, “he hasn’t said much about it” (line 3) which serves as an advance qualification of what he is about to say. This qualification furthermore implies that what his son has said would normally be the point of reference for making a judgement about what he thinks.
The father does go on to produce an opinion about what he thinks his son thinks, but the nature of the subsequent qualifier shows very clearly that although he does make an attempt to give an answer to the question, it suggests that he does not have the kind of evidence to support that claim that he would normally have provided. The delay before “probably” (Ext 14. line 3), and that word in itself both indicate a degree of avoidance of making a strong claim. We can assume that this caution of making the claim definitively or even strongly is due to the lack of evidence for that claim. The use of the word ‘probably’ also implies that he is making more of a guess about what his son might be thinking, than he is claiming to actually know. Such guesswork may be based on a collection of observed behaviours, or he may be guessing based on what he thinks anyone may think if they were in that situation. Either way, his claim is neither substantiated by a report of what his son has said, nor by any anecdotal evidence about what he has done.

However the fact that he draws attention specifically to the lack of evidence in the form of what his son has said, demonstrates that had he access to such information, that is what he would base his claim on for current reporting purposes. So, highlighting what evidence he does not have to support his claim, indicates precisely what kind of evidence he would have used if he had it. In this instance the father indicates that in order to substantiate a claim about what his son is thinking he would have to use some evidence about what his son had said. We find an almost identical pattern in response to a similar question in the next extract. This time the mother of the same boy referred to in the previous extract is the object of the therapist’s questions.

Extract 15. Oak 1/S1 L491-503

1. Therapist: What d’you think he thinks he’s got out of being at Acorn House?
2. (3.6)
3. Mother: I d- I don’t know really cos he h- he doesn’t (0.2) say (0.4) he doesn’t say a lot about here or what (0.6) cos when he first came he used to say I’ve come because I’m n- nobody had ever said that but that’s in his mind what he had thought.
4. (0.3)

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But he’s never said like what he has to do or what he thinks about anything.

Therapist: D’you think he still sees himself as naughty?

(3.0)

Mother: I don’t know, I think he can now identify that he has done, in certain areas he has done things wrong and what he could sorta change or he could do (with).

Again the therapist asks what the mother thinks her son is thinking about a particular issue. The massive delay after this direct question is the first indicator that she is having difficulty in answering the question. In the last extract, the father qualified his response before he gave it. In this instance the mother gives her response first and then qualifies it afterwards. Throughout her response there is continuous perturbation, as she appears to stumble over her words, again indicating her difficulty in answering.

As with the last extract, there is an emphasis on the word ‘say’, which I suggest is contrastive with what he either thinks or does. Again, the response to the question seems to be one which brings up the relevance of what the boy has said about the topic raised by the therapist as evidence for what he might be thinking. The use of the word ‘really’ early in her response (line 3) signifies that when she says she doesn’t know, what she means is she may have some thoughts about it, but nothing that could be substantiated as ‘real’, as entirely factual or definite. Together with her re-emphasis of “I don’t know” (line 3 and again in line 12), she not only provides the epistemic basis of her subsequent report, but also, by using “really” in addition, she underlines her basis for making her claim even more clearly.

In line 3 the client’s mother apparently begins to start to try to find a way of responding to the therapist’s question, even if her response isn’t exactly the answer to the question she was asked. She starts, “when he first came he used to say I’ve come because I’m n-“ (line 5). The cut-off on n-, I suggest, is just at the point that she would have said ‘naughty’. Being unable to answer the question about what she thinks her son thinks now, she instead gives some evidence, in the form of reporting what he used to say when he first started coming for therapy, about what he was thinking then. Perhaps not feeling qualified to claim knowledge
about his current thoughts she presents instead some knowledge about his earlier thoughts evidenced by what he had said then. Interestingly, she doesn’t attempt to provide the therapist with an answer to the actual question based on some other information or conjecture, as her husband had earlier, but instead abandons any attempt to claim such knowledge on the basis of not having heard her son say anything about the subject recently. The direct link between what he said and what he thought is conclusively made in this one utterance: “I d- I don’t know really cos he h- he d- doesn’t say a lot about here” (lines 3 & 4). Furthermore, she goes on to make an even clear link when she quotes her son as saying, “I’ve come because I’m n-” (possibly ‘naughty’) and going on to add, “that’s what’s in his mind” (line 5).

Further evidence which suggests that the therapist also treated the cut-off word beginning with n- as probably intended to be ‘naughty’, can be seen in her response in line 10. She asks “d’you think he still sees himself as naughty”. The therapist in this turn demonstrates that what she has understood from what the client’s mother had just said was that her son used to see himself as naughty. What she actually said was “That’s what’s in his mind what he had thought” (lines 5 & 6). Subtly she makes an almost imperceptible self-correction in the course of producing her utterance regarding the tense that she is using. She begins, ‘that’s what’s in his mind’ present tense, and ends, ‘what he had thought’. Perhaps as a result of this self-correction, or perhaps simply to clarify what her son’s current state of mind might be, the therapist asks whether she thinks ‘he still sees himself as ‘naughty’ (line 10, emphasis added). In order to ask this question the therapist has already accepted the mother’s claim that indeed he really did used to think of himself as naughty, even though she doesn’t actually produce the word ‘naughty’ (line 5).

This question is presented after the mother has for the second time, explicitly reported that her son has “never” said “what he thinks about anything” (line 8). Her assertion is formulated in the extreme by using the adjectives “never” and “anything”, giving the therapist very little room to continue this line of questioning. The fact that the therapist in her next turn does continue suggests that she still thinks that Sandra can answer questions about her son’s state of mind despite her report that he has not actually said anything to her
about it. The massive 3 second pause after her question reveals once again that Sandra has
great difficulty in answering. When she finally does, her answer is “I don’t know” (line 12).
Although she does elaborate somewhat, what she says is very vague and trails off at the end
inconclusively. So, on the one hand, the client’s mother presents an argument that she does
not know what her son is thinking based on the lack of information provided by him in the
form of what he has actually said about what he thinks, and on the other hand, the therapist
in the face of this strong claim to lack of knowledge still pursues the issue.

As we saw in the first extract, the client’s initial response was that he didn’t know what his
son thought because he hadn’t said much about it. In this case, as with the previous example,
a report of not knowing about the thinking of another person is substantiated by referring to
the fact that that person hasn’t said very much about the current topic. So, knowledge claims
about another person’s thoughts on a given matter seem to be closely linked to whether the
person making that claim can provide some supporting evidence in the form of reporting
what that person has said, which is then treated as a reflection of what that person is or was
thinking.

By and large people tend to ask other people questions that they anticipate are within that
person’s ability to answer. So to ask the question in the first-place is to presuppose that the
person addressed is capable, that they have the resources or necessary knowledge to
adequately answer, and to provide where necessary a basis for that claim. It appears
therefore that claims about other people’s psyche, are largely grounded in reports of what
they have said.

Volunteered Talk About Other Minds
So far we have looked at talk about what another person is thinking which has been elicited
by direct questioning on the part of the therapist. I would like to move on now to look at
some other instances in therapy talk where clients talk about what someone else is thinking,
but do it without being directly asked by the therapist. This next extract is an example of a
client volunteering to talk about what he thinks her son might have been thinking on the
occasion that they are discussing. The father initiates and follows up his claim subsequently with report of what the boy said as evidence for the validity of that claim.

Extract 16. Oakl IS1 L. 472-476

1. Father: [I s'pose that's a- another thing he thought y'know at least I'll be
2. goin Tesco.
3. (0.3)
4. Mother: Yeh=
5. Father: =Cos he actually ac[tually said (0.2) can we still go Tesco?

The evidencing begins in line 5 with ‘cos’, which is further supported by the use and repetition of the word ‘actually’ which emphasises the facticity of the report. In this extract, the father initiates quite a strong claim about what his son was thinking on a particular occasion by asserting ‘he thought …’ (line 1). In an increment to this original turn, he adds that his son had actually said, “Can we still go Tesco?” (line 5). The active voicing in the father’s second turn increment adds validity to his assertion about what his son thinks. This example demonstrates that not only can what someone hasn’t said be used to account for not knowing what someone thinks, but also conversely, by reporting what someone has said a speaker can verify a claim about what another person does think.

Summary

In conclusion, what I have examined in this chapter, broadly speaking, is the way that people talk about what other people ay be thinking or feeling. I began this chapter with an observation that in day-to-day life people commonly make representations of other people’s internal states, their motives, attitudes, thoughts and feelings. Although we can say that we cannot actually ‘know’ for definite what anyone else thinks or feels, what we tend to do, is to infer things about other people’s ‘inner’ world from external evidences such as that person’s expression, their words or actions.

The first major section in this chapter was to examine the topic of ‘pursuing causality’. This was an investigation of the kind of internal causal explanations that are made for outward
behaviour. In seeking to evidence claims about someone else’s inner processes or ‘psyche’, I have shown that one of the main ways in the data that I have been studying, is to use reported speech and/or descriptions of behaviour that epitomise the claimed characteristic thoughts or attitude. Secondly, I explored how knowledge claims are requested, produced and substantiated or, where the requested information was lacking, accounted for. Although generally speaking, an individual is expected to be the primary authority on information or knowledge pertaining to themselves, in the case of the ‘expert other’, such as a professional therapist, a client’s confidence in that authority of the self appears diminished. I have demonstrated one way that clients manage this problem is to make subjective rather than objective claims. I refer to these subjective modifiers as a way of making an ‘epistemic downgrade’. In other words, the knowledge claim is downgraded from one of objective fact to subjective opinion.

I have shown also that facets of that ‘inner realm’ such as feelings are treated as reportable, and as having been caused by something or things which are also identifiable and reportable. In these cases cause and effect is a repertoire which is unproblematically oriented to by all participants. However a difference between present and non-present other has emerged in terms of how participants verbalise their own representation of what that third party may think or feel. The key issue in this regard is the ability of that ‘other’ person to have opportunity or not to offer a second assessment in response to the claim that is made about them.

A significant analytical discovery is that of the use of epistemic downgrading being used in a positive way in therapy. For example, the question ‘Why do you feel guilty?’ displays a presumption that the addressee has direct access to definite reportable knowledge, whereas ‘what did you think was in it for you?’ is a form of epistemic downgrading, which implies that the addressee has possibly fallible or limited access to knowledge about the matter. The usefulness of this kind of epistemic downgrading is that it makes the question more answerable for the client, especially in view of our earlier discussion of the intimidating factor of the ‘expert other’.

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In the section entitled ‘Accounting for not knowing what someone else is thinking’, I demonstrated how explanations made about ‘not knowing’ reveal something of the way that speakers would normally know what someone else is thinking. Accounts produced in these environments belie the fact that there is something to account for, in other words that the fact of ‘not knowing’ is in itself accountable in certain close relationships. The use of reported speech was shown to be heavily used as a normal way of evidencing one’s own claims about what someone else is thinking. I have shown that there is a noticeable difference in the way that a therapist asks about the thoughts and feelings of the person they are addressing, and the thoughts and feelings of a third party. For example, directly ‘how do you feel?’ displays a presupposition that he has both direct, reportable access to knowledge about his own feelings.

I have also examined the practice of circular questioning within the context that my data allows. This technique is designed to probe one client about what they think another person my think/feel. There are various therapeutic reasons for using this approach, but my interest has primarily been in the presumption that other people’s ‘inner’ states are both knowable and reportable. I showed that in my data, where the subject-actor is typically not present, claims made by clients cannot be immediately verified or countered by the subject-actor themselves. In this instance there is a propensity for evidencing those ascription claims with reported speech and anecdotal descriptions of actions made by the absent subject-actor which further support the client’s claims.

In this chapter I have focused predominantly on the way that claims to such knowledge are evidenced by reports of what those people have said. Conversely, where accounts are made for not knowing what another person thinks, the same resource of what that person has not said is used. By this we can see that inferences about another person’s thoughts, attitudes, feelings, beliefs, motivations, concerns etc. are constructed in interaction as available via the medium of what that person has said. Thus speech is treated in a common sense way, as a mode of accessing the ‘psyche’ of another person. The data shows therefore that in ordinary sense-making practices, people use the words of others as symbols of their inner
world, be that their thoughts or feelings. This is so endemic as to be the case that it is perfectly acceptable to ask the question 'what do you think X thinks?'
CHAPTER 8

REVIEW & CONCLUSION

THESIS OVERVIEW

My approach to analysis in this thesis has been deductive rather than inductive. In this vein, through a process of careful ‘looking’ at the data, certain themes began to emerge, that I eventually made the centrepiece of the analysis. The Theories and Issues chapter reflects somewhat how I have essentialised these particular themes within the context of a series of related topics. Whilst the analytic chapters themselves to not map exactly onto these discreet areas, each draws heavily on a small set of pertinent issues as its underpinning. I will take each theme in turn and show how I have approached it, and where the essential elements from each of the core chapters tie in to that theme.

Construction of Reality/ Versions

In much of the DP research to date, there has been a central concern with the way that people formulate descriptions of themselves, of others and of events to achieve what is referred to as ‘interactional business’. One of the essential aspects of DP is that it treats psychology as something inherently social. It is the study of how versions are assembled and stabilised as factual and independent of their producer. In chapter 6, I took the construction of versions as a separate topic, and investigated how different concerns were apparently ‘worked up’ or ‘constructed’ in the course of therapeutic conversation. The two concepts that I examined in particular were ‘truth’, and ‘importance’. In both cases, what becomes accepted, is the end of a process rather than a starting point. I showed that what is accepted as true, has to be established, and whilst it can be claimed, it can also be refuted, and argued. In chapter 5, I showed that, when someone reports what you said, the addressee has to agree and confirm that as true before it can act as a basis for proceeding. Where there are conflicting versions, such as in the argumentative sequences of Chapter 6, the use of reported speech was used as a way of casting doubt upon, and undermining the validity of alternate versions. One way that a version was shown as that by a speaker was
in the change of footing that using a piece of reported speech invokes. In other words a ‘version’ of what has occurred can be stated as such via that change of footing. These subtle changes of footing were shown to demonstrate a dis-alignment on the part of the speaker with the reported version.

Furthermore, in this chapter, the construction of the concepts of ‘importance’, ‘understanding’ and ‘remembering’ were also investigated as contestable issues and rhetorical devices rather than as simple mental constructs. The concept of ‘remembering’, for example, was considered as a participant’s concern, whereby rhetorically speaking, what the speakers claimed to ‘know’ of the past was something clearly worked up for the sake of the immediate interaction. In the context of demonstrating remembering what someone else said in a particular scenario, and re-presenting it via reported speech in the current conversation, I demonstrated that this action implies a discrepancy between what was said and what really happened, and yet without being directly accusatory. This is achieved through the creation of a contrast structures, whether it be overtly claimed or simply present by implication.

Asymmetry
From a constructionist perspective, any authority that a person has is not something pre-existent and intrinsic to an individual, but rather something that is worked up as relevant during the course of an interaction. In the previous section I recapped on some of the key issues relating to truth construction. The notion of ‘cultural authority’ (Starr 1982:13) proposes that medical professionals have more right to make judgments about a client, than lay persons, so that what they see as ‘real’ is more likely to be accepted as such. This phenomenon is known as ‘medical reality’. This concept is based on the presumption that those who have more ‘power’, by virtue of expert knowledge in some area are in a stronger position to say what constitutes reality. One of my arguments in this regard was the idea that a professional stranger may have greater entitlement to claim ‘knowledge’ of a client’s psyche than the client does him/herself. As an example of this, in chapter 6, I showed evidence that in terms of whose topic gets the floor, there is a considerable disjuncture between what the therapist thinks is important to discuss and what the client wants to
discuss, with the therapists’ priorities winning out. The interesting concern here was about who gets to say what is or isn’t important in the context of a family group, especially where there are adolescent members.

In chapter 6, I demonstrated that the use of the mental concept ‘not understanding’ is not simply an expression of the speaker’s inability to grasp a matter, but a notion deployed in a given situation for the sake of its rhetorical effect. The use of the concept ‘understanding’ in this environment was shown to have more to do with alignment and legitimisation than about cognition. I demonstrated that in claiming to ‘understand’ a position or a line of argument, a speaker simultaneously aligns him/herself with it. Consequently, by claiming not to understand, a person can demonstrate that he/she does not agree with that position.

In addition to the cultural norms that produce category bound assumptions of types of knowledge prescribed to various social roles, there is also the issue of asymmetry that is a function of the distribution of conversational turns. Taking the simple example of the question/answer sequence, I have shown that the person doing the asking is in a stronger position conversationally in terms of his/her ability to control the topic and flow of the conversation. Therefore, purely from a sequential point of view in the therapeutic situation, we can see that an asymmetry between therapist and client is created in the talk simply by virtue of the fact that the majority of the client’s turns (predominantly second part turns) are constrained by their conditional relevance to the first part turns of the therapist. Similarly, using evidence from other research on invited stories, I demonstrated that the person who invites a telling (predominantly the therapist) has similar conversational advantages in terms of keeping the respondent (the client) ‘on track’ by telling the kind of ‘story’ that the requester had asked for. I have shown to some extent how asymmetry is a discursive achievement, affected by the differing potential that participants have to enable or constrain one another’s actions, and an ‘asymmetric relationship’ is a construct that is located within specific instances of talk.
Reported Speech

One of the most common uses of reported speech by therapists is what is known as ‘reflecting back’ on what the client has previously said in the current or prior session. I showed that reported speech is used by the speaker selectively and for the reporting speakers own purposes, and how, especially where difficult or controversial topics are being discussed, the use of reported speech enables a speaker to distance themselves from being the ‘principal’ and ‘author’ of the belief, and position him/herself as merely the animator. The speaker can present the prior utterance in an assumed role as ‘mere animator’ and leave the evaluative implication to be made by the hearer. Therefore, footing provides a way of saying the words without being held accountable for the beliefs assumed to be ‘behind’ the words. Also, because footing is so often bound up with issues of fact construction and accountability, a display of footing can be an attempt to show who should be blamed and whose version is at stake.

Furthermore, I argued that the reporting of someone else’s words, even if done via direct reported speech is still a way of producing a version which is designed for the current interaction. In chapter 5, I examined the use of the phrase ‘you said’ and found that these quotes were produced as indexically sensitive, and that the content of the quoted material formed a basis for proceeding. I showed in this analysis that the use of you-quotation within both the core sequence and the extended sequence has a role as what I refer to as a ‘secondary’ action. For example, where a you-quotation turn is found in a turn-initial position, and thus acts as a preface, it is projected that there will be a follow-up question which is actually the primary action in the sequence.

Construction of ‘Mind’

The final analytic chapter of the thesis is an investigation of the way that constructs of ‘mind’ and ‘thought’ are used as a resource for both clients and therapists alike. This chapter in particular takes a closer look how other person’s states of mind can be ‘known’ by others. However related mental concepts such as remembering, importance, truth and reality have also been covered throughout the other chapters. I began by questioning the assumption that there is a discretely separate and pre-existent ‘mind’ and ‘heart’ that can
be reached. The constructivist approach to this issue is to look at how these mental predicates are actually the result of social interaction, rather than the pre-requisite for it. As we do not have the same kind of privileged access to other people’s thoughts as we do to our own, we cannot say that we actually ‘know’ for definite what anyone else thinks or feels. In this respect we have ‘limited access’. What we tend to do, is to infer things about other people’s ‘inner’ world from external evidences such as that person’s expression, their words or actions. This thesis has provided some clear empirical evidence to show how such inferences are made.

I have shown that in seeking to give reasons for making claims about someone else’s state of mind, two forms of evidencing appear to be recurrent, both in making claims about what someone else thinks, and in accounting for not knowing what someone else’s thoughts are. One is the use of reports about what that person has said, and the second is to report on what that person has done. In making claims about someone else’s inner processes or ‘psyche’, clients were seen to attempt to evidence such claims with pieces of reported speech. In some of the analysis I borrowed the therapy term ‘circular questioning’ to look at a practice whereby therapists use certain kinds of questions to ask about what a client thought that another person thought or felt. My primary analytic interest in this technique was in its role as a method of eliciting mental-state ascriptions.

The concept of ‘expert other’ was identified as being important when considering issues of evaluation which routinely attach themselves to any situation in which persons are asked to discuss matters about which someone else who is present (actually or virtually) may be more knowledgeable about than themselves. One way that clients were found to manage this problem was to make subjective rather than objective claims. Often these claims were presented as something that they ‘thought’ or ‘felt’. I argued that one way to think of these subjective modifiers was as a form of ‘epistemic downgrades’. In order to moderate an outright knowledge claim down to the level of a subjective opinion, speakers were observed to frame their comments as not specifically ‘known’, but ‘thought’. In other words, the knowledge claims were downgraded from objective fact to subjective opinion.
Accounts
Morally, we tend to accept that a person is always ‘in the right’ so to speak if their intention was to do the right thing (or not to do the wrong thing), whether they did or not. It is the combination of positive intent with negative ability which provides a basis for a ‘no fault’ verdict to be imputed to the speaker. The phrases ‘I dunno’ and ‘my mind goes blank’ were both examined in this aspect of the analysis. At face value these terms are ‘cognitive representations’, ways of talking that imply that they are reflections of some inner cognitive activity. In Chapter 4, I showed that, to validate a claim of lack of intent, the client used the discursive repertoire of cognitive activity. Another cognitive representation highlighted in this analysis was that of ‘realisation’. In the case of the data I presented, the client mobilised this resource of realisation as the second part of a retrospective description of a series of events. The contrast created in this second part simultaneously formulated the first part of the statement as having been done without a realisation of what he was doing. In both instances, these cognitive repertoires were utilised to excuse blame for a particular act on the basis that if you are not actually aware, or don’t realise what you are doing, you cannot be held accountable for it. In conclusion, I demonstrated that inability accounts can be used to resist the implied change that conceding an unwilling account would demand.

Doing Therapy
In therapy and counselling, a person’s everyday actions are not open to the scrutiny of the therapist in the same way that they are to their family members, and consequently the therapist must rely on other people’s descriptions of a client’s actions as a kind of second-hand form of inferential evidence. Where there may be competing claims about an individual’s state of mind, it is largely these descriptive evidential reports that the therapist uses to inform her diagnosis. Part of the process of the therapeutic encounter is to investigate possible internal causal explanations for outward behaviour. A measurement of success is the evidencing of some extent to which clients have made positive change in how they think or feel during their course of treatment. However, without direct access to see inside a person, therapists, like everyone else, must rely on external evidences, such as what a person says or how they act as indices which represent inner activity. I have shown in this thesis that a person’s speech and actions are treated as reflections of the inner world.
of thoughts, feelings, desires, motivations and attitudes. Whilst claims and ascriptions of this nature need not be justified or supported by a speaker, it is common that some form of evidencing will either precede or follow a claim. This is particularly true in contentious environments, where competing versions are rife. The therapeutic environment, whilst perhaps not quite as contentious as a courtroom for example, is still a fertile location for justified ascription claims. In my analysis, the therapists in my data treat the feelings of their clients as being actual, identifiable, and reportable, and as having been caused by something or things that are also identifiable and reportable.

I also showed that the therapist, by virtue of her incumbency within the category ‘expert’ has certain category bound expectations attached to this role which may entitle her to a greater claim to knowledge about the psychological causes of her client’s behaviour than the client himself. In this particular context, there is a slight difference in what might normally be expected in terms of who has privileged access to knowledge. I showed that in the case of therapy, and perhaps other institutional environments, the categories ‘self’ and ‘other’ are no longer adequate, but that an additional institutional category of ‘expert other’ becomes necessary.

The issue of ‘epistemic downgrading that has been discusses here and elsewhere has particular relevance to how therapy is conducted. In order for clients to be able to make comments about things that they may not have absolute ‘knowledge’ of, the use of these downgrades is a way of moderating an outright knowledge claim to the level of a subjective opinion. Speakers in these instances were observed to frame their comments as not specifically ‘known’, but ‘thought’. Therefore, I showed that although in some situations this kind of downgrading would be heard as a ‘put down’, for example ‘what do you think you’re trying to do?’ in therapeutic situations, the use of epistemic downgrading can have a positive role to play in facilitating the opportunity for potentially unsubstantiated propositions to be ventured.

In Chapter 5, I discussed how you-quotation is used in therapy, and in particular its use as an indirect elicitation device. In considering the need for therapists to elicit information
from their clients about all manner of things, often personal, potentially embarrassing or accountable (maybe illegal), direct methods of questioning may be inappropriate, and may even be perceived as confrontational. Therefore, indirect techniques such as this may have an important role to play. I showed in this analysis that the therapist can lead his/her client into a particular area of discussion by using you-quotations, and to a large extent, allow the client to elaborate further on that topic without too much direct questioning. Thus, I have shown that 'You said' quotes can be used by a therapist to present what a client has said as a way of managing topic as a client's concern rather than a therapist's imposed interest.

In a client-centred environment, this is therefore a useful tool for the counsellor or therapist to use. 'You said' provides a practical way for the therapist to channel the conversation in a particular direction, and yet at the same time ensure that the topics discussed remain client-initiated, rather than therapist imposed. So, a piece of a prior conversation brought in and used by the therapist can be a way of addressing a current problem that is being discussed. From my data, I showed that the therapist weaves together different 'strands' of therapeutic talk, so that prior information is utilized in the current context, to assist with providing an explanation for a problem. Another way that prior conversation can be used, is to focus the discussion. In other words, I showed that the therapist can use the you-quotations device to return to a previous point in the conversation. In this way, the therapist almost 're-winds' to a place earlier in the session, from where she/he can move forward again. However, by quoting the client's words, the therapist is able to keep the issue as not just his agenda or interest, but also and more importantly one which was originally the client's, which they are now returning to.

In summary, the therapeutic relevance of the use of you-quotations in the main is that they provide an ideal position for the therapist to produce 'client centred' topic-transitions. Furthermore, they also assist the therapist by operating as an indirect elicitation device, where agreement and elaboration is projected from you-quotations.
CONTRIBUTION OF THIS THESIS TO PSYCHOLOGY

Psychology is the study of how inner processes can be reliably identified and predicted, although there are many within the profession who would claim that this is an impossible and ultimately futile enterprise. My interest throughout this thesis has been to investigate how ‘psychology’ is constituted by and through talk. As I discussed in chapter 3, the job of the psychologist is purported to explain what humans do and why they do it. According to Hebrew psychology, a ‘logos’ word can exist inwardly in the form of reason, and be expressed outwardly on the form of speech. Thus, the ‘word’ can exist in both realms, either as something that is thought, or as something that is thought and subsequently verbalised. Vygotsky frequently used the term ‘verbal thought’, indicating the interdependent complexity of the relationship between the two, the word and the thought not existing as separate entities, but finding their meaning in being inextricably connected. I also discussed how ethnomethodology is the study of ordinary people’s methods, or mundane practices; a seeking to describe methods that ordinary people use to ‘do’ social life. The ethnographer therefore seeks to identify those methods that people themselves use, and to describe that world of social order, that culture, from the members’ point of view. This approach is largely what this thesis has attempted to achieve.

In Chapter 5, I demonstrated how participants themselves orient to the indexical nature of talk. A particular example in this analysis was that of the therapist who treated an answer given ‘in front of the children’ as potentially designed just for that company. When the children left the room, she re-asked the question with explicit reference to the fact that their answer may be now be different in the children’s absence. In this instance, the therapist clearly treats their first answer as provisional because of recipient design factors in the original context of the question. This example demonstrates an important ethnomethodological concern, that as analysts we are to discover members own sense-making practices. In this instance, those practices clearly indicate sensitivity to recipient design and to the indexical nature of talk; that it is designed for the current interaction, and is subject to change under different circumstances.
Discursive psychologists focus their analysis on the actions that speakers’ talk achieves in the course of their discourse, and how they produce versions of external reality and of psychological states. There is a common-sense notion already prevalent that what we say is reflective of how we think, indeed of who we are. However, as Sacks exhorted us, in order to ‘see’ the mechanisms of social life we need to focus relentlessly on what people do and analyse how they do it. It is this kind of empirical rigor that is necessary if we are to move from common-sense notions to scientific explication. In this thesis I have shown that other people’s thoughts are not treated as completely unknowable, mysterious or out of bounds. They are treated as in some way accessible. For this to be so, there has to be some socially shared understanding of a mechanism of how this might be possible. I have shown that both in making claims about what someone else thinks, and in accounting for not knowing what someone else’s thoughts are, the use of reports about what that person has or hasn’t said is a common way of evidencing those claims.

This research demonstrates empirically that people themselves orient to other people’s talk as action-oriented. By that I mean that the participants themselves appear to recognize and treat one another’s talk not just as a straightforward and honest reflection of what they ‘really’ think, but as context sensitive, designed for the particular content and possible trajectory of the current interaction.

**FUTURE RESEARCH IMPLICATIONS**

In keeping focused on a limited number of avenues or themes within this thesis, I have had to curtail other interesting lines of inquiring that have begun to emerge in the process. One of those is to make a closer examination of the use of the word ‘just’. In particular, as a result of the analysis in Chapter 4 on ‘it just happened’, I have noticed many instances in other situations where ‘just’ is used as a minimiser. I would be interested to collect further data that is not institutionally situated so that I can examine some of the features that I have identifies in this thesis in a different setting. One of the advantages of doing this would be to identify more clearly what aspects are specifically ‘therapy’ or ‘institutional’ in nature, if that is so.
One of the advantages of having the opportunity to study in California with Emmanuel Schegloff and others was that I developed a greater appreciation of the wealth and depth of interest within even the tiniest fragment of data. With this in mind, I think that in future studies I would like to feel less encumbered with a sense of obligation to collect large amounts of data to make a meaningful analysis, and rather to take the CA approach which is to look in greater depth at a smaller corpus.

In attempting to be objective in my appraisal of what I might have been done better or differently, or may do differently in the future, one thing I have discovered, is that there is not so much a need to find really ‘good’ data, but rather to do ‘good’ analysis. By this I mean that I would put less effort into gathering data from particularly difficult sources. In my case, gaining ethical consent from various departments, from clinicians and from clients themselves took up a huge amount of my allotted time. As my primary interest throughout has been on the mundane practices of talk-in -interaction, in future I plan to restrict myself to more mundane examples of talk, rather than to try to address the issues of institutionality as well.

**IMPLICATIONS FOR CLINICAL PRACTICE**

Whilst there may be aspects of my work that can be a catalyst for others in their own work into many different areas, I see the most likely practical application of my work to be into clinical practice. Whilst there is not a vast amount of specific findings that could practically be utilised in a clinical setting I think that there are a few. I think that the analysis of the use of circular questioning, and the issues raised about how it can be a way of helping clients to provide subjective-type rather than objective-type responses could be helpful. Also, the analysis of how conversational turn structures can limit the access of certain participants in a conversation, may help clinicians to be aware of their own role in directing the topic and focus of therapeutic exchanges. Finally, I believe the most easily transportable observation, is my explication of the phrase ‘you said’, which as a mode of what might be called ‘reflecting back’ in therapy terms, is quite a useful device for topic management and the management of clients’ concerns.
APPENDIX

Transcription Symbols

Jo: In a while, [about] 10.30  
Fred: [Okay.]  

Brackets indicate the beginning and end of overlapping speech.

Jo: I think you should=  
Fred: =Of course I will.  

Equal signs indicate no gap between speakers.

Jo: Well (0.3) alright then.  

Numbers in parenthesis indicate timed pauses to the nearest tenth of a second.

Fred: I'm not (.) sure  

A dot in parenthesis indicates a pause less than one tenth of a second.

Jo: Please don't do that  

Underlining indicates contrastive emphasis on particular words or parts of words.

Fred: Do what?  

A question mark indicates rising intonation.

Jo: That.  

A full stop indicates a fall in tone or finishing intonation.

Fred: O::kay  

Colons indicate prolongation of the immediately prior sound. The more colons, the longer the sound.

Jo: I said DON'T  

Capital letters, apart from the beginning of lines, indicate a rise in volume.
Fred: .hhhh hhhh

A dot in front of a row of h’s indicates an inbreath, without a dot in front indicates an outbreath. The number of h’s reflects the length.

Jo: Let’s go to the ( ) now

Empty parentheses indicate the transcriber’s inability to hear what was said.

Fred: I’ll get my (coat)

Parenthesised words are possible hearings.

Jo: >Let’s go quick<

Indicates talk that is noticeably quicker than the surrounding talk.

Fred: ↑Hey ↓wait for me

Up and down arrows indicate rising and falling intonation.

Jo: One, two, three

Commas indicate continuing intonation.

((sound of door banging))

Double parentheses contain author’s descriptions or comments.
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