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THE LANGUAGE OF FAMILY THERAPY

WHAT WE SAY WE DO AND WHAT WE ACTUALLY DO IN
THERAPY

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CONTENTS

<i>Acknowledgements and declaration</i>	4
<i>Abstract</i>	5
Introduction	6
1 A brief history of the talking cure	11
A dialogue with unreason.....	13
Lacan's reimagining of psychoanalysis.....	19
2 Situating family therapy	24
Family therapy, psychoanalysis and empiricism.....	24
Dominant theoretical discourses.....	34
3 Researching family therapy	37
The appliance of science.....	37
<i>Psychotherapy outcome research</i>	38
<i>Research into psychotherapy "processes"</i>	40
An alternative research paradigm.....	44
<i>A critique of empiricism</i>	44
<i>Qualitative methodologies</i>	52
The turn to language.....	58
<i>Discourse analysis</i>	59
<i>Versions of discourse analysis</i>	67
Discourse analysis and psychotherapy research.....	71
<i>A methodological footnote</i>	77
4 Summary and research questions	80
5 Methods	83
Introduction.....	83
Design.....	83
The families.....	84
The therapists.....	85
The setting.....	87
The questionnaires.....	87
Procedure.....	88
Validity.....	92
6 Overview of findings	97
7 Power and expertise	101
Introduction.....	101
Analysis of transcripts.....	101
Summary.....	121
8 The therapeutic relationship	123
Introduction.....	123
Analysis of transcripts.....	124

Summary.....	150
9 Self in system.....	152
Introduction.....	152
Analysis of transcripts.....	152
Summary.....	166
10 Culture and religion.....	168
Introduction.....	168
Analysis of transcripts.....	169
Summary.....	180
11 Gender.....	182
Introduction.....	182
Analysis of transcripts.....	184
Summary.....	200
12 Doing theory.....	202
Introduction.....	203
Analysis of transcripts.....	203
Summary.....	206
13 Therapist accounts.....	208
14 Discussion.....	213
Introduction.....	213
A methodological critique.....	214
<i>Generalisability.....</i>	<i>214</i>
<i>Ethnomethodological indifference.....</i>	<i>218</i>
Putting family therapy theory into practice: research findings.....	221
<i>Self in system.....</i>	<i>225</i>
<i>The therapeutic relationship.....</i>	<i>226</i>
<i>Power.....</i>	<i>228</i>
<i>Therapist differences.....</i>	<i>231</i>
<i>Gender, culture, religion.....</i>	<i>234</i>
Doing “successful” family therapy.....	239
An ontology of subjectivity within a social constructionist epistemology.....	246
15 Summary and conclusions.....	253
Theory and practice.....	254
A theory of the subject.....	260
Implications for future research.....	264
Appendices.....	271
References.....	274

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WHAT WE SAY WE DO AND WHAT WE ACTUALLY DO IN THERAPY

But let me tell you something about experience. It outstrips all accounts of it. All ulterior versions.

Martin Amis Experience

The weight of this sad time we must obey;

Speak what we feel not what we ought to say

William Shakespeare King Lear

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Declaration: I grant powers of discretion to the City University librarian to allow those sections of this thesis to be copied that do not include transcript extracts without reference to the author. Transcript extracts should not be copied without reference to the author.

Abstract

Systemic family therapy, as a variant of the “talking cure”, has developed its conceptual base during the second half of the twentieth century. Its founding fathers and mothers made a conceptual break with psychoanalysis, and this theoretical distinction has until recently been well established. Contemporary theorists have shown an interest in narrative metaphors and sought to situate systemic therapy within the terms of postmodernist and specifically social constructionist discourses. By this fact a challenge is presented to the researcher who wishes to subject to scrutiny the theoretical claims made for this form of human activity: how to rigorously evaluate theoretical propositions whilst employing a methodology that is congruent with the assumptive base of family therapy. The present study represents an attempt at taking up this challenge.

Family therapy sessions are videotaped, transcribed and subjected to a discursive analysis. The method is in tune with social constructionist premises and allows for a meaningful analysis of such contemporary theoretical preoccupations as the therapeutic relationship, power, gender, culture and the injunction to place the self of the therapist within the system. The actual enactment of these theoretical premises is examined and the conditions for the successful accomplishment of discursive, and hence therapeutic, goals is explored. A finding emerges that cannot be adequately accounted for within a post-foundationalist epistemology of socially and culturally-situated talk: consistent individual differences in the positions taken by interactants. In order to explain this finding it has been found necessary to insert an ontology of subjectivity within social constructionist explanatory frameworks. A non-rational, non-unitary version of the individual is constructed that bears more than a passing resemblance to the psychoanalytic subject. Consideration is given to the implications of these findings for future research.

Introduction

My interest in undertaking this study has been to seek to discover what it is that actually takes place in a psychological therapy, specifically in a family-systemic therapy. Originally I had hoped to look at therapy across theoretical models, to compare the talk that takes place within a therapy described as a family therapy and that described as a psychoanalytic psychotherapy. The reason for focusing upon these two models, beyond a personal interest, was the recent appropriation by a number of writers (e.g. Flaskas and Perlesz, 1996) of psychoanalytic language in describing family-systemic therapy. However, I was unable to gain access to psychoanalytic psychotherapy sessions. The exclusive examination of family therapy sessions, born of expediency, came to take on its own logic and the study of the work of three family therapists, each with her/his own epistemological assumptions, offered ample scope for teasing out the application of differing theoretical models.

The search for a research paradigm that is in tune with systemic theory and practice has been, for some, a problematic process. For others there has not

been this same imperative to match the epistemological assumptions of research methodologies to those of theory and practice within the field, and commonly used empiricist research methods have been applied to evaluate the claims made for family therapy. At the time of writing Roth and Fonagy's (1996) summary of outcome research across the psychotherapies, and including systemic therapy, represents the apotheosis of this latter position, carrying with it as it does the authority of the UK Department of Health. Among other writers who provide accounts of the application of quantitative methods based upon modernist assumptions to assess the "outcome" of systemic therapy sessions are Gurman, et al (1986), Carr (1991), Green and Herget (1989, 1991) and Silver, et al (1998).

It is not uncommon for summaries of family therapy outcome research to begin with remarks concerning the paucity of such studies available for analysis (e.g. Carr, 1991). The reluctance to apply empiricist methodologies to the practice of family therapy has been attributed to the poor fit between such methods, which rest upon inherently linear presuppositions and systemic theory and practice. The debate between Shields (1986) and Tomm (1986) typifies the positions taken regarding the validity and merit of applying quantitative outcome research methods to the analysis of family therapy with the latter writer arguing that a positivist epistemology does not

lend itself to the examination of a therapy that is founded upon the recursiveness of influences among participants and where neither therapist nor researcher occupies an observer-independent position. In recent years, as family therapy theory has embraced the rhetoric of such relativist discourses as social constructionism and has placed a postmodernist concern with language and narrative at its core, objections to the use of traditional research procedures have been more forcefully asserted. The search for an alternative has led to an interest in “process” research and the use of qualitative methods.

The present study is a contribution to the debate surrounding an appropriate assumptive base for researching a psychological therapy. However, I want to look beyond a consideration of how to study the practice that we call psychotherapy and to raise more fundamental questions about the nature of this activity. What is it? What actually happens within therapy sessions? How can we understand the activity within a postmodernist sensibility? How adequate is current family therapy theory in explaining the things that therapist and therapee say and do in therapy? How might therapy be situated within available conceptual discourses? In what ways does what is said within the therapy room reflect social and cultural structures and

beliefs? What understanding can we construct of power in what is said between therapist and therapee?

The search for answers to these questions within the study of family therapy sessions will be introduced by a journey through psychotherapy, specifically family therapy, literature, research literature and the philosophy of science. This epistemological excursion will serve to contextualise the research study. I will account for the methods used in the study by referring to work within the field of psychology together with neighbouring fields of social psychology, ethnomethodology and discourse analysis.

Before proceeding any further, a word about the terms used in this paper. In preference to such signifiers as client, patient, service user, etc., each with its own associations and shortcomings I will use the more neutral word “therapee” or where appropriate “family member” to signify the person on the other side of the equation to the therapist. Where no specific person is identified I will use the third person singular *feminine* in preference to the more cumbersome he/she. I will write throughout in the first person rather than use linguistic devices to obscure subjectivity and agency that rest upon a modernist presupposition of the objective, ideologically neutral researcher. In preference to other more producer-orientated descriptors such as

systemic psychotherapy I will use the term family or couple therapy. Rather than the narrower definitions of the word psychotherapy, I will use it in its wider sense, to mean a psychological therapy.

Chapter One

A brief history of the “talking cure”

Family therapy, as a glance at the recent twentieth anniversary edition of the *Journal of Family Therapy* (1998) will confirm, developed from psychoanalysis whilst at the same time seeking to make a break with psychoanalysis. Many early and pioneering family therapists were at once schooled within psychoanalytic traditions and yet looking beyond psychoanalysis for a theoretical basis for their work. The theoretical bedrock of what came to be called systemic family therapy, as it emerged from Palo Alto in California, and in Europe, from Milan, left little room for psychoanalysis, a theoretical separation that has lasted for some forty years and has only recently begun to change. Anecdotally, David Pocock (himself both a family therapist and a psychoanalytic psychotherapist in training) remarked at a recent conference that only lately has he felt able to talk of psychoanalysis at family therapy gatherings without suffering a twinge of guilt (Pocock, 1999). In the following chapter there is a historical account of the development of systemic family therapy culminating in contemporary epistemological preoccupations. Here, as an important context for these developments, is set out a brief account of the origins and elaboration of

“the talking cure” with particular reference to Freud and Lacan. In doing so my intention is to trace out the line between psychoanalysis and family therapy and not to provide any general account of the evolution of the full range of psychological therapies, a task that would require a book of its own.

Foucault’s (1967) erudite work charts the metamorphosis in perceptions of “madness”, and the philosophical assumptions upon which treatment methods were based. During the classical period there was no meaningful distinction to be drawn between madness as a weakness of physical properties and humours and as a moral failing. Until the end of the eighteenth century physical treatments predominated such as fortification of the madman’s ailing constitution through the consumption of iron filings or the strengthening of weaknesses in the blood through the infusion of animal blood. During the second half of the eighteenth century cures for madness which rested upon the belief that the condition is essentially indicative of a moral torpor began to gain currency alongside and interconnected with physical interventions. This trend continued and gained ground in the nineteenth century with the advocacy of the curative powers of music, labour and methods for inducing fear and anger to combat emotional torpor. A century and a half after Descartes’ separation between mind and body, post-Cartesian medicine effected an epistemological and methodological

distinction between the physical and the moral, or what could begin to be called the psychological. However, Foucault (1967) warns us against too blithely translating the moral into the psychological. The reconstitution of madness from the determinism inherent within a physical ailment to the culpable responsibility of a moral failing changed the place of suffering and punishment from an unavoidable consequence of the treatment to an essential element in reversing the patient's moral dissolution:

“Only the use of punishment distinguished, in treating the mad, the medications of the body from those of the soul. A purely psychological medicine was made possible only when madness was alienated in guilt.”

(Foucault, 1967, p.183-183)

These inauspicious beginnings in the conceptualisation of psychological therapies, founded upon notions of individual culpability, have left a legacy that has continued to the present day.

A dialogue with unreason

With the conceptualisation of madness as “unreason” an “art of discourse” emerged open to the construction of a realm of experience which could be interpreted as the psychological. Freud's great achievement was that he:

“...went back to madness at the level of its language, reconstituted one of the essential elements of an experience reduced to silence by positivism...he restored, in medical thought, the possibility of a dialogue with unreason”
Foucault (1967, p.198).

Freud’s contribution to the psychotherapeutic movement, and more generally to twentieth century Euro-American thought, is difficult to over-emphasise, and indeed for many, including his most notable biographer (Jones, 1913) and subsequent biographers (e.g. Sulloway, 1979), his achievements are comparable to those of Darwin and Copernicus (although, let us note in passing, that this is not an uncontested assessment, e.g. Eysenck, 1985). His ideas have seeped into the culture of Western societies, become part of the day to day coinage of modern discourse to such an extent that it requires a considerable imaginative leap to understand the shock that they represented to late nineteenth century Viennese society. Similarly and paradoxically his work has itself become a casualty of its place within popular culture, in that, as pointed out by Wollheim (1971, p.9):

“His ideas were among the first victims of their own success, and a generation brought up on them would be unable to say with any precision what they actually are.”

To summarise a body of work spanning some fifty years of prodigious activity and keeping in mind the purpose of this section, to contextualise family therapy within the historical development of the psychotherapies, is a task of some proportion and there is a risk of bowdlerisation already alluded to. Far more comprehensive accounts of his work are to be found elsewhere (Jones, 1913; Sulloway, 1979; Wollheim, *op cit.*; Stafford-Clark, 1965), although to the reader wishing to acquaint herself with Freud’s writing, I would point out the pleasures to be found in the original texts.

For the present purpose, suffice to say that Freud can be credited for positing the existence of a dynamic unconscious, which is the repository of instinctual impulses, modified by the residue of infantile experiences, and which exerts a complex and unpredictable influence over conscious thought and behaviour and becomes available to scrutiny through such phenomena as parapraxes, dreams and in a psychoanalysis through the medium of free association. Freud endeavoured in his work as a clinician, and in his writing, to explicate the nature and structure of the unconscious, its development

within a general model of psychic development and crucially, for Freud was a psychiatrist by training, to arrive at an understanding of “psychopathology”, of “abnormalities” in psychological development.

It is worth remarking that Freud’s project was not primarily to cure but to discover and analyse, as implied by the word psychoanalysis. It was Breuer, Freud’s co-author of *Studies in Hysteria* in 1895, who in describing his therapy of Anna O first coined the phrase “talking cure” to describe his finding that her “hysterical symptoms” could be “talked away”. Freud’s assessment of the capacity of psychoanalysis to effect change was always modest in relation to the myriad of contingencies that shape and transform a life. In *Studies in Hysteria*, writing with Breuer, and in dialogue with an imaginary patient he warns against the expectation of an easy relief from suffering:

“No doubt fate would find it easier than I do to relieve you of your illness. But you will be able to convince yourself that much will be gained if we succeed in transforming your hysterical misery into common unhappiness”.

(Breuer and Freud, 1895, p.393).

This view of the limitations of psychoanalysis in accord with Freud's profound pessimism concerning human nature and consequently for the possibility of a fair and just society (as set out in *Civilisation and its Discontents*), is in marked contrast to the naïve utopianism to be found in the popularity of the modern self-help and self-actualisation industry and indeed some sections of contemporary counselling and psychotherapeutic literature.

Two other aspects of the legacy that Freud bequeathed to subsequent generations of theorists and clinicians are worth remarking upon, for they have cast a long shadow over the way in which psychotherapy has developed and become situated. Freud was a rationalist who located psychoanalysis within the sciences alongside researches within the fields of biology and neurology (Sulloway's, 1979, biography takes as its thesis Freud's debt to biology). He believed his methods of careful separation between speculation and hypotheses testable within the analytic encounter through rigorous and impartial observation, to confirm the place of the new science as a branch of medicine (see Freud, 1920). Additionally, in placing his "Project for a scientific psychology" within this modernist tradition, the therapist's role was imagined as a neutral expert in relation to the analysand. As pointed out by Wollheim (1971, p. 219), Freud favoured comparisons of his work to that of

an archaeologist uncovering the hidden truth of the patients' symptoms that are repressed and inaccessible to the patient herself. These positions have been the subject of vigorous critiques from various quarters, not least within the field of family therapy.

It takes me beyond the aims of this section to detail the proliferation of ideas that have congregated within the broad church of psychoanalysis since Freud. In Britain, between the twin pillars of the psychoanalytic establishment, represented by Anna Freud and Melanie Klein, has been the so-called Middle Group, among whose number Donald Winnicott has been arguably the most influential member.

In the story, soon to be told, of family therapy's ambivalent relationship with psychoanalysis there has recently been some talk of a rapprochement (e.g. McFadyen, 1997) predicated upon narrativist movements in both schools of therapy. The possibility of a greater alignment of sorts between psychoanalysis and systems thinking has also been bolstered by the theoretical shift in psychoanalytic thought from classical drive theory to object relations which Pocock (personal communication) describes as a "huge shift. – from a self driven internally to a fully relational self – the implication of which has yet to be broadly taken up by systemic family

therapists”. Notwithstanding this reservation, where family therapists have made reference to psychoanalysis there has been a tendency to fall victim to what Frosh (1987, p. 3) identifies as the “failing” of taking “...only one psychoanalytic theory and to treat it either as the whole or the only correct approach”. Readers of recent family therapy journals could be forgiven for thinking that psychoanalysis is constituted by the work of Klein, Bowlby, and Winnicott. To me, the omission from this literature of references to the continental European schools of psychoanalysis, and notably to Jacques Lacan, has been puzzling, particularly given family therapy’s current preoccupation with postmodernism and language. An omission that I would like to here rectify.

Lacan’s reimagining of psychoanalysis

The writing careers of Freud and Lacan overlapped for a period of twelve years, and in 1932 Lacan sent Freud a copy of his doctoral thesis, which Freud acknowledged with a postcard (Bowie, 1991). Throughout Lacan’s work there runs an acknowledgement of the debt that he owes to Freud whilst at the same time attempting to “reorientate Freud’s doctrine” (Laplanche and Pontilis, 1973) that many have construed as revisionism and led to his expulsion from the International Psychoanalytical Association in 1953 (Turkle, 1978). At the heart of this paradox is Lacan’s recourse to the

linguistics of Saussure and Jakobson and the anthropology of Levi-Strauss rather than asserting the primacy of biological drives and instincts whilst hypothesising that there is much in Freud's work to indicate that had he had access to this mid-twentieth century canon he would have reshaped his theories accordingly (Lacan, 1953). This is of course an unverifiable claim and unsurprisingly one that has been refuted by alternative readings of Freud (Benvenuto and Kennedy, 1986), and leading Roudinesco (1990, p.138) to assert that the result of Lacan's reinterpretation of Freud is "...to make Freud's text say what it does not say". In locating Lacan's ideas within the corpus of mid-twentieth century French philosophy Macey's (1995) piece on the subject is a useful reference which draws attention to the influence upon Lacan and his contemporaries of Kojève's course on Hegel at Ecole Pratique des Hautes Etudes between 1933 and 1939.

My intention here is not to summarise the entirety of Lacan's work. His own *Ecrits: A selection* (Lacan, 1977) provides just what is promised in the title, although those with less thirst for a quest through the thickets of Lacanian prose might wish instead to refer to summaries offered, among others, by Bowie (1991). My aim is to sketch out one or two significant points of divergence (or, depending upon one's point of view, progression) from

Freud which are of significance to theoretical positions adopted by contemporary family therapists.

At the heart of Lacan's reimagining of psychoanalysis is his assertion, which has taken on the quality of a slogan, that the unconscious is structured like a language (Lacan, 1977, p.20). He claims that:

“...the unconscious is neither the primordial nor the instinctual; what it knows about the elementary is no more than the elements of the signifier”.

This view of the unconscious marks a clear break with Freud and removes at a stroke the necessity to hypothesise a “bio-energetic powerhouse behind or beneath human speech” (Bowie, 1991, p.71), for the signifying chain is all there is. The role of the analyst is no longer analogous to the archaeologist in search of unconscious meaning below the surface of speech, but more akin to a linguistic encoder and decoder with a poet's ear for the nuances of the analysand's speech, listening for gaps, lapses and inconsistencies. It is at these points in the conscious symbolic order within which may be found the subject's unsymbolisable desire.

For Lacan identity development requires a loss of the infants' narcissistic omnipotence, desires are reined in, repressed, by her immersion in the interplay of cultural and linguistic signs and symbols. The subject pays the price of her socialisation into this symbolic order in the subjugation of her innate desires, although thereafter tantalised by the Real, an impossible utopia of fulfilled desires. Lacan's dystopian vision is of an identity constructed from a lack, and the pain of this fundamental alienation from one's true self is borne by the imaginary illusion of an integrated ego. In positing this inherent tension between the subject's desires and the demands of social and cultural rules, Lacan comes perhaps closest to mirroring Freud's pessimism and distances himself from the ego-psychologists such as Anna Freud (e.g. 1936). There can be no "true self" created under the right environmental conditions as Winnicott (1965) encourages us to believe, as each self is, by virtue of what must be given up, false. The disguise of an integrated self is the empty speech of the ego, through which there are occasions where the analyst hears the full and authentic speech given to the subject's desires.

Before leaving this, of necessity, inadequate account of Lacan's work it is worth remarking upon his critique of Kleinian theory because of the nature of his criticisms. He is sceptical of the dominance of maternal metaphors

and for the search for “real feelings” as a distraction from focusing upon what is actually said (Benvenuto and Kennedy, 1986, p.166). At root these criticisms distil into a perception that Klein erroneously encourages the analyst to take up the position as the one who knows rather than continually seeking to subvert this impossible demand for mastery from the analysand. For example, here is Lacan’s outrage at what he sees as Klein’s attempt to impose her own theoretical constructions upon a child in analysis:

“There is nothing remotely like an unconscious in the subject. It is Melanie Klein’s discourse which brutally grafts the primary symbolizations of the Oedipal situation on the initial...inertia of the child.” (Lacan, 1988, p.85)

To what extent this subversion of the analyst’s authority is actually possible within Lacan’s vision for psychoanalysis has been questioned by feminist writers, such as Gallop (1982), who see the tenets of mastery and patriarchy inhering to his discourse. Nonetheless this critique of the therapist as a powerful expert, is a theme that we will encounter within family therapy theory described in the following chapter.

Chapter Two

Situating family therapy

Family therapy, psychoanalysis and empiricism

Within family therapy circles there are (encouraging) signs that backlashes against two earlier backlashes are under way. The first backlash, that against psychoanalysis, occurred at the time that a group of clinicians and researchers at the Mental Research Institute in Palo Alto were formulating an epistemological basis for a therapy with families that would later become known as systemic. The MRI group established in 1959 by Don Jackson (a psychiatrist whose earlier publications had included a treatise on the Oedipus complex to be found in *Psychoanalytic Quarterly*) included within it people whose training, interests and professional backgrounds diverged widely from those usually associated with psychotherapy and mental health. Jackson and his colleagues, in providing an account of this fertile period in the 1950's and 1960's remark that their book was "critically evaluated by a variety of professionals from psychiatrists and biologists to electrical engineers" (Watzlavick, et al, 1967, p.16). The book is dedicated to Gregory Bateson, an anthropologist. Psychoanalysis was eschewed in creating this emergent theory of human communication and interaction due to the perception that

the discipline was associated with therapeutic arrogance and a tendency to pathologise (Gibney, 1996; Kraemer, 1997).

The early days of systemic family therapy were characterised by the forsaking of psychiatric and psychoanalytic models of the individual, by practitioners schooled in these methods. When Mara Selvini Palazzoli and her three colleagues, all psychoanalytically-trained child psychotherapists, formed a study group within the Milan Centre for the Study of the Family, they found psychoanalysis to provide an ineffective model for their work with families and turned instead to the work of the MRI group. Encouraged by a number of visits by Paul Watzlavick during the 1960's, they published their first paper in English in 1974 (Selvini Palazzoli, et al, 1974), followed by a book four years later (Selvini Palazzoli, et al, 1978). In 1980 just before the four co-workers went their separate ways they published the paper that quickly became required reading in the field and which sets out a comprehensive template for the practice of a systemic family therapy (Selvini Palazzoli, et al, 1980). The family was seen as a self-regulating system using the information generated by transactional patterns to seek to maintain homeostasis, even if this is at the individual cost to one of its members of becoming “symptomatic”. The task of the therapist is to introduce new information concerning differences in relationships using circular questioning in order to

move the family from their stuck linear reality to a new systemic reality. Of the six references cited in this paper three are within the field of physics and cybernetics; none refers to psychoanalysis.

This break with the past, the metaphorical killing of the stern, patriarchal, Freudian figure, with its ironically oedipal overtones, continued into the period of rapid post-Milan theoretical development. There was a tendency to look beyond the perceived conservatism of existing psychotherapeutic traditions to neighbouring fields of knowledge, to Maturana's (1978) neurophysiology and biology, von Foerster's (1981) physics and the communication theories of Cronen, et al (1982) in fashioning a constructivist position for family therapy (Hoffman, 1988). The terms of this relativist discourse were further expanded through recourse to Gergen's (1991) social constructionism and in the 1990's many family therapists fell within the thrall of all things postmodern (Parry, 1991), and linguistic metaphors (stories, narratives) took the place of physical systems at the centre of family therapy theory. Kraemer (1997, p.47) remarks that the effect of this flight from existing psychotherapeutic theory and practice has been to leave family therapy "without a developmental and psychological base".

In the last few years certain psychoanalytic straws have been observable in the prevailing systemic wind. The 1995 special edition of the *Journal of Family Therapy* (entitled "Postmodernism and beyond") contained papers replete with references to psychoanalytic texts. At the time that Carmel Flaskas' 1993 and 1994 papers were published, pointing out the poverty of systemic thinking on the therapeutic relationship, and seeking to correct this through recourse to ideas of transference, countertransference, and projective identification, hers was a minority voice in mainstream family therapy journals. However, her co-edited volume (Flaskas and Perlesz, 1996) brought together the thinking of a number of family therapists in addressing this issue. In 1997, *The Journal of Family Therapy* ran a special edition on psychoanalysis and systemic approaches. In the same year two clinicians at the Tavistock Clinic in London, whose interests span systemic and psychoanalytic therapies, published an edited volume of papers which explored the idea of narrative from both perspectives (Papadopoulos and Byng-Hall, 1997). Over the last three or four years the sharing of conference platforms by analytically and systemically trained psychotherapists has become increasingly less remarkable generating illuminating debates conducted upon a good deal of common ground (e.g. Andrew Samuels and Elsa Jones at the 4th Enfield Family Therapy Conference, March 1998). As remarked upon above the versions of psychoanalysis most commonly

associated with this putative rapprochement are those associated with Melanie Klein and the British Middle Group, rather than, as also noted by Dare (1998, p. 174), the French school of Lacan. For now let us note the gap in the wall that was erected between these two psychotherapeutic disciplines and return later to the question of whether this shift is discernible in the doing of family therapy.

In order to tell the story of the second backlash, it is necessary to say a little about the shifts in the theoretical positions that have been used as a basis for describing the practice of family-systemic therapy.

For the Milan group, unsurprisingly given their fascination for mathematics and the physical sciences, empiricist discourses cast a long shadow over their work. As we have seen above the family was imagined within the terms of physical and biological systems, as if it obeyed similar rules as frameworks drawn from hydraulics and cybernetics. Family members themselves, like moving parts in a larger machine, were blind to the complexities of the system that they inhabited. They thought and behaved linearly as if cause and effect explanations were sufficient to describe their inter-relationships. Only the therapist was able to operate at a “metalevel” (Selvini-Palazoli, et al, 1980, p.11), to be apart from the family and to see it for what it was, a series

of recursive interactional loops which together formed the complex systemic whole. Guided by her systemic hypothesis, which circular questioning proves to be true or false, the therapist's task is to introduce new information concerning the circular nature of transactional patterns. Throughout, the therapist maintained a position of neutrality, which was intended to mean impartiality between family members but was widely interpreted as a detached non-involvement (Cecchin, 1987).

From our vantage point of twenty years on one can, even if ignorant of the details, trace the contours of the original backlash against this work and against practices drawn from the related strategic (de Shazer, 1987) and structural (Minuchin, 1974) schools of family therapy, which also made use of theoretical premises that originated in Palo Alto. Treacher (1992) is typical in asserting that "major schools of family therapy (are) predominantly scientific and anti-humanist" (p.26) and have done little "...to explore how clients feel about being in family therapy" (p.27). Writers taking a feminist perspective, exemplified here by Hoffman (1985, p.383), have been equally forthright in condemning the vocabulary of early family therapy theory as "based on war and adversarial games" and the "false illusion of objectivity", all signs of "an eminently masculine value system".

During the 1980's and early 1990's the hypotheses of constructivist authors mentioned above, were appropriated by family therapists such as Hoffman (1988), Keeney (1983), Tomm (1987), Anderson and Goolishian (1988), Anderson (1987) and indeed Boscolo, et al (1987 – Boscolo and his co-author, Cecchin, were two of the original Milan group). A “second order cybernetics” was crafted on the fire of constructivism. A relativist epistemology, eschewing the possibility of observer-independent phenomena, was woven into systemic theory, allowing for the construction of a more tentative, less expert therapist, who is part of the therapeutic system and who seeks to initiate change in families in less calculating ways along less predictable lines. From there it was only a short step to the related but distinct (although some family therapists, e.g. Real, 1990, have used the terms interchangeably) field of social constructionism, which emphasises the idea that the individual can only be understood and attain meaning within the context of the numerous societal discourses within which she is located (Gergen, 1991). McNamee and Gergen's (1992) edited volume remains a comprehensive account of the implications for therapy of adopting social constructionist premises. Dallos and Urry (1999) have made the contested assertion that the positioning of the field within the terms of social constructionist discourses merits the description of a “third order cybernetics. This is inevitably a brief summary of this phase in the

development of family-systemic therapy and summaries that are somewhat longer as well as considerably longer are available elsewhere (e.g. Roy-Chowdhury, 1997, and Hoffman, 1993, respectively).

The reaction against empiricism and realism has continued to the present day with writers seeking to position family therapy beneath a postmodernist umbrella with an interest in individual narratives within the linguistic event that constitutes therapy (Hoffman, 1998). At last the scene is set for, what, on second thoughts, does not perhaps merit the description of a backlash (I've got the revisionist bug) but nonetheless there are signs of some reanalysis of the relativist consensus as well as a more rigorous appraisal of postmodernism as a philosophical foundation upon which to construct a theory of family therapy. Here I am not referring to those writers who have positioned themselves outside the broad thrust of theoretical developments in the 1980's and 90's and have critiqued from the outside the possibility of a second order family therapy (e.g. Golann, 1988, Cade, 1996), and the utility of social constructionist and narrative metaphors (e.g. Efran and Clarfield, 1992, and Minuchin, 1998, respectively). Rather, by focusing upon the recent work of two writers, Stephen Frosh and David Pocock, who have taken a keen interest in these contemporary preoccupations (whilst acknowledging the work of other writers who have situated themselves on related ground,

e.g. Larner, 1995; Flaskas, 1997), my intention is to draw attention to deconstructive readings of these dominant discourses (Derrida, 1990).

Both men are of the generation of writers who have established their presence within the field of family therapy in the last decade and of relevance to our earlier discussion they share an academic and clinical interest in family therapy and psychoanalysis. Frosh (1991) has participated in the movement toward a postmodernist concern for language and narrative but more recently has problematised these positions (Frosh, 1997). His most robust and intriguing critique of the way in which family therapists have appropriated postmodernist rhetoric, which makes use of a parody of a novel by Italo Calvino, asserts that this has been based upon misreadings of postmodernist texts. Citing, alternative reading of postmodernism from Lyotard, Baudrillard and Zizek he demonstrates that the narrative turn in family therapy has been in danger of leading therapy into a nihilistic blind alley, devoid of moral-ethical choices where “anything goes” and one narrative is just as good as any other. That individual narratives are so easily transformed pays little heed to the constraints of the social circumstances within which one lives one’s life and are not readily amenable to change. Although not directly referenced, Lacan’s ghost haunts passages in the text,

such as Frosh's (1997, p.98) insistence on "the intrinsic insufficiency of language. The real is too slippery, it stands outside the symbolic system".

Pocock (1997, 1999) also makes use of the work of French postmodernist writers, principally Lyotard and Derrida, in arguing against rigid distinctions between movements, between first order and second order family therapy, modernism and postmodernism, realism and relativism. His vision is for a version of theory that is inclusive of models generated by family therapists during forty years of debate, without excluding those that are considered to be constitutive of first order approaches or "Family Therapy Part 1" (Hoffman, 1990). Drawing upon Lyotard's (1984) idea of "parology" in discourse (examined in greater detail by Shawver, 1998, in relation to psychoanalysis), Pocock (1999, p. 13-14) proposes that theory should be seen as provisional and contextually-bound and its utility determined through local dialogue and disputation rather than through recourse to a grand meta-narrative. This philosophical premise militates against "the terror" (Lyotard, 1984, p. 46) of excluding from the conversation early family therapy theory or indeed, and this too is a fundamental part of Pocock's thesis, psychoanalytic theory. There is a deconstruction of the postmodernist position that therapists should eschew truth claims and avoid taking up a position as expert through recourse to both what is helpful to a

family and an analysis of the rhetorical devices intended to convey this position, but the effect of which may be the opposite (Pocock, 1999, p. 5).

Many of these themes we will return to later in discussing an epistemological basis for the research study set out below, which will address the question of how theoretical positions are conveyed in the therapy (Kaye, 1995; Parker, 1992; Stancombe, 1998). There are similarities between the critiques of postmodernism and narrative metaphors as a theoretical basis for family therapy offered by Frosh and Pocock, as well as some interesting differences (for example, Frosh's position leans more heavily upon Lacan). Both writers in assessing the implications of their positions for the doing of therapy emphasise emotional connectedness, conveying understanding and respect, and privileging the therapeutic relationship above technique.

Dominant theoretical discourses

We are now in a position to attempt a summary of the dominant theoretical discourses that inform family therapy practice. To attempt to do so may be somewhat unwise given the theoretical flux within the field and runs the risk of displaying insufficient Lyotardian "incredulity toward metanarratives" of the kind eschewed by all good postmodernists. However, the attempt is necessary for the purposes of the study below. In sketching out this

inevitably contestable theoretical position, I have sought to bolster its credibility through reference to recent family therapy publications as well as the current teaching programmes of two major British advanced training courses in family therapy, at the Institute of Family Therapy and the Tavistock Clinic.

Three years ago a cartoon on the cover of *Context*, the news magazine of the British Association of Family Therapy, in referring to a family therapy conference, ran as follows:

1st conference attendee: "I heard there was a workshop that didn't use the word 'narrative'".

2nd conference attendee: "No, that was just a conference myth".

3rd conference attendee: "Good story though".

Therapy as a collaborative conversation which "restories" stuck and problematic individual narratives continues to be the dominant theoretical model for family therapy. Attention is paid to the replication of dominant societal discourses within the talk of family members, e.g. that women rather than men are naturally home-makers, that gay men are predatory and sexually promiscuous, that black people are intellectually inferior to white

people, that single mothers are scroungers. These “truths” are “transvalued” (Lyotard, 1984) as narratives, problematized and set against alternative, subjugated discourses. Constraining beliefs in relation to gender, race and culture are attended to and ironized. The therapist positions herself as an active participant in the process of making and transforming meaning, who brings her own presuppositions shaped by these same societal discourses to bear in her talk. She attempts to be both transparent and reflexive regarding her own beliefs and strives to avoid speaking authoritatively and with certainty in order to avoid a “logocentric closure” (Shawvyer, 1998, after Derrida, 1978). She does so for moral-ethical reasons as well as due to a belief that this collaborative stance is more likely to be helpful in creating the conditions for self-generated changes for family members which would not or could not be generated by a more expert therapist. Existing family therapy theory, whether structural, strategic or Milan-systemic may be held in mind but put into language within the therapy session, tentatively and in a manner intended to convey the provisional and observer-dependent nature of any theoretically-driven assertions (Pocock, 1999, p. 192, once again, has put this position rather well). Weingarten (1998) provides a good description of (to quote the paper’s sub-title) “the daily practice of a postmodern narrative therapy”.

Chapter Three

Researching family therapy

The appliance of science

Since Freud the psychotherapies have been broadly located within the orbit of a scientific epistemology. Unsurprisingly the thrust of psychotherapy research has been conducted within the terms of the modernist assumptions that inhere to the dominant paradigm for science drawn from the physical and natural sciences. The predominant assumption, as stated by Burr (1998, p. 18), is that there are:

“...real structures...existing prior to or behind and producing manifestations in the social world. This reality is not contingent, it exists independently of human efforts to experience or know it.”

This allows social phenomena, including psychological therapies, to be open to manipulation and hypothesis testing and through experimentation and objective observation to verification or refutation (see Popper, 1968, and 1969, for detailed explication of this paradigm).

Psychotherapy outcome research

Within this empiricist paradigm the randomized controlled trial is considered to be the apotheosis of valid experimentation into the effects of psychotherapeutic interventions. Roth and Fonagy (1996, p. 17-19) set out the characteristics of randomized controlled trials of high internal validity which are worth quoting at some length as they clearly summarise the implications of adopting these dominant epistemological suppositions for researching psychotherapy:

“Patients are randomly allocated to different treatment conditions, usually with some attempt to control for ... factors such as demographic variables, symptom severity, and level of functioning. Attempts are made to implement therapies under conditions that reduce the influence of variables likely to influence outcome – for example, by standardizing factors such as therapist experience and ability, and the length of treatments. The design permits active ingredients to be compared, or their effect to be contrasted with no treatment, a waiting list or “placebo” intervention. Increasingly, studies also ensure that treatments are carried out in conformity with their theoretical description...To this end many treatments have been “manualized”...and therapist adherence to technique has been monitored as part of the trial.”

These authors recognise the problems of attaining methodological rigour in all of the above aspects of experimental design and identify the problems of generalizability between research settings and clinical practice settings, where the ineluctable clinical judgement of the individual clinician will apply.

However, they are relatively sanguine concerning the validity of findings of some fifty years of psychotherapy research within this empiricist tradition.

Other writers have been less satisfied with the quality of experimental design of studies conducted within this tradition. Kline (1992) identifies nineteen common methodological problems with psychotherapy studies, which undermine their internal and external validity, and leads him to conclude that:

“...the case for the effects of psychotherapy remains to be made...I should like to see determined researchers demanding and putting in the necessary resources that definitive, or more definitive, answers could be obtained”.

(p. 83-84).

In order to enhance the methodological rigour of studies experimental designs that make use of larger sample sizes with more control groups, more sophisticated statistical method and better sample selection are

recommended. Both Kline (1992) and Roth and Fonagy (1996) identify the problem of defining change or “recovery”, as this is highly theory-dependent within different schools of psychotherapy. This is seen as essentially a pragmatic problem, rather than a philosophical objection, to be overcome through the development of increasingly sophisticated assessment tools (Barkham and Shapiro, 1992).

Within this model of research systemic family therapy has been shown across a number of studies to result in positive changes in two thirds to three quarters of cases (see Roy-Chowdhury’s, 1994, review of the literature), which are consistent with “successful outcome” rates using other psychotherapeutic methods. However, also in common with other psychotherapy outcome research, these studies all deviate from the ideal set out by Kline (1992) and Roth and Fonagy (1996) in significant respects (Roy-Chowdhury, 1994).

Research into psychotherapy “processes”

An alternative to the randomized controlled trial has been research that has sought to identify therapeutic processes associated with positive outcome. This process-outcome research asks a further question to whether or not a particular therapy leads to a successful outcome, i.e. what are the “active

ingredients” within the therapy that affect its outcome. Orlinsky and Howard (1986) and Orlinsky, et al (1994) provide comprehensive reviews of process-outcome studies. These studies typically rate therapist behaviour along criteria that are said to relate to activities or processes such as “support”, “advice”, or “reflection”. Orlinsky and Howard (1986, p. 371) in summarising the findings of 33 studies listed treatment processes associated with positive outcomes. These included a strong “therapeutic bond”, “mutual affirmation”, “preparing the patient adequately for therapy”, collaboration and joint problem solving. Roy-Chowdhury (1994) in a review of family therapy process-outcome studies found that positive outcome was associated with a perception of therapist warmth and active structuring of sessions as well as favourable views of the therapist held by family members.

These studies typically aspire to validity claims within the terms of an empiricist epistemology through the quantification of the behaviour of participants in the therapy using rating scales and multiple measures in order to strive for objectivity in the observations. Some studies also make use of the subjective views of therapees and Kuehl, et al’s (1991) study was unusual in not seeking to associate the perceptions of family members with outcome.

Shapiro, et al (1994) in comprehensively critiquing the methodology employed within the studies reviewed by Orlinsky and Howard (1986) undermine the validity claims of process-outcome research. These authors reanalysed the data of all 33 studies and discovered that the processes studied accounted for less than 2% of the outcome variance, an effect size so small that it could be an artefact of the experimental design. They found that their meta-analysis was hindered by the generally poor reporting quality of process variables, which led to considerable unreliability in the coding of therapist behaviours. Variations in effect sizes were equally susceptible to alternative explanations such as variations in therapist experience and expertise rather than specific model-based therapist interventions. This reanalysis of process-outcome studies led its authors to conclude that the research:

“...may be justly criticised for failing to live up to ...orthodox methodological standards...Although some interventions appeared more powerful than others, these differences among interventions were reduced to marginal statistical reliability when the effects of methodological variation among studies were controlled via multiple-regression analysis” (p. 29-30).

This convincing critique of process-outcome research supplements the critiques of outcome research methodology by writers such as Kline (1992), described above, within the terms of its own empiricist tradition. Elliot and Anderson (1994) similarly find that “scientific” studies of psychotherapy outcome have rested their conclusions concerning the effectiveness of specific psychotherapeutic interventions upon typically small effect sizes of relatively little predictive power in relation to typical error variances. They assert that typically 80-95% of the variance is left unaccounted for (p. 67) and that a large number of simplifying assumptions are commonly made by researchers. Lambert (1989) found through an analysis of four major outcome studies that only 1.9% of the outcome variance could be accounted for by specific therapist technique. For some authors these methodological shortcomings are reasons for increasing the sophistication and complexity of research designs. For others such as Shapiro, et al (1994) and Elliot and Anderson (1994) they give cause to question the epistemological and ontological presuppositions upon which the empiricist paradigm of psychotherapy research rests and to look for an alternative paradigm for research.

An alternative research paradigm

A critique of empiricism

Critics of the dominant falsificationist model for conducting psychotherapy research have based their objections upon a number of perceived inadequacies. They have asserted that the claimed objectivity of such methods is unachievable, that the methodologies applied oversimplify the complexity of social phenomena such as the process of psychotherapy, and that research within this paradigm makes erroneous presuppositions concerning the nature of psychotherapy conducted within clinical settings which adversely affect claims of external validity. Let us explore these objections before discussing an alternative epistemological framework for conducting research.

The view of science outlined at the beginning of the previous section, as a means of incrementally and objectively quantifying facts about real phenomena through replicable experimentation can be traced back to the Enlightenment. Scientists of the stature of Newton and Galileo strove by a process of induction, through observation and experimentation to formulate laws that explained the natural world. In the 20th Century Karl Popper's great contribution to the philosophy of science was to develop an alternative framework for science, one that removed the logical inconsistency inherent

within inductivism. Logically it was difficult to claim a general or universal principle through induction as the confirmation of a phenomenon at one time and place by one scientist did not mean that the phenomenon generally held true under all circumstances. The frequently-cited illustration of this is that just because one scientist observes many swans and finds them all to be white, this cannot lead to the general principle or law that all swans are white. Another scientist may at any time discover a black swan. Popper turned this confirmatory principle on its head and argued that the acid test for what constituted good science was that theories should generate hypotheses that are open to *falsification* (Popper, 1968, 1969). Thus science does not confirm universal truths but allows theories to be proved robust against falsification through experimentation and thus of continued validity. A corollary of this position is that theories should generate hypotheses that are clear and precise, and that a theory should be abandoned if another is available that explains the same phenomenon but is more open to falsification.

The growth of scientific knowledge was conceptualized by Popper as being an incremental process of theory-building arriving at successively closer approximations of the truth. What is often forgotten about Popper's vision of science is, within its realist tenets (which we will examine in a moment),

the radicalism of his view that great strides in science would only be made through shrugging off caution and seeking bold conjectures about the nature of the world which could then be subject to experimentation.

For all its erudition and elegance Popper's work is open to challenge on a number of grounds. Chalmers (1986, p. 61) judges Popper's defence against the criticism that all observations are theory-dependent, and that there is no such thing as a pure observation, to be "inadequate". This defence hinged on the premise that it is permissible for observations to rest upon what he called "basic statements" which he defined as statements that attract a level of consensus that allows them to be categorised as "conventions" (Popper, 1968, p. 106). Chalmers (1986) finds this assertion to be logically inconsistent and subject to such definitional problems that it is of little pragmatic use. Furthermore, citing the observations made with the naked eye that sustained Copernicus's theory of planetary motion, Chalmers (1986, p. 63) argues that the conventions and methods of observation change over time.

The falsificationist account of science as being an accretion of knowledge through objective experimentation has been significantly revised by two

writers, Imre Lakatos and Thomas Kuhn, who have made the study of scientific activity their focus.

Lakatos (1974) found that scientific theories are judged on the basis of their capacity to spell out a coherent programme for research. Each programme has a “hard core” which is unfalsifiable by the “methodological decision of its protagonists” (p.133) and protected by a complex web of assumptions. Theories survive through their capacity to generate a “positive heuristic” that guides research. Kuhn’s (1970) work in some ways complements that of Lakatos (although it is more critical of the realist assumptions of science than Lakatos). In studying the factors that govern the maintenance or change of scientific paradigms that are ascendant within any field of science from a historical and sociological perspective Kuhn found that certain theories are remarkably robust against refutation. During a period of “normal science” the dominant paradigm is constituted by factors particular to a time and place, and forms the basis for the generation of numerous theories. The fundamentals of a paradigm are taken for granted and it is only when there are serious and repeated mismatches between the theories generated by a conceptual framework and observations does a crisis develop. This leads to a revolutionary change that heralds a new paradigm for normal science. The

paradigmatic shifts in physics from the work of Aristotle to Newton to Einstein can be seen as illustrative of this thesis.

Irrespective of these and other assaults upon the claimed objectivity of the scientific method, psychology as a discipline sought to position itself as an empirical science. This endeavor was facilitated by the rise of behaviourism in the 1950's, which provided an intellectual rationale for the isolation of discrete quantifiable units of behaviour, which are amenable to experimental manipulation (Farr, 1996). Unlike the tradition of introspectionism in psychology, which continued into the 1930's, the paradigm for research came to be dominated by a model of systematic experimentation upon human "subjects", yielding quantitative data, which can be demonstrated to verify or refute hypotheses by means of statistical analysis. Psychotherapy research, by and large, adhered to this paradigm with the consequences for methodology employed in outcome and process-outcome research detailed above.

We have seen already, in the preceding section, that within its own terms quantitative psychotherapy research has been found to be wanting in terms of methodological rigour. With reference to the language of Lakatos and Kuhn, let us turn now to more fundamental objections, which problematise

the assumptive base upon which the empiricist paradigm of psychotherapy research rests and point to its inadequacy when set alongside the actual practice of psychotherapy. For critics who take this view, these objections represent a crisis for “normal science” which requires nothing less than the construction of a new paradigm for psychotherapy research. The present research study may be said to fall within the parameters of this new paradigm. However, before leaving this section, consideration will be given to the necessity of framing these differing methodologies within the rhetoric of opposition.

Kaye (1995) deconstructs the assumptive base of traditional psychotherapy research (of the kind set out by Roth and Fonagy above), which, he asserts rests upon a gross simplification of the complexity and unpredictability of communication within a psychotherapeutic encounter:

“It asks us essentially to base our research on an image of a group of identically cloned therapists mechanistically using the same words in the same manner in the same sequence to a group of identical clients who manifest (rather than experience!) exactly the same problem! (It has) served to perpetuate a construction of psychotherapy as a disembodied set of

instrumental techniques mechanically applied and one denuded of the interactive context which gives it meaning”. (p. 37-38)

In a similar vein Butler and Strupp (1986, p. 33), quoted by Kaye, note that:

“Psychotherapy consists of behaviours and vocalizations whose influence depends on the meanings attributed to those behaviours and vocalizations by the participants. These meanings cannot be partialled out from, nor are they independent of, the therapeutic setting. Unlike drugs where a biological action is readily distinguishable from the symbolic meaning of the treatment, psychotherapeutic techniques have no meaning apart from their interpersonal (socio-symbolic) context. It is thus conceptually impossible to separate specific active ingredient factors from interpersonal, non-specific ones...”

This unwarranted conflation between psychotherapy and pharmacotherapy takes us back to Shapiro, et al’s (1994) meta-analytic critique of process-outcome research cited above. These authors also view many of the problems with empiricist psychotherapy research as being due to its reliance upon the drug metaphor. They conclude that:

“Studies using process-outcome correlations to identify ‘active ingredients’ are doomed to failure, because they depend upon the false assumption that such ingredients are delivered by therapists at random and regardless of the state or ‘requirements’ of the client”. (p. 30)

They call for researchers “...to adopt more complex and realistic models of the psychotherapy process”. (p. 30)

Perhaps remarkably, Orlinsky and Russell (1994, p. 203) writing in response to this critique based upon a re-analysis of Orlinsky and Howard’s earlier review of research studies concede that “...the empirical research relating to process appears...to be bankrupt”. Russell’s (1994) reading of psychotherapy research also leads him to the conclusion that this research is based upon a simplification and decontextualisation of the ways in which language is employed by all participants within a psychotherapeutic encounter. He too asserts that:

“...experimental and classical empiricist methodologies may be inadequate to secure a knowledge base sufficient to understand psychotherapeutic practices and outcomes” (p. 167)

Qualitative methodologies

In broad terms the alternative advocated by critics of an empiricist research paradigm is the use of qualitative research methodologies. We will later come to the debate surrounding the specific qualitative methods employed in this study. For now, a brief definition (with reference to Moon, 1990, p. 358) will suffice. Qualitative methods are usually non-numerical and tend toward the constructive, generative, inductive, and subjective. There is an emphasis upon description and a belief in the impossibility of observations that are objective or independent of theory but rather transparency and researcher reflexivity is sought in the design of studies. Fuller definitions are available elsewhere (e.g. Elliot, et al, 1999; Silverman, 1997; Roy-Chowdhury, 1994).

The status that should be accorded to qualitative methods within psychological research has been hotly debated. Two recent special editions of the house journal for British psychologists have been devoted to this debate (The Psychologist, 1995, and 1997). A hard-line position against qualitative methods has been taken up by those such as Morgan (1998) with dire warnings for the taking up of such “unscientific” methods, including a decline in funding for psychological research, a braindrain of “scientific psychologists” and, most apocalyptically, that psychology would become an “arts-based discipline”. Others such as Cooper and Stevenson (1998) and

Sherrard (1997) point to the epistemological and methodological failings of empiricism/positivism and look to qualitative methods as an alternative of greater heuristic utility. Burt and Oaksford (1999) attempt to construct a bridge between the two competing discourses, by suggesting that qualitative methods might be of use in generating hypotheses which can then be subjected to “objective testing”. Gabriel (1999), rightly in my view, demolishes this bridge, with a short but telling response to the earlier paper which characterises Burt and Oaksford’s position as an attempt to locate qualitative methods as a less well developed, but still interesting in a rather limited fashion, second cousin within the same empiricist family. He concludes:

“I don’t need the ‘laboratory and mechanistic explanation’ in order to take ‘on the mantle of scientific respectability’ – I assess the worth of my work by whether or not it reveals replicable patterns which are of use to my clients; and when I grow up I don’t want to be a quantitative researcher”. (p. 433)

While the debate continues, with often entrenched positions being taken up, qualitative methods continue to widen their sphere of influence alongside quantitative methods within psychological research. For example, in 1993, Harpur surveyed UK clinical psychology training courses and found that

81% included teaching in qualitative methods, a figure that is likely to be closer to 100% now. More anecdotally, a bastion of quantitative psychological research, the British Journal of Clinical Psychology has recently published guidelines for the publication of qualitative research (Elliot, et al, 1999).

What is to be made of this debate? Are the positions taken by protagonists irreconcilable, inaccessible to bridge-building efforts? In addressing this question a useful distinction may be drawn between positivism or naïve realism, of the kind advocated by Morgan and critical realism (Bhasker, 1989; Collier, 1998). For the critical realist there is a reality with an a priori existence independent of descriptive accounts. However, the analysis and description of this reality, most particularly within the social sciences, can only be through the specific medium of accounts given by ideologically-situated observers. Collier (1998, p. 57) gives a sense of the philosophical divergence between this position and that taken by positivists in relation to research methods:

“For the realist, method in each discipline must be dictated by the peculiar nature of the reality which that discipline studies...relevant features (of experiments) in the natural sciences – namely mainly their ability to isolate

single mechanisms which normally operate alongside each other – are necessarily absent in the human sciences, for the latter study open systems, that is systems co-determined by a number of mechanisms”.

This position provides sufficient ontological justification for the use of qualitative methodologies within psychotherapy research, but is it reconcilable with social constructionism, a paradigm more commonly evoked by qualitative researchers in support of their methods? Well, that is a matter of opinion. For some relativists the answer is plainly no. For example, Potter (1998) asserts that the search for a reality that lies behind discourse is futile and the focus of research should be the discourse itself, the ways in which accounts are constructed and what they achieve. However, Burr (1998) is correct to undermine the validity of distinctions commonly used to differentiate realism from social constructionism. Social constructionists do not claim that there is no material world, but rather that access to it is linguistically-mediated and problematic. Nor does social constructionism necessitate the taking up of a position of moral relativism, a nihilist stance where “anything goes” as advocated by Feyerabend’s (1975) anarchic vision of science. Burr (*op. cit.*, p. 24) finds that:

“...social constructionists...appear to be just as committed to defending their moral and political choices as are realists”.

Burr's conclusion is that a pragmatist researcher should make use of both relativist and critical realist ontologies and epistemologies, each of which will act as a brake upon the overarching claims made by the other.

Similarly, and perhaps surprisingly given his social constructionist track record, Gergen (1998) remarks upon the fruitlessness of an antipathy between social constructionism and realism and suggests that researchers adopt a “meta discourse” within which realism and relativism are situated as discourses. The reliance of the researcher upon each discourse will be influenced by the nature of the study and the research questions asked. He urges us to “bracket our differences in the pursuit of common answers” (p. 154) and hence to discover a “promising synthesis” which is “not singular...but multiple”. (p. 155)

The alternative research paradigm for psychotherapy research to that offered by a positivist version of science, encompasses a number of methodologically diverse research designs, but has at its core “matters such as history, language and context” with an emphasis upon “the particulars of

human experience and social life (including discourse)” (Elliot, et al, 1999, p. 217). However, attempts made, often by detractors, to paint such methods into an exclusively social constructionist and relativist corner, where there is an absence of criteria for assessing the validity and utility of research methods, are misplaced. Indeed some “post-positivist” researchers explicitly locate their work within a critical realist framework (e.g. Moon, et. al., 1991; Stevenson and Cooper, 1997).

In attending to these debates concerning a useful assumptive base for psychotherapy research one is struck by the similarities with the search for a theoretical base for the practice of family therapy described earlier.

Observer/therapist objectivity/ neutrality has been problematised using similar arguments and the implications of taking a post-positivist position have been explored with recourse to similar epistemological frameworks. In narrowing our focus further to the specific qualitative research methods to be employed in the present study we find a further parallel with family therapy theory. This fit between research methods and theoretical descriptions of the activity studied is of course not coincidental and illustrates the possibility of studying family therapy practice in ways that are not antithetical to its theoretical base. The dialectic between theory and research method will become apparent below.

A common thread that runs through qualitative research methods is a belief in an active human subject whose accounts of her experience are of interest. Language is at the heart of this endeavour, as it is at the heart of contemporary family therapy theory. It is to a methodology for the analysis of the spoken word, leading us to the specific methods used in the present study, to which we now turn.

The turn to language

The prominence given to linguistic accounts of experience by participants (“subjects” in more traditional research) in studies is a feature that distinguishes positivist from post-positivist designs. For example, Morgan (1998, p. 488) in his diatribe against qualitative methods, attempts, rhetorically, rather than through recourse to evidence, to rebut the “strong assumption... that language is a very special form of behaviour”. On the other hand, both Shapiro, et al (1994) and Russell (1994) conclude their critiques of traditional quantitative psychotherapy research with the call to researchers to return to the words themselves from which this thing called psychotherapy is constituted and to study these words as one would study a text.

Seigfried's (1995) introductory chapter of his edited volume argues for the foregrounding of "microprocesses" in the interactions between therapist and therapee. Subsequent papers flesh out theoretical and methodological implications of taking a "bottom up" or microanalytic approach to the detailed talk that takes place in psychotherapy sessions. Stancombe (1999) shares with Kaye (1995) the ambition (pursued by Stancombe, working with White, in the reanalysis of family therapy sessions discussed below) that discourse analytic or microanalytic methods should seek to avoid a reconstructionist approach which converts therapeutic talk into theoretical metaconstructions. For both writers the complex rhetorical work done by the talk should in and of itself be of interest to researchers (Kaye, incidentally, explicitly links the theoretical basis for his position to the turn to language and narrative within family therapy theory). As we shall see when we come to discuss the specific research method used in the present study, discourse analysis, the question of how close to stay to the text is open to multiple interpretations.

Discourse analysis

In choosing discourse analysis as the research method within the present study a number of considerations were taken into account. The first was that I wanted to analyze the therapeutic talk as a socially-situated event where all

participants draw upon discursive repertoires available within their social and cultural context. This eliminated methodologies derived from linguistics and pragmatics (see Fairclough, 1989, for more detailed definitions of these terms) as these allow for insufficient attention to be paid to the social context. It seemed to me that the reification of social constructs such as social class within sociolinguistics would take me too far away from the text itself. I considered the use of grounded theory (Strauss and Corbin, 1990) but upon closer inspection of the method I found that its emphasis upon grouping together and coding phenomena would divert me from my aim of analysing the work done by therapeutic talk and lead me into characterising the talk within the terms of theoretical metaconstructions. My understanding of grounded theory procedures led me to the view that they did not lend themselves to the conceptualisation that all participants within the therapeutic process reproduce societal discourses through their talk. The distinction between an analysis of the same data in two different studies, by Frosh, et al (1996) and Stancombe and White (1997), the former using grounded theory procedures and the latter a version of discourse analysis, is apparent and a comparison of the dissimilar findings from the same text of the two studies allows us an insight into the differences between the two methodologies. These studies are described in greater detail towards the end of this chapter.

Let us turn now to a working definition of discourse analysis, which we will find to be as slippery as the objects of its study, and to a key debate surrounding the application of this method. Early on in defining this research method we run into difficulties, as discourse analysts not uncommonly deny that discourse analysis is in fact a methodology. For example Billig (1997, p.37) does so before, more helpfully for the novice discourse analyst, providing a “procedural guide for discourse analysis”. Similarly Parker (1992) is reluctant to foreclose creativity by prescribing a method, but thankfully is willing to describe seven criteria and twenty steps to guide the work of the discourse analytic researcher. Potter and Wetherall (1987) describe doing discourse analysis to be akin to riding a bike, difficult to describe how one stays on, but clear when one has fallen off.

The more descriptions and explanations of discourse analysis that I read, the more I came to understand the view that there is not a single, unitary method with a common philosophical and methodological base. However, there are some shared precepts that can be spelt out before discussing different versions of discourse analysis. Parker (1992), Billig (1997) and Potter (1996) all identify common philosophical precursors in the work of Wittgenstein and Austin.

Wittgenstein (1958) stressed the importance of the context within which verbal utterances are made. In using linguistic accounts of emotional states one is doing more than simply describing an inner event, but orientating oneself to the social and cultural realm where such descriptions are learnt to be associated with particular conditions and to have particular effects. Austin (1962) developed a theory of speech acts where statements have a performative function rather than being simply representations of a material reality. Speech is conceptualised as orientated to particular outcomes and specific to the setting.

Although not uncommonly problematising the work of semiologists such as Saussure and Barthes for their fixed and idealised views concerning language, (e.g. Potter, 1996, p. 72-73) discourse analysts have found their influence to be inescapable. Saussure (1974) was interested in the distinctions that are used to construct language within any realm of knowledge or description which make sense given the choice of signifiers available within that realm. He argued against the earlier notion of language as being a fixed and determinable set of relationships between words and objects. Barthes' (1972) contribution to the philosophical premises upon which discourse analysis

has been constructed has been his location of language within a complex and open system of cultural referents that are particular to a time and setting.

A further set of conceptual frameworks that has influenced the development of discourse analysis (and here once again we find that there is common theoretical ground shared with contemporary family therapy) has been the work of post-structuralist or postmodernist writers in particular Foucault, Derrida and Lyotard. Foucault (1972) demonstrated that as particular institutions (e.g. psychiatry, law) develop they produce new discourses that constitute new objects that serve to legitimise and reify institutional practices. As well as producing objects, particular discourses are used to constitute subjects, who speak from particular positions. These positions are redolent of power relationships within society, which inform the discourses available to each subject position. To take a relevant example which we encountered in the history of the “talking cure” given in Chapter 1, discourses that constituted psychiatry gave legitimacy to forms of responsibility, surveillance, discipline and power, set alongside the discourses of pathology and irrationality that constitute the psychiatric patient (Foucault, 1967).

Potter (1996, p. 80-85) provides an account of the relevance of Derrida’s deconstructive readings of texts to discourse analysts. Derrida (1976) drew

attention away from the truth or falsity of speech and to the work done by the use metaphor and metonym in constructing accounts. He emphasized the cultural history of speech and language that has an existence and significance independent of the speaker, and hence to view language as the representation of an inner cognitive reality is to ignore its cultural and historical location. In similar vein Lyotard, whose work is cited by family therapists such as Pocock, as outlined in Chapter 2, shares Austin's concern for the performative nature of speech and, in common with other post-structuralist writers, also posits that discourses are contextually bound within specific social domains (Lyotard, 1984).

If there is some debate regarding the relevance of the work of semiologists, structuralist and post-structuralist writers to the project of providing a theoretical base for discourse analysis, the influence of ethnomethodology is not in question. Garfinkel's (1967) book is a key text in describing the ethnomethodological project to account for the intersubjective space occupied by language, where people attempt to construct accounts that are seen as rational and justifiable. Garfinkel (1967) posited a 'documentary method of interpretation' where speech is understood within the terms of background expectancies which are themselves in a dialectical relationship to speech encountered. Linked to this is the notion of indexicality, that all

speech is highly specific to the context within which it is used, the relationship between speaker and listener and the background expectancies evoked. Reflexivity, the antecedents of which we have seen in Austin's work, is central to this view of language, that its function is not just to provide descriptions of real objects or events but that it aims to achieve particular effects, not least to maintain an impression of social competence.

One other theoretical influence upon the development of discourse analysis, which may by now have become evident to the reader, has been social constructionism. I do not here intend to describe social constructionist premises in any greater detail than already mentioned in Chapter 2, covering family therapy, and earlier in the present chapter, beyond referring to the significance of Gergen's (1991) emphasis upon the construction of individual subjectivity through a 'saturation' in prevailing sociocultural discourses rather than as a fixed cognitively-bound reality.

Before narrowing our focus further in locating the specific definition of discourse analysis employed in the present study through recourse to different "versions" of discourse analysis, let us summarize where we have got to so far in defining this research method. In constructing its epistemological and theoretical base, discourse analysis draws upon a

number of inter-related fields of knowledge: social psychology, social constructionism, semiology, ethnomethodology, structuralism and poststructuralism. A discourse may be defined as a set of related meanings, which simultaneously reproduce social structures and relationships whilst constituting and representing objects in particular ways.

Discourse analysts seeks to discover and analyse the accounts given by participants of themselves and of the objects represented in the talk. Talk is seen as purposive and performative in generating and attempting to sustain preferred versions of reality through appeals to such rhetorical devices as common sense, the facts, or the natural order. Speakers take specific “subject positions” in relation to each other (e.g. salesman-customer, policeman-suspect, doctor-patient, therapist-therapee) which entitles each speaker to make use of a particular range of discourses (an “interpretive repertoire”). There is an on-going negotiation of meaning between speakers which maintains representations of the social selves as being competent. Where these negotiations fail through a mismatch between the expectancies of one speaker and the responses of the other certain repair strategies are employed in order to maintain the communication. Rhetorical accomplishments are achieved through the selection of specific descriptions, which are, according to Billig (1991) inherently argumentative.

Discourse analysts orientate themselves to the specific rhetorical work done by the talk, the devices used to achieve certain aims and the entitlements and interpretive repertoires available to particular subject positions. The talk itself is foregrounded as the object of study rather than the representations within the talk, whether these are cognitive structures, emotions, facts or material realities. The focus is not upon what is true and what is false, but rather upon the manner in which accounts are used to construct truths and other accounts are undermined and constructed as representing untruths.

Versions of discourse analysis

A key site for argumentation among discourse analysts is in the extent to which the researcher should adopt a purely conversation-analytic approach to the talk-in-interaction orientated solely to the perspectives of participants. Conversely whether the researcher adopts a theoretical position in relation to the text other than positions taken by participants that will delineate power relationships or social and institutional practices. The distinction between these two positions is referred to variously as micro or smaller-scale analysis (the former approach) as opposed to macro or larger-scale analysis. This debate mirrors the concerns of contemporary family therapists regarding the use made of theory within therapy in order to allow meaning to be

constructed from the narratives of individual family members rather than imposed by an expert therapist. In order to delineate the terms of this debate and to locate the methods used in the present study a brief consideration of recent papers by two eminent discourse analysts may be illuminating.

Schegloff (1997, p. 167) is critical of:

“...theoretical imperialism (by)...a hegemony of the intellectuals, of the literati, of the academics, of the critics who gets to stipulate the terms of reference to which the world was understood”.

This “theoretical imperialism” leads to discourse analysts imposing meaning upon a text through recourse to theoretical orientations other than those taken by participants. For Schegloff this is not only morally suspect but also undermines the quality of the textual analysis in that it is difficult to determine the validity of the analysts’ theoretical context. His solution is that researchers should eschew the study of discursive practices from any other perspective than that taken by participants and that the “endogenous orientations” of participants should be continually assessed and used as the basis for the orientation of the researcher. In essence this is an advocacy of a

“pure” form of conversation analysis stripped of post-structural theoretical preoccupations.

Whilst at first sight attractive, in rather a similar way to the entreatment within the family therapy literature that therapists should forgo the position as expert, Wetherell (1998) in her response to the earlier paper convincingly problematises this position. Wetherell points out that conversation analysis involves the construction of interactions within its own theoretical terms derived from ethnomethodology and speech act theory, as exemplified in the textual analysis within Schegloff's paper. Given that this is the case, she argues that it is not at all clear when concepts "...should be seen as crossing Schegloff's invisible boundary line from the acceptable deployment of concepts for the description of discursive materials to importing analysts' own preoccupations"(p. 402). (This line of argument echoes debates mentioned above concerning the impossibility of theory-neutral observation within science). She rejects this micro-macro distinction as too limiting and proposes instead a synthesis where an orientation to the positions taken by participants includes within it an analysis of the ways in which speech constitutes and represents the negotiation of identities, psychological states, power relations, social and institutional structures. She concludes that critical discourse analysis should be concerned with:

“...members’ methods and the logic of accountability while describing also the collective and social patterning of background normative conceptions... (and) the social and political consequences of discursive patterning” (p. 405).

Research should be evaluated using the criteria of coherence, plausibility, validity and insight, rather than through recourse to Schegloff’s criteria of empirical demonstrability which in seeking to delineate a correct way of doing discourse analysis itself represents a form of theoretical imperialism.

This refusal to limit the object of study and the tools for analysis is echoed by other writers. Potter (1997), Miller (1997) and Heritage (1997) all seek to develop a more integrative approach to discourse analysis which builds bridges between conversation analysis, ethnomethodology and poststructuralist (usually Foucauldian) theory. This will be the orientation to textual analysis taken in the present study due not only to the intellectual coherence of this position but also because this form of analysis lends itself to the analysis of the specific preoccupations to be found within the research. Furthermore the degree of congruence between the theoretical

underpinnings of this method and those of contemporary family therapy are relatively high.

Before concluding this chapter, a word about existing studies applying discourse analytic methods to psychotherapeutic processes.

Discourse analysis and psychotherapy research

Siegfried's (1995) edited volume brings together the work of a number of writers who are engaged in the study of psychotherapeutic "micro-processes". Siegfried defines a micro-process variable as "a particular discursive activity reasonably constituting an attempt to change their own or one of the participants' behaviour" (p. 6). The volume contains a number of examples of a "bottom-up" or reconstructionist research which attempts to build explanatory frameworks for the change process in psychotherapy by analysing in some detail small chunks of therapy sessions. There are also a number of papers that apply discourse or conversation analytic approaches to the study of psychotherapy sessions. A key consideration is to establish the differences between talk within psychotherapy sessions compared with talk that takes place in other contexts and with what is referred to as "ordinary" or "everyday" discourse, thereby delineating the particular characteristics of psychotherapeutic discourse.

Two papers, those by Mellinger (1995) and Hak and Boer (1995), contrast psychotherapeutic discourses with psychiatric or medical interviews. The former writer's analysis of a psychiatric interview reveals the linguistic devices that are used to maintain professional dominance within the interview. Through the use of partial repeats of the patient, the psychiatrist establishes dominance and undermines the patient's competence, which forms the basis for a challenge to the patient's sanity. Hak and Boer found that the general medical interview was characterised by interruptions due to the doctor's attempt to transform the ordinary "lifeworld" of the patient into the decontextualised realm of biomedicine. The psychiatric interview was found to contain fewer interruptions but repeated attempts to transform the everyday accounts of the patient into professional terminology. The particular and contrasting characteristics of the psychotherapeutic session were found to be a virtual absence of interruptions, but a tendency to reformulate or interpret the talk of the therapee into professional language. Therapist interpretations differed from the psychiatric interview in that the therapee was invited to be an active participant in constructing these reformulations by being inducted into the professional language as, what the authors call, a "proto-professional". The authors explain this characteristic of psychotherapy talk in terms of the requirement of the active involvement

required of all participants in the psychotherapeutic process, not such a clear requirement within medicine and psychiatry.

Perakyla and Silverman (1991) analysed the talk that took place between counsellor and client within an AIDS clinic and found interviews to be professionally-structured with the counsellor to be in control of the specific conversational formats chosen (e.g. question and answer, information-giving, etc.). However, they assert that there is “persuasive evidence” that where such professional control is absent “the net result is not client empowerment but client *confusion*” (p. 646).

In a later study of “troubles talk” in two settings, a counselling clinic for HIV-positive individuals and a family therapy clinic, Miller and Silverman (1995) also found that a common feature of negotiating meaning within this institutionalised troubles talk is the “adoption by clients of the professionals’ rhetoric”. They look at the rhetorical devices employed by therapists in inducting therapees into this linguistic domain which constitute what the authors call a “discourse of enablement”. The authors take an overtly Foucauldian perspective in explaining their findings and accounting for the differences between troubles talk in everyday interactions as opposed to that within institutional settings. Citing work by Jefferson and Lee (1992) they

assert that troubles talk in ordinary or everyday interactions is more disordered and unpredictable with participants taking varied subject positions within the talk, advice sometimes offered, sometimes accepted and sometimes not. In contrast, within institutional settings the discourses available to interactants, the ways in which they orientate toward each other's talk, is distinctive with specific expectancies in operation. They assert that within the "micropolitics of counselling...peoples' gaze turns on themselves and their partners to produce a veritable counselled society" (p. 743).

Miller (1997) also orientates his analysis of family therapy sessions to a Foucauldian view of power/knowledge constituted within institutional discourses, but interestingly, evaluates discursive changes over a twelve-year period. He found that at the start of a twelve-year period of study, discursive practices were more therapist-centred, but that over time therapists positioned themselves less frequently as holding responsibility for developing and advising therapees on change strategies. Increasingly therapists used their questioning to elicit suggestions of change strategies from therapees, although it is debatable whether this simply revealed the sophistication of rhetorical devices which encouraged therapees to believe that ideas held by the therapist are also their own. Miller, however, conceptualises the reasons for this change within the terms of theoretical

movements within family therapy toward a more collaborative practice, that have been outlined in the account of the development of family therapy theory given in Chapter 2.

Two recent papers within the family therapy literature, by Kogan (1998) and Burck, et al (1998) have used a textual analysis to identify change processes. Both papers analyse family therapy sessions using a discourse analysis, although the latter authors refer both to the use of discourse analysis and a grounded theory framework. Both studies employ an approach to the analysis, that identifies “discourses”, which equate to themes in the therapy, and analyse changes in these themes during the course of the therapy. Burck, et al (1998, p.254) tell us that they have undertaken an analysis “from the ground up” by virtue of the generation of themes from a reading of transcripts. Their subsequent analysis of the text within the terms of these “discourses”, is commonly described as a “larger-scale” or “macro” approach to enquiry.

Kogan’s paper takes a more neutral stance to the effects of the talk upon all participants, whereas Burck, et al focus upon the capacity of the therapist talk to create changes in the other participants. Both papers have a tendency to conflate the methods of textual analysis with descriptions of the

instrumental use by the therapist of techniques within the terms of family therapy theory (e.g. hypothesising, intervening, taking up a symmetrical position, introducing a new narrative, etc.). There is, therefore, an appeal to the drug metaphor (see Shapiro, 1994, cited above) in constructing their analysed processes that create therapy “outcomes”, and in examining the discursive practices of participants.

Let us conclude this section, rather appropriately, with an outline of a research project with conceptual and methodological concerns that closely approximate to the concerns of the present study. Stancombe and White (1997) reanalyse transcripts of family therapy sessions originally studied by Frosh, et al (1996). They take the earlier authors to task for being:

“...under the influence of a number of fundamental presuppositions about the benign and neutral nature of ‘therapy’ (which) has led to a disregard for the rhetorical strategies used by the therapist to achieve discursive shifts” (p. 22).

In an analysis that employs an “ethnomethodological indifference” to the truth status of accounts by all participants the authors provide a credible account of the discursive patterning that takes place within the activity that

we describe as a family therapy. The study reveals the capacity for all participants, including the therapist, to employ attributions of blame and appeal to common-sense maxims and moral and normative invocations in seeking to persuade others. The authors demonstrate that it is not tenable to construe psychotherapy as an activity that exists outside both a social and moral-ethical realm (Stancombe, 1999, personal communication). They conclude that analyses of the kind that they have undertaken hold out the prospect of a greater awareness by therapists of the ways in which their own “revered preferences” or “prejudices” are invoked which will lead to greater reflexivity by practitioners.

A methodological footnote

A further brief word concerning the methodology employed by studies such as those described above that is of relevance to the present analysis. There is among researchers an attempt to locate the interactions of therapists/ counsellors within the terms of theoretical models and to understand their talk as attempts to enact these theoretical preferences. However, the methodological and rhetorical means by which therapists/ counsellors are situated by writers within available conceptual regimes varies. For example, Kogan (1998, p. 234) relies upon an account of his theoretical positioning provided by the “distinguished presenter”, whose work is the subject of the

analysis. On the other hand Frosh, et al (1996, p. 144) construct an account of the therapist that emphasises her seniority and thus make the claim that “...her practice would be seen by most observers as an instance of family therapy work”. Miller and Silverman (1995) simply give an account of systemic therapy theory as it was in the early 1990’s and assert that therapists/counsellors practiced this model of family therapy without seeking verification of this assertion.

None of these methods are wholly satisfactory and leave unresolved the dilemmas created by a privileged access to accounts given by some interactants and not others, that stand outside the text itself, and yet are made use of by researchers in their analysis. The relationship between text and therapist positioning within theoretical discourses achieved through recourse to material outside the text is not addressed within these studies.

An omission that leaves unanswered questions regarding the means by which such information is made use of in the analyses and the implications for an analysis of differences between therapist accounts of the therapy and the findings of a discursive analysis.

Similarly, and making use of the commonly-employed resources for working up professionalised accounts of psychotherapeutic practice (e.g. the case

study), therapists' talk is contextualised by personal and historical information, but similar biographical data is not made available regarding the therapist. Frosh, et al (1996, p. 144) do remark upon their wish to provide such therapist details, but are prevented from doing so within the text of the published paper by considerations of confidentiality. The effect of this imbalance in the availability of contextual information concerning some participants in therapy sessions made available for analysis but not others, and its implications for the position of ethnomethodological indifference that researchers such as Stancombe and White (1997) strive for is generally not explored by writers.

These differences in the knowledge available to researchers of interactants that is brought to the textual analysis, and the permissible means of gathering information within studies employing similar methodological designs signifies a tension with the wish to understand the text within its own terms. A critical account of the means employed within the present study to theoretically situate therapists, is to be found within Chapters 13 and 14. Within Chapter 5 information is provided regarding *all* interactants in order to bolster the claim that an ethnomethodological indifference was employed toward the interactions of participants.

Chapter 4

Summary and research questions

The development of the “talking cure” has been a peculiarly twentieth century phenomenon, made possible by the startling epistemological shift created by Freud’s work, which opened up the possibility of “a dialogue with unreason”. Freud’s psychoanalysis has had many twentieth century interpreters, although given the current preoccupations of family therapy theory with linguistic analogies and postmodernism, Lacan’s work is both significant and notable by the relative absence of its citation in family therapy literature. At the beginning a new millenium family therapy theorists are showing signs of rethinking the conceptual break that was made by its founding fathers and mothers with psychoanalysis.

There is a pressing need to evaluate the claims made by theorists. However, by situating itself within the terms of a postmodernist/social constructionist discourse, quantitative methods within a positivist framework are considered to be philosophically incongruent. Qualitative methods present researchers with an alternative. More specifically methods of discursive analysis are both based upon similar post-structural and social constructionist propositions to contemporary family therapy theory and also share with it a fascination with

the spoken word. These methods allow us to take the psychotherapeutic talk itself to be the object of our study and paradoxically to invoke Popperian language in seeking to use the text to examine the relationship between what is actually said and theoretical conjectures concerning therapy. We are now in a position to reformulate the research questions set out in the Introduction into a form amenable to examination through a discursive analysis.

This methodology allows us to explore the manner in which theoretical preferences expressed by therapists is introduced into the talk and the discursive shifts produced. How is this done? Suspending judgements concerning truth claims and setting aside the image of therapy as an ideologically neutral instrumental activity, how does the therapist accomplish persuasions? What is the evidence for the adequacy of theoretical precepts within the rhetorical work undertaken by participants? How do participants express gendered and cultural discourses and what relationship do these expressions have to dominant social and institutional structures? How are power relations evoked and managed rhetorically? How is the therapeutic relationship talked into being and how is it linguistically maintained and if necessary repaired? Being mindful of the manner in which successful accounts are constructed and undermined and interactions are successfully

managed and accomplished, what are we able to say about the specific moments when therapy appears to be more as opposed to less helpful?

Chapter 5

Methods

Introduction

This chapter provides an account of the methodology employed within the present study. A summary of the research design provides a methodological overview and leads into descriptions of the families, the therapists, the setting and of the questionnaires employed. A more detailed procedural account follows on from these descriptions, which includes the transcription notation used. The chapter closes with a consideration of measures taken within the design to enhance the validity of findings.

Design

A discourse analysis of transcriptions of ten videotaped therapy sessions of three family therapists working with four families was undertaken. These families were selected from the casework of the three therapists on the basis of informed consent being given by each family and following an assessment made by the therapist that the request to participate in the research would not exert a disruptive effect upon the therapy. A questionnaire was administered to therapists eliciting biographical information and responses concerning general theoretical and practice preferences. A therapist

commentary concerning individual sessions was also obtained in order to gather a more detailed account of sessions from therapists.

The families

In order to preserve anonymity only brief details of the four families involved in the study are given and all identifying features are disguised or omitted.

Family 1: Adam and Kate were referred by their GP due to the effect of a number of stresses upon them, which had led to communication and sexual problems. They had previously sought help through their church. John was their therapist.

Family 2: David and his parents, Louisa and Vikram, were referred by a psychiatrist due to continuing family problems, following what was referred to as a “psychotic breakdown” while at university away from his family. Louisa is of Italian, and Vikram, of Indian, origin. Their therapist was Jean.

Family 3: David and Julia, together with their three children, John (the oldest) Peter, and Kathy (youngest) were referred by their GP for therapy. David had hit Julia in the past, resulting in a stay in a refuge. There were behavioural problems shown by the two youngest children and John, aged eighteen, had been in trouble with the law for minor criminal offences.

David is John’s stepfather. Their therapist was Liz.

Family 4: Paul, his wife, Anne, and son, Ian were referred by a psychiatrist for family therapy. Paul has been diagnosed as suffering from a “bipolar affective disorder” which he describes in terms of lacking confidence and feeling depressed. His wife and son are described by the referrer as being “controlling” of him and communication between them is said to be poor. Their therapist was Liz.

The therapists

This section makes use of therapist responses to Questionnaire 1 (Appendix 1). This questionnaire, and the post-session questionnaire eliciting therapist accounts of sessions, is described below.

All three family therapists whose work has been studied have worked for many years with couples and families. The two women, Jean and Liz, have trained to Masters level as family therapists and John to diploma level. John completed his family therapy training some eleven years ago, Jean and Liz more recently.

This “generational” difference is reflected in the descriptions by Jean and Liz of their work through greater recourse to the language of narrative and social

constructionism as well as the assertion by both women that their own values and assumptions are important influences upon their action as therapists. John claims that his values and assumptions are “not central” to his work and that whilst acting as a family therapist his “own beliefs and desires, wishes and frustrations are temporarily bracketed”. This is in contrast to questionnaire responses given by the two women. Jean asserts that, “my personal/political values play an important part in my role as therapist”. Liz gives the following questionnaire response: “I cannot help but bring my personhood to the therapeutic encounter...my own beliefs, gender, culture must in some way contribute to the type of therapeutic relationship that emerges”.

All three therapists locate the orientation of their work as falling within a post-Milan/constructivist/social constructionist/narrative theoretical domain. Only John of the three therapists does not refer to these approaches to therapy as having had a place in his training describing its orientation as “structural-systemic”.

Liz works with a trainee family therapist, Tracey, for two sessions.

The setting

The couple and family consultation service forms part of a department of clinical psychology and psychological therapies located within an adult mental health setting. Referrals come either from GP's or, more often, mental health professionals, most frequently psychiatrists.

All of the therapy sessions studied took place in the same room where the therapist met with the couple or family. The sessions were videotaped with the consent of family members and were observed by a therapy team in another room by means of a video link. The team communicated with the therapist by means of a telephone link and at one or more breaks in the session.

The questionnaires

Two questionnaires were constructed, one designed to gather general information concerning the therapist, her training, theoretical orientation, the assumptive base that informs her work, etc. (Questionnaire 1, contained in Appendix 1) and one to gather an account of what the therapist thought was happening in each session (Questionnaire 2, contained in Appendix 2). Both questionnaires were piloted and amendments made to the wording in

the light of feedback. These questionnaires are contained within appendix 1 and 2.

Procedure

Consent to involvement in the research was gained from all three therapists. Informed written consent to participate in the research was obtained from all family members.

The three therapists each completed Questionnaire 1 (Appendix 1).

Therapists also completed a post-session questionnaire following each therapy session included in the study. This questionnaire (Questionnaire 2 / Appendix 2) asked therapists to specify their understanding of what took place in the session, what they and the family were trying to do and why. An account of the specific theoretical frameworks that guided the therapists' actions was sought. The availability of these accounts provided a context for the analysis of the rhetorical devices employed by therapists to accomplish specific achievements in relation to theory. Therapist accounts were chosen as a method of accessing more specific information regarding what Frosh, et al (1996, p. 144) call the therapists' "knowledge in use". Methodologies employed by similar studies for eliciting similar information from therapists are summarised within Chapter 3.

Therapy sessions were videotaped and transcribed. Transcriptions were made with reference to Sherrard's (1997) guidance. The whole tape was initially viewed, attending to the overall structure of the conversation, before making the transcription. In accordance with the ethical code of the British Psychological Society (1993) all data recorded was anonymized and the name changes for therapists and family members set out above were employed.

Commonly-used transcription notation was employed. This is summarized succinctly by Flick (1998, p. 175) as follows:

[Overlapping speech: the precise point at which one person begins speaking whilst the other is still talking, or at which both begin speaking simultaneously, resulting in overlapping speech.

(0.2) Pauses: within and between speaker turns, in seconds.

'Aw:.' Extended sounds: sound stretches shown by colons, in proportion to the length of the stretch.

Word Underlining shows stress or emphasis.

'fishi-' A hyphen indicates that a word/ sound is broken off.

'hhhh' Audible intakes of breath... (the number of h's is proportional

to the length of the breath).

WORD Increase in amplitude is shown in capital letters.

(words...) Parentheses bound uncertain transcription, including the transcriber's 'best guess'.

Additionally double parentheses, (()), were employed to indicate clarificatory information, e.g. ((laughter)), ((stands up)), as suggested by a number of authors (e.g. Sacks, et al, 1974; Potter, 1996). Each line was numbered for ease of reference. Billig's (1997, p. 46) advice against making guesses of unclear passages was followed in order to avoid compromising accuracy.

Ten of the videotaped therapy sessions were transcribed, making available for analysis a good range of the work of each of the three therapists with the four families. Between two and three transcribed sessions for each family were considered to provide an adequate basis for analysis.

The process of analysis involved reading and re-reading the transcripts, line by line, to familiarise myself with the material. Gradually hypotheses were developed and possible patterns in the text identified. These were taken back to the text itself for support as well as active attempts made to find counter-examples which did not support the hypotheses. The material was examined

in a variety of ways in relation to specific areas that began to emerge, for example, therapist gender, issues of power and expertise and in relation to therapists' theoretical positions, etc. Patterns in the material was "indexed" (Billig, 1997, p. 47) according both to conversational actions, such as methods of seeking to repair "trouble sources", and to particular discourses and themes and how these are taken up by participants. Each part of the text was examined with these questions in mind: What are they saying? How are they saying it? Why are they saying it? What are they hoping to achieve in saying it this way? As Sherrard (1997, p. 76) remarks, it is the search for the answer to these last two questions that is particularly complex and takes us into an analysis of the social and institutional influences upon speakers. Material that stood outside the text, such as that gathered from therapists, was utilised only at a late stage and as a means of seeking corroboration for the textual analysis.

Notes were kept throughout this process. As hypotheses developed these were continually critically evaluated against the text itself. A supervisor and peers viewed the analysis in relation to the material and comments were used to make revisions and modify hypotheses that were then returned to further readings of the text. Relevant literature was used in a similar way, in helping to frame questions that could be "asked" of the text and to develop

frameworks for seeking to analyse the talk. It would do a disservice to the dialectical relationship between text and literature to seek to identify in advance all the references that were used in making sense of the text and these will be cited where appropriate during the analysis. The “final draft” recorded here, is not, as Billig (1997, p. 48) reminds us, final in any absolute sense, and can only be provisional. It represents a version of the analysis with which I am “not totally dissatisfied” (Billig, *op. cit.* p. 54).

Validity

Before leaving this methods section let us turn our gaze for a moment upon the question of validity. What does this mean in a discursive analysis and are there methods for increasing the validity of an analysis?

Kogan (1998) ironizes the conventional procedural descriptions for working up accounts of the truth status and validity of researchers’ investigations.

Hence in the previous section he might point to the invocations of repeated readings, readings by peers and a supervisor, comparisons with existing literature, etc., as rhetorical devices for bolstering truth claims, and producing an account of the work which minimizes subjectivity in the analysis. Kogan goes on to attempt a post-structuralist reading of validity which is “contingent, situated and local” (p. 251). Although one of his

criteria for assessing research to be of greater validity, to do with the production of novel insights, is one that is commonly cited, he concludes that the researcher is poorly placed to make validity claims and that this is best left to one's readership.

Others (e.g. Perakyla, 1997) assert that validity claims may be tested by other researchers through recourse to a central characteristic of a discursive analysis, that the researcher's practices are transparent and available to scrutiny. The text itself is available for reanalysis by other researchers (as we saw in the previous chapter, in Stancombe and White's, 1997, paper) and the analyst should make clear the inferential basis for all claims made. It is common for a log or notebook to be kept which chronicles each step in the research process.

Perakyla (1997) provides us with a useful summary of methods for continuously assessing the validity of findings based upon transcribed material. Essentially these involve returning repeatedly to the text and to the orientation of participants in testing the validity of claims made by the researcher. Thus, a 'next turn' analysis makes use of the fact that "...regularly a turn's talk will display its speaker's understanding of a prior turn's talk and whatever other talk it marks itself as directed to" (Sacks, et al,

1974, p. 728). Similarly a 'deviant case' analysis is a method available to the researcher to test a pattern within an interaction that she has identified against the orientation of the participants themselves. This is done through a careful analysis of occasions where things go differently to what would be expected from the identified pattern, where one or both interactants do something that would not be predicted within the hypothesised interactional pattern. An analysis of the orientation of participants can reveal whether they also view this element of the conversation as discrepant and in need of repair or conversely whether it appears to participants as unproblematic. If the former appears to hold true this adds support to the analyst's hypothesis; if the latter, the hypothesis is undermined.

In assessing the validity of claims made concerning the invocation of social and institutional practices the researcher's attention is once again drawn to the speech itself. Schegloff (1991, p. 17) asserts that it is methodologically insufficient to point to the way in which the context is reflected in the orientation of participants in general terms and that the researcher should seek to make "a direct 'procedural' connection between the context...and what actually happens in the talk". Heritage (1997) provides an admirably clear and convincing account of the specific conversational practices through which institutional realities are talked into being. He identifies six inter-

related areas for analysis where social and institutional orders are observable within the talk. These are in the turn-taking organization, the overall structure and organization of the interaction, the organization of specific sequences, turn design, lexical choice, and epistemological and other forms of asymmetry. He supports his thesis with examples of actual conversations within institutional settings. In his focus upon the conversational means through which asymmetries between interactants are expressed he bridges the imagined gap that we have seen some writers as constructing between smaller scale conversation analytic and larger scale Foucauldian orientations to discourse analyses. He writes that:

“Both perspectives converge in the idea that...power inheres both in the knowledge, classificatory and interactional practices of institutions and their incumbents, and in the discretionary freedoms which those practices permit for the incumbents of institutional roles”. (p. 179)

In concluding this section which has outlined the consideration given by writers in this field to the issue of research validity in discourse analysis, it is important to emphasise the argumentative texture of discourses concerning validity. There is no hegemony of opinion that allows the analyst to empirically assess the validity of all claims made. As we have seen in the

debate between Schegloff and Wetherell (p. 67-71) set out earlier the use of the orientation of participants as a criterion for assessing the veracity of analysts' hypotheses is itself a process open to multiple interpretations. Ultimately, as with quantitative research methods where conventions formalise judgements such as the levels of significance required to prove or disprove hypotheses, judgements are exercised regarding truth claims. These judgements are influenced by other criteria for evaluating research, such as those advocated by Wetherell above (coherence, plausibility, insight) or by van Dijk (1997), editor of the journal *Discourse and Society*, who asserts that 'good' discourse analysis should be interesting rather than "boring and trivial".

These more subjective criteria, alongside others mentioned allow assessments to be made of the validity of a discursive analysis, assessments aided by the transparency of the researcher's methods and the availability of texts for reanalysis. A methodological critique of the present study is to be found within Chapters 13 and 14.

Chapter 6

Overview of findings

The analysis of transcribed therapy sessions constitutes the principal research finding. Accounts given by therapists of their work were also gathered through the administration of Questionnaire 1 and 2, described above and contained within Appendix 1 and 2. Information gathered from Questionnaire 1 is set out in the section above, entitled Therapists.

Responses to Questionnaire 2 were sought from therapists subsequent to each therapy session. The aim of administering this questionnaire was to elicit a therapist commentary upon sessions, to obtain a narrative from therapists concerning the session content. This questionnaire was designed with the purpose of accessing therapist accounts of their theoretical positions within sessions that could be used as additional information, extraneous to the text, for considering inferences concerning the orientation of therapists as participants within the talk. Accounts provided by therapists are used within the analysis of transcripts, subsequent to an analysis of the text itself in order not to influence a first reading of the talk within its own terms. Thus these accounts do not constitute research findings in any

conventional sense, but rather are used as material that is brought to bear upon the discursive analysis. A rationale for the use of this method for gathering therapist accounts of their work, in relation to the methods employed in similar studies is set out at the end of Chapter 3. In keeping with the chronology of the analysis, a brief section setting out further details of therapists' accounts, together with a critique of this aspect of methodology, is to be found within Chapter 13 following the analysis of transcripts.

The analysis is divided into six sections (within the following six chapters), each of which explores the way particular themes are talked into being by participants in the process of a family therapy, and hence to gain an understanding of the interactional constituents of the therapy. These themes are not discrete discourses but rather inter-related categories for understanding different aspects of what takes place within therapy sessions. They arose primarily from initial readings of the transcripts. Among the questions asked of the text are those research questions to be found in Chapter 4. The complex dialectic between text and theory is described in the Procedure section and my concern throughout the analysis has been to resist "forcing" a theory-driven reading upon the transcript material. Hence although each section is introduced with a rationale for attending to that area

of interest within the terms of contemporary family therapy theory, this textual artifact should not occlude the primacy accorded to the study of discourses as evidenced within the talk of participants.

Perhaps I can illustrate the assertion that primacy was given to the text, rather than to a theory-driven analysis of it by remarking upon two unexpected products of the analysis: one an exclusion the other an inclusion. I had hoped to be able to gather together material from the analysis under the heading, “Characteristics of helpful and unhelpful therapy”. This, it may be recalled was one of the research questions asked of the text in Chapter 4. However, the transcripts resisted this reading of them. I found that to impose a construct of helpfulness took me too far away from the orientation of interactants and too near to the assumptive base of process-outcome studies critiqued in Chapter 3. I found that the best I could do, without performing a methodological sleight of hand with the material, was to include within the analysis occasions where interactions were more or less discursively successful *from the perspective of participants*. It is in this discursive sense that interactions are found to be more or less successful and not in terms of helpfulness or global therapy outcomes. The characteristics of successfully achieved interactions are defined and contrasted with “trouble sources” on page 124 and pages 134 to 136.

The inclusion relates to the evocation of religion by interactants. Before my analysis of the texts I had not expected to include, alongside an examination of cultural discourses, references to the ways in which religious beliefs were evoked and rhetorically managed by therapist and therapees. From a reading of transcripts it emerged that a consideration of discourses relating to religion was needed. It is for others to subject the assertion that primacy was given to the text to scrutiny, in studying the relationship between transcript excerpts and the analysis. Where inferences are based upon premises contained within discourse analytic literature these sources are referenced.

The analysis of transcripts is set out in the following six chapters, each of which examines the emergence of one of the following themes within the talk:

- Power and expertise
- The therapeutic relationship
- Self in system
- Culture and religion
- Gender
- Doing theory

Chapter 7

Power and expertise

Introduction

As described in Chapter 2, the issue of power and therapist expertise has exercised family therapists in recent years. In common with Lacanian psychotherapists, theorists have been keen to position the therapist as one who is incapable of expert pronouncements regarding the therapee's life, who privileges the accounts given by therapees above her own professional opinions and hence shifts the balance of power away from herself and toward the therapee. For family therapists the theoretical rationale of this positioning is often stated in moral-ethical term, for Lacanians it is seen as important in returning to the subject the voice of her own desires.

Analysis of transcripts

Let us look to the therapy sessions for a consideration of whether and in what ways this positioning is accomplished linguistically by therapists.

Within the talk of all three therapists, Jean, Liz and John, there are a number of hesitations, repetitions, rewordings and indications of uncertainty. Here is the beginning of a session, which includes Jean (the therapist) David, Louisa and Vikram. It follows a previous session with David alone.

Extract 1

1. Jean: Well, I've met (.) with (..) yourself (.) and (.) the rest of the family
2. and I've met once with John and thought that it would be useful for all
3. the (...) three of us to meet today. But I suppose I'd be interested in (.)
4. what your thoughts and ideas (.) have you got thoughts and ideas about
5. coming along today as well (.) and whether (.) I don't know David
6. whether you had a discussion (...) with your family after (.) last time's
7. appointment as well.
8. David: Not really, no.
9. Jean: No, hm (.) What ideas, what (.) [
10. Vikram: [Did you say this to him, that he should (.) go back and tell us
11. exactly what went on, you know, you were asking him whether he talked
12. to us, but he didn't, so I am asking you, did you prompt him to go and [
13. Jean: I mean really we'd leave it to people to decide for themselves
14. whether they would talk (.) you know. Some people do decide to talk, I
15. don't know, did you (.) were you interested in what had happened or ((to
16. Louisa))

Jean's talk, unlike that of David and Vikram, is characterised by hesitations and indications of uncertainty. During this brief extract she says, "I don't

know” twice, on lines 5 and 13, the first time to ask a question of David. When she makes a statement to the family of her interest (line 3) she precedes the statement with “I suppose” indicating the uncertain and provisional nature of this interest. These linguistic devices taken together give an impression of a speaker who is hesitant and uncertain of her own ideas and is less interested in fact constructions from family members and more interested in their own “thoughts and ideas”,

We may ask why this should be. An individual psychological account might emphasise personality traits or characteristics, or employ a skills deficit model to imply a lack of sufficient training that would allow her to speak with more certainty and confidence. These explanations would not account for the consistent employment of these resources by all three therapists.

John opens his first session with Adam and Kate with the question, “Perhaps I can invite you to say something about what your expectations are, for example, from coming here today”. Note the indirectness of this question using the rhetorical device, “perhaps I can invite you” and then inviting an account that is likely to be incomplete by the request to “say something”. The already highly provisional nature of this request is further softened with the “for example” which implies that this question is one of many possible places to begin, and leaving open the possibility that they may

choose to begin elsewhere. Similarly, from the opening exchanges of the third therapist, Liz, with David, Julia, John, Peter and Kathy there are a series of hesitations and the use of “sort of” and “you know” by Liz on a number of occasions. Surely all three therapists cannot be in need of further training to boost their confidence? Rather let us consider what is accomplished by therapists in making recourse to this epistemological orientation in their talk.

In terms of Latour and Woolgar’s (1986) “hierarchy of modalization” certain linguistic and rhetorical resources are available to speakers for constructing the epistemological orientation of accounts, from “X is a fact” at one end of a continuum of resources to “X is possible” at the other. The resources utilised by Jean, and the other therapists, orientate her talk to the provisional and uncertain rather than factual and certain. The effect is for the therapist to position herself as an inexpert commentator upon the accounts given by therapees, whose constructions are not authoritative judgements but tentative opinions. Furthermore, these rhetorical devices are used to discount the therapists’ stake in her accounts (see Potter’s, 1997, account of the use of “I dunno” as a “stake inoculation”) hence increasing the freedom of therapees to accept what they find helpful and reject what seems unhelpful or inaccurate to them without running the risk of provoking the

therapist into a defence of firmly held views. It is as if the therapist is organising her talk to say, well, this is what I think, for now, although I'm really not sure this is at all accurate, and it is perfectly possible that you take a different view which is equally valid and which, if you chose to give voice to it, I would be happy to hear and not feel that you are undermining my own opinion. In positioning herself in this way the therapist both signals and authorises this form of talk as being appropriate for a psychotherapy and is thus part of the induction of the therapee into psychotherapeutic talk observed by Hak and Boer (1995), which is in marked contrast to the expert position taken by the doctor in a medical interview, bolstered by truth claims and accounts of high facticity.

There is corroboration for the assertion that these linguistic resources are employed intentionally by therapists in the accounts given of their work in Questionnaire 1 (Appendix 1). They all emphasise the importance in their work of being "respectful" (John and Liz) to the views of others, of striving to "shed...power" (Jean), and of taking an "unknowing" and "less certain" position. Contemporary family therapy theoreticians support the taking of such a position and indeed Pocock (1999, p. 13) spells out the discursive implications, thus:

“And now it seems to be the therapist’s turn to speak and she may say: “I don’t know for sure...but this is what I’m thinking..” and that note of uncertainty and her previous generosity in listening may have earned some entitlement for the meaning of her words to be felt for by the family members”

We find that the therapist seeks to position herself discursively as an inexperienced commentator. Let us now consider the effects upon family members of this positioning through a more detailed examination of the session between Jean, David, Vikram and Louisa from which Extract 1 is taken.

In Extract 1 Jean opens with a non-specific invitation to the family to talk of their “thoughts and feelings”, but also enquires into whether David had discussed with his family his previous individual therapy session. It is noticeable that David completely ignores the non-specific invitation and instead directly addresses the more specific question with the reply, “Not really, no”. He thereby resists the socially sanctioned expectation of engaging in “troubles talk” within a psychotherapeutic or counselling setting (Miller and Silverman, 1995) and responds as if to a medical practitioner conducting a diagnostic interview (Mishler, 1984). Jean hesitantly seeks to elicit “troubles talk”, by asking David for his ideas. She is interrupted by David’s father,

Vikram, who interprets Jean's original question as an indication that she had advised David to talk to his parents, thereby refusing to accept Jean's positioning as an *inexpert* advisor. Jean reasserts her preferred subject position by an evasive and generalised response (signalling an awareness of confidentiality issues in revealing the contents of the earlier session) which has the effect also of asserting David's autonomous decision-making. She signals her unwillingness to give expert advice and then quite pointedly foreshortens Vikram's continued search for advice concerning his son by addressing her next question away from him and to Louisa.

This rhetorical strategy, although effective in the short term, does not prevent repeated attempts, most frequently by Vikram, to position Jean as an expert advisor. This may be due in part to previous experiences with professionals who have been involved in David's care, notably his GP and psychiatrists, creating for them a role expectation of a clinical psychologist. This hypothesis is corroborated by Louisa's reference to Jean as a "doctor". There may also be cultural influences at play, which we consider in Chapter 10. Here is an extract from later in the same session, where Vikram persists in his pursuit of an expert opinion.

Extract 2

1. Vikram: Can you please tell me something? If he got himself in this sort
2. of present stage, can a person be changed, can a personality (0.2) can he
3. say, 'I'm not happy with myself, I don't want to, you know, follow my
4. dad's path', what can he decide on his own, what is his personal life, that
5. sort of thing, so can a person change his personality at that stage, I
6. mean [
7. Jean: [Well I suppose I'd like to hold off from answering that question
8. really, cause I suppose I'd like to have an opportunity to hear some of my
9. (both Jean and Vikram talk at the same time) team members' views as
10. well [
11. Vikram: [Well, yeah, you are the professional team, so say a personality
12. (0.2) can a person break away from the patterns of life which someone
13. has decided to that duration (.) can a person [
14. Jean: [Before I take a break is there anything extra that you'd like to add
15. as well? ((to Louisa)).

The first noticeable aspect of Vikram's initial turn (line 1) is the deference and formality implied in beginning his question with, "Can you please tell me something?" demonstrating a low level of presumptuousness associated with a lower relative status between interactants (Stiles, 1992, p. 55). Stiles

summarises research findings that demonstrate that a lower level of presumptuousness is the norm for the therapist within the context of a psychotherapy. However, consider the difference here with the more direct, less deferential questioning in line 9-11 of the first extract. This difference may be a reflection of the greater period of time spent being inducted into the permissible interactional practices of the therapist compared with the beginning of the session. Vikram's use of this resource in requesting once again an expert opinion may reflect his recognition that the asking of the question elicits for the therapist a troubled subject position (Wetherell, 1998) and hence takes care to clearly position himself within the therapist subject position.

Despite the care with which Vikram constructs his turn and puts the appeal for advice it is nonetheless refused by Jean, with recourse to the wish to take a break at that point and consult colleagues. Vikram persists with his appeal, again constructing a turn that at once defers to the professionalism of Jean and her colleagues as well as evoking the category entitlement of a "professional team" to offer an expert opinion. This time Jean simply ignores the question, signalling again her intention to take a break and ending this extract, in common with the first with a question to Louisa. This

is a particularly clear example of the therapist inducting the therapee into the discretionary freedoms available within that institutional role.

Paradoxically by refusing to be positioned as a powerful expert Jean demonstrably controls the discourses within the therapy and talks into being a presumptuousness associated with the more powerful interactant (Stiles, 1992, p.55-57). In this way the therapist is in control of the initiation and maintenance of the conversational formats acceptable within this institutional domain. This is a finding replicated by other studies of counselling and psychotherapy and appears to be prevalent within the speech exchanges of contemporary family therapists, irrespective of theoretical literature that proposes a positioning of the therapist and therapee as collaborative participants between whom power and control is equalised. This control is similarly evident in the therapist's structuring of the sessions, making use of breaks, the length and frequency of sessions and referencing the therapy team on a number of occasions, particularly during the end of session message. Let us illustrate this with the message given by Jean at the end of the session from which extracts 1 and 2 are taken. Here she changes the conversational format from question and answer or interview format to advisement. This is a lengthy turn, but here is how Jean

introduces the change in format through referencing her unseen “colleagues” with whom she has talked in a setting away from the family.

Extract 3

(Break)

1. Jean: Well (.) maybe I can start by saying we'd like to offer another
2. appointment (.) but an appointment in three weeks time and (0.2) maybe
3. can say towards the end who, you know, think about who should be
4. useful to come. Well (.) I suppose the things that I was talking with my
5. colleagues about was ... ((Jean continues))

Note that in lines 1 and 2 Jean proposes that they organise another appointment and determines the interval between therapy sessions. She follows these statements with an indication that she will tell them at the end of the session which family members she wishes to attend the following session, although the “think about” in line 3 is a discrepant element in her account, marking as it does an intention to think about this collaboratively which is absent in the remainder of the construction. The reference to colleagues both initiates and lends added weight to a lengthy advice-giving section to this conversational contribution.

There can be little doubt that Jean implicitly maintains her position as knowledgeable specialist, even while employing devices that construct her accounts as provisional and uncertain. Her control of conversational formats is consistent across professional-client contacts, including within counselling and psychotherapy sessions (Perakylä and Silverman, 1991). However, there is a contrast between her unwillingness to offer advisement in response to repeated questioning, but willingness to do so during the end of session message. This is likely to confuse therapist expectations concerning the appropriate conversational format at any one point in the therapy session.

The expectation that the provision of an expert opinion by the therapist falls within her interpretive repertoire is supported by studies that have shown information delivery by the psychotherapist or counsellor to be one of the two common conversational formats (the other being the interview format – Perakylä and Silverman, 1991). It is expressed by family members across therapy sessions. Other examples include the start of the preceding therapy session to the one from which the above excerpts are taken. Here Jean is meeting only with David:

Extract 4

1. Jean: Well, I suppose the first thing on my mind is, you know, thinking

2. about you (.) coming along today and really (0.2) what's on your mind
3. and what have been your thoughts since last time we met.
4. David: I thought what we discussed last was to (.) how to make me feel
5. different and how to go on (0.3) made me think about that.
6. Jean: (0.2) we met last time (.) one of the things we talked about was
7. about was your mum not being here and you know how she might get
8. here and be involved with some of the discussion. What happened in
9. terms of (.) letting her know? Who let her know and (0.2)

Following an open question from Jean about his thoughts David, perhaps reminded of the advisement format of the message at the end of the previous session, talks into being a subject position where he is the recipient of ideas regarding "How to make me feel different". This evokes the troubled subject position of expert adviser for Jean and she reorientates the talk to a topic that seeks to remove her from this position, but, once again paradoxically, has the effect of letting David know what she considers to have been appropriate aspects of the previous session to have borne in mind. She also immediately seeks to induct David into her preferred interview format where his troubles are best understood within a family setting, thus clearly positioning herself within the talk as the professional expert.

We have focused upon the ways in which issues of power, control and expertise are woven into the fabric of the interactions between one therapist and one family in order to provide a richer picture than would be available from a number of disparate and isolated examples. However, it is important to support the assertion that this is a general phenomenon within the talk of therapists and therapees. Here is an example taken from a session involving another therapist and another family.

At the start of the first session between, John, the therapist, Adam and Kate, John asks the couple for their “expectations”. In reply Adam expresses the wish for “some advice” that will help them to “get things together a bit more or relax in our marriage”. John does not address the request for advice, its appropriateness or otherwise within the therapy, but instead asks the question, “Does that mean that one of your expectations is (.) obviously to as you say get on better?” On the surface the eliding of the request for advice by Adam may seem to be of little consequence, but it confirms the importance of this therapist positioning for therapees, and by ignoring it the therapist is again asserting control over the appropriate conversational format. This difference in expectations between therapist and therapees persists and resurfaces within other aspects of the talk, which we will return

to in the next chapter when considering the nature of the therapeutic relationship.

The persistence of the belief held by therapists that the professional-client relationship should encompass advice/information giving formats is evidenced within the session subsequent to that from which extracts 1-3 are taken between Jean, David, Louise and Vikram. This session follows the prior session during which repeated attempts are made to elicit expert opinions and advice from the therapist. At the end of the earlier session Jean advises Louisa and Vikram to attend the next session without David. This they do, and the following extract is taken from the start of this session.

Extract 5

1. Jean: So, what would you see that coming along here (.) really looking for
2. today?
3. Vikram: Hm some kind of feedback and sort of (.) since our son is not
4. here obviously you can tell us something that you didn't feel comfortable
5. to telling in front of him.
6. Jean: Right that (.) that was your sense
7. Vikram: Yeah, that was my sense, yeah.
8. Jean: Right, right (.) What about for you Louisa?

9. Louisa: Well for me, it was more, hm (0.3) knowing what you think about
10. David and what (.) you think we should do (.) or (.) you know (.) your
11. opinion and (.) more (smiles) on our side.
12. Jean: Cause last time the end of last time's session we sort of (.) left (0.2)
13. you all, all three of you with an idea a bit about David's (.) concern for (.)
14. for the two of you and I wondered what you (.) thought about that
15. together or (.) whether it was a new idea for you or (.)

Clearly neither Vikram nor Louisa have been deterred by the experience of the previous session from expecting that a psychotherapy includes the giving and receiving of advice. Indeed both construct an account for the instruction to exclude David from this session that hinges upon the therapist's wish to furnish them with an opinion that she did not feel "comfortable" voicing in David's presence. Faced with this united call for Jean to adopt an expert subject position she cannot resort to the device, successfully employed on previous occasions, of disengaging with one interactant and seeking to reengage with another (usually Louisa) who will not seek to position her into a troubled expert subject position. Instead she talks into being a construction of her position in the therapy as being one who does, on occasions that *she* judges appropriate, such as "the end of last time's session", offer opinions. She takes care to undermine the construction of an account of the purpose

of this session as an opportunity to provide them with opinions of their son that she does not wish to share with him (i.e. an account that positions David as the abnormal subject of their shared concerns) with the assertion that her previous advice had been for “all three of you”. She further rebuts the facticity of the positioning of David as solely an object for their parental/professional gaze by asserting the “idea” of “David’s concern for the two of you”. Having recreated David within the talk as someone other than the person constructed initially by his parents (a giving of an expert opinion, albeit disguised), Jean then reasserts her control over the conversational format of the therapy by returning to her preferred footing within an interview format and closing her turn with a question.

We have found that family therapists seek to talk into being a representation of themselves as, to put it within the terms of theoretical descriptions, “not-knowing”. Despite repeated appeals by therapees they seek to resist being positioned as expert advisors and yet in doing so they clearly demonstrate their professional control over permissible conversational formats. Let us consider a further example of this appeal for an expert opinion, but one that this time ends a little differently.

The following extract is taken from the end of the first session between the therapist, Liz, Tracey, a trainee family therapist, David, Julia and their three children, John, Peter and Kathy.

Extract 6

1. Tracey: So, we're actually inviting you to come to further sessions and we
2. would like you to make a decision about whether that would be helpful to
3. you as a family =
4. David: I'd come if I knew the reason why I was coming and I don't think
5. it's fair to drag me and him ((indicating John)) up. This is obviously
6. another underlying problem I don't know about or I do know about and
7. none of the others do (.) I don't know.
8. ((Kathy opens and closes the room door)).
9. Tracey: I guess [
10. David: [Unless I get an answer, I'm not coming back
11. Tracey: I guess this is what (.) there are no answers to that. This (0.2) is
12. where we try to move away from what is the reason, who is to blame,
13. etc., we are here to sort of (.) think about what is going on.
14. David: When (.) when you are out to change something you gotta know
15. what you are trying to change. You don't go into Sainsbury's (.) [
16. Liz: [If it meant that you were less angry, she was more happy and he was

17. working and the children stopped bedwetting would that be enough

18. reason? (0.3)

19. Kathy: Yeah.

20. David: Yeah.

21. Kathy: Yeah, yeah, yeah.

The interchange between David and Tracey up to the close of David's turn on line 15 has an air of familiarity about it. Tracey is putting to the family the offer of another appointment and is making an appeal to the family, which in this extract David has taken up, for an indication that this would be "helpful" and hence that they will accept the offer. She uses her category entitlement as a psychotherapist to instruct them that they must take the responsibility as a family for the "decision" to take up the offer. David does not give the preferred response to an offer, i.e. an acceptance (Sacks and Schegloff, 1979) but rather offers an acceptance that is conditional upon the provision of an expert opinion. He positions himself, alongside John, as being unfairly "dragged" to the therapy unless he can be provided with a satisfactory explanation by the therapists of why they think it would be helpful to attend further sessions. He puts this bluntly in line 10. Tracey uses her subsequent turn to decline his demand for a professional opinion concerning the reasons for attending subsequent sessions, as we would

expect, as to do so would be to accept his positioning of her as “the one who knows” and to undermine her earlier account of the decision-making power and responsibility lying with the family. David responds by supporting the reasonableness of his request through an appeal to common-sense idiomatic expressions (see Drew and Holt, 1989, for an exploration of the function of such expressions in bolstering accounts) including the invocation of the clarity and simplicity of a purchaser-provider interaction within “Sainsbury’s”.

At this point we might have expected a further refusal to accept the positioning requested of them by the therapists, perhaps a move toward closure as we saw Jean make at the end of extract 2. Instead Liz intervenes (incidentally, making use of her category entitlement as the more experienced family therapist), and accepts his request to provide an expert assessment of the ways in which, in her opinion, the family needs to change and hence the reasons for them to attend further sessions. The fact that she puts this opinion in the form of a question does not lessen its impact as it invites a response, and does not disguise the advisement form of the turn that David has been seeking. The response is initially a rather stunned silence, which indicates that participants view Liz as acting outside the interpretive repertoire of the therapist that she and Tracey have established

during the course of the session. Kathy and David then give the minimum monosyllabic response required by the question in order to effect a repair to the conversation, answering in the affirmative. This allows Liz and Tracey to move rapidly toward making the arrangements for the next session.

Remarkably, given his previous problematising of future attendance, David says that he will come to the next session.

Summary

We have seen then that the therapists' power and control of permissible conversational formats and interpretive repertoires utilized by participants is as much in evidence in contemporary family therapy as in other psychotherapeutic formats. A question and answer format is commonly employed by the therapist and advisement, and the proffering of expert opinions, is commonly eschewed. The use of questions in this way is termed by Miller and Silverman (1995, p. 732) as a "discourse of enablement" where therapees are "facilitated" into their own "new understandings" rather than having these provided by therapists. However, the institutional discourses that sustain this form of professional-client encounter are such that therapist questions are commonly construed by therapees as containing within them elements of an expert opinion. We saw an example of this early on in extract 1 (p. 102) where Vikram interpreted Jean's question as carrying within it an

implicit advisement. Nor can rhetorical devices employed by the therapist to signify the provisional and uncertain remove her from the position of being the one who knows. Indeed the selection and enforcement of a quite different conversational format in the end of session message further muddies the water as to what is and is not allowable and when.

Outside this phase of the therapy session the therapist commonly resists an advisement format although in doing so is clearly demonstrating her professional control over the structure of therapy. The power of the therapee to resist, and to take control of the conversation is limited as we saw in Extracts 1, 2, 4 and 5, although this is achieved more successfully by John in refusing to bring troubles talk into a therapy session with Liz as we shall see in the next chapter (Extract 13). We shall further consider the implications of this finding in relation to the therapeutic relationship below, together with the exception that was found in Extract 6.

Chapter 8

The therapeutic relationship

Introduction

As we have seen in Chapter 2, family therapists have, in recent years, renewed their interest in the nature of the “therapeutic relationship”. Thinking on this topic has coalesced around the advocacy of a non-expert therapist attitude that we have explored in the previous section, but also psychoanalytic notions of transference, countertransference and projection have been reintroduced into theoretical accounts. Importance has been placed upon the striving for empathy and emotional connectedness by the therapist.

The task of the present section is to seek to understand the therapeutic relationship discursively. What are the linguistic coordinates of both connection and disconnection between therapist and therapee? How is the relationship talked into being and maintained? What can we learn about the constituents of this relationship from the times when trouble sources which endanger the continuation of the conversation appear in the talk and repairs are attempted or effected? Is it sufficient to look only to the signifying chains

for theoretical explanations of what is brought to and worked with in a psychotherapy, as Lacan would have us do, or do we need to construct alternative accounts? It is to these questions that we now turn.

Analysis of transcripts

Let us first of all look at a session that seems to have gone well. For our present purposes this means that all interactants have talked into being a conversation where there are good levels of participation and consensus concerning subject positions and appropriate conversational formats. There are few problems of speaking, hearing and understanding or “trouble sources” (Schegloff, 1992). Therapees bring along “troubles talk” to the interaction, without which a psychotherapy could not be accomplished, and the therapist responds in a satisfactory way such that the belief that a psychotherapy is being enacted appears to be sustained on all sides.

Such a session is the third session between Liz, the therapist, and the family of which Paul and Anne are parents and Ian is their son. This is the first session which Ian has attended with his mother, Anne, and which Paul, his father, has not attended. Hence a key task of the session, set out in the therapist commentary of the session by Liz in response to Questionnaire 2, was to “engage” Ian. In common with other sessions looked at previously,

the session follows an interview format for much of its duration with the exception of a message delivered at the end of the session following a break. However, there are some notable discursive features that seem to strengthen the engagement between participants and their collaboration in creating a psychotherapy. In the extract below, Ian has described at some length his father's behaviour when he is "high".

Extract 7

1. Anne: that's the thing that concerns me when he's like that he'd buy the
2. world (.)
3. Liz: Right
4. Anne: You know he'd go out and order (.) he'd go out ...[
5. Ian: [And it's very difficult to stop him (.)
6. Liz: Right
7. Anne: No you couldn't stop him
8. Ian: = He's so adamant that he's fine, and everything's excellent (.) erm

In the following turn Liz asks a question regarding the responses of Paul's other son, Mike, to his father when Paul is behaving in this way. It is noticeable that Liz often offers only minimal responses over a number of turns by Ian and Anne. This response of "right", in the extract above, fulfills

her obligations as an interactant and acts both to acknowledge her understanding of the previous accounts given and a prompt for further elaboration. Stiles (1992, p. 47) has found this to be a common response mode for the therapist within a client-centred therapy where the principal therapeutic aim is to understand the client's account from her point of view. The effect of this speech act appears to be a legitimising of Liz's right to ask her questions when she does, not just due to her category entitlement as a therapist, but also within the expectancies of troubles talk with an interested observer in non-psychotherapeutic settings. None of Liz's questions in the session are challenged or resisted and any problems in the interaction are easily repaired.

Interspersed with questions and these minimal acknowledgements are reflections which are used by Liz to convey some attempt to understand and put into words the experiences of Ian and Anne. This is exemplified in the extract below. Ian and Anne have been talking of the effects upon them of Paul's acutely "psychotic" periods from which he has eventually "recovered", but that the present "spell" has lasted for five years. Liz asks if they fear that this time he may not recover.

Extract 8

1. Ian: [=I think well you've said that to me before
2. Anne: I do, I think that way
3. Liz: Do you (.) do you say it or do you [just think it?
4. Ian: [=Yes you've said it to me; I don't think he's ever going to get better
5. Anne: [=Yes, I have said it yes, I have said it, I've said it to my sister (.)
6. and to my sister-in-law
7. Ian: I don't think anyone is actually expecting [
8. Anne: [BECAUSE it, because it seems to be the unknown, you know, I
9. just don't er (.)
10. Liz: That must be very upsetting for you.
11. Anne: Mmm

One or two aspects of this extract are worth remarking upon. There is the sense that both Ian and Anne are talking of matters of importance to them, demonstrated by high levels of participation, their use of volume and tone of voice to add emphasis. Each is keen to add her or his own account to that provided by the other as demonstrated by the number of occasions where one begins to talk before the other has fully completed her or his turn. The purpose of this overlapping talk is not to contradict the previous

speaker but rather in order to present the therapist with a particular construction or to add a point of view.

Liz inserts a question in line 3, which noticeably mirrors the lexical choices of Anne and Ian in their previous turns, in enquiring whether or not Anne speaks of her thoughts. Ian and Anne both answer this question directly rather than pursuing their earlier responses to Liz's previous question. The extract concludes with a reflection by Liz, the purpose of which is to convey an understanding of Anne's emotional state as she talks of her husband's illness. This is a short turn which does not use the reflection as a vehicle for an interpretive comment, nor does it attempt a transformation of Anne's "life world" experience into a professionalised account. Indeed through its lexical choice the intervention is located within the realm of everyday talk. Anne indicates agreement to Liz's comment.

Elsewhere in this session, at a number of points, Liz employs an advisement format, where she will offer opinions and interpretations to Anne and Ian. Let us consider an example of this.

Extract 9

1. Liz: It is interesting isn't it because at some level you believe he's got

2. some control. I'm not saying whole control, I'm not saying that he's (.)
3. you know he's (.) you know he's putting it on or being rude or anything
4. like that but there's a couple of things that you've said that you know (.)
5. when he has to you've talked about when he's been ashamed of his
6. illness that (0.4) and your wedding that when he has to he can make
7. himself (.) and you know make himself get a bit better, but at home he
8. doesn't have to put the effort quite so much.

Here, Liz is contradicting the earlier assertion made by both Anne and Ian that Paul had no control over his “symptoms”. She initially introduces this contradiction with the claim that their previous descriptions indicate to her that Anne and Ian believe that Paul has “some control”. The emphasis upon “some” softens the challenge, as does the use of “at some level”. The account of Paul’s control, initially based upon Anne and Ian’s belief, is skillfully elided into a claim made by Liz through her use of the first person from line 2 onwards. She further softens the challenge in lines 2 and 3 while at the same time preempting and rebutting counter-challenges to her own account. She bolsters the facticity of this claim through making use of Anne and Ian’s accounts of times when he has appeared to be in control of what he says and does. Liz further modifies her turn in order to reduce the likelihood of resistance (Heritage [1997, p. 173] terms this a “wind tunnel”

effect where a professional learns through repeated similar experiences to design her turn in such a way that it is likely to encounter the least resistance and most likely to be accepted) by emphasising that Paul can exert this control only when he has to, and even then can only “make himself a bit better”.

Close attention to the lexical choice in this turn demonstrates a use of Anne and Ian’s language to describe Paul, notably in the reference to his “illness”. Liz once again chooses to couch her construction in the language of everyday talk rather than institutionalised rhetoric, for example, by her use of the phrase “he’s putting it on” in line 3. The effect of this claim made by Liz is that Ian uses the subsequent lengthy turn to support Liz’s construction by providing a description of times when Paul does indeed seem be capable of controlling his illness. Anne does not comment directly upon whether or not she agrees with Liz and Ian that her husband is in control of her illness as the conversation is moved on by Ian’s lengthy turn to the differences between Paul’s behaviour in hospital in comparison to his behaviour at home. However, the overall effect of this fragment of the session is that Liz and Ian support each other’s narrative concerning Paul which goes unchallenged and yet appears to offer a quite different account

of Paul's behaviour than that previously provided by the family. A successful "restorying", if you will.

The attention to the use of the family's language that we noted in Extract 8 (p. 127) is also a common feature of the therapist's talk. This differs from the transformation of the everyday descriptions of patients into the decontextualised discourse of biomedicine that we have noted as a common feature of medical interviews and reduces the common psychotherapeutic practice of inducting the therapee into professionalised formulations (Hak and Boer, 1995). Where Liz is unsure of her lexical choice she will, not uncommonly, check its acceptability with Anne and Ian. For example, when referring to Paul's "first breakdown", Liz asks, "do you call it that because he was actually hospitalised that time?" This reflects the use by Anne and Ian of the word "breakdown" with reference to other hospitalisations, but not specifically Paul's first period as an in-patient. Liz only proceeds when the use of this term is confirmed as being acceptable.

Towards the end of the session there is some discussion of what it would mean to the family if Paul could no longer be cared for at home and required a more or less permanent admission in a hospital or other setting. Extract 10 is taken from this discussion.

Extract 10

1. Anne: Yes oh yes you could sort of you know [=if there was a plan
2. Ian: [=If there was you know, if there was a definite (.) either way, I
3. suppose you'd deal with (.) I think there was a more positive than
4. negative, I think we'd say OK.
5. Liz: I think at this point I should just say in case you think I've got some
6. inside knowledge of (.) you know of future care plans that this is
7. completely off the cuff and it's not that I've spoken to anyone [=it's just
8. that I wondered what people's thoughts were.
9. Anne: [=Yes, yes what the reaction would be. Oh yes no, that's
10. understandable but er (.) as I say you do wonder what the outcome is
11. going to be. So there you are.

Liz's turn is interesting in this extract as it encapsulates aspects of the subject position that she adopts as the therapist in this session, which seem to maintain a positive therapeutic relationship. At the beginning of the extract Anne and Ian make reference to a plan for managing Paul's needs in the future. This carries within it implicit assumptions regarding the involvement of a professional apparatus, which may include Liz, in drawing up a "care plan" for Paul. Liz uses her turn to make explicit the possibility

that Anne and Ian may be referencing a professional “care plan” and clarifies her position in relation to this by stating “its not that I’ve spoken to anyone”. This also serves to correct the impression that her previous questions on this topic were for the purpose of contributing toward the production of a care plan. She accomplishes this task through, once again, the use of such idiomatic expressions as “inside knowledge” and “off the cuff” which bolster her claim to being aligned with them and their concerns for Paul rather than with an institutional system with its own professionalised discourse. The overall effect of this speech act is to demonstrate a psychotherapist’s capacity to place herself in the shoes of the other and to speak of the other’s experience, whilst bolstering her preferred positioning as one who is open and transparent about what she knows and does not know, and furthermore is aligned with the family and their concerns. Unsurprisingly this position is strongly supported by Anne in her subsequent turn.

Finally, in looking to the discursive contours of a session where there are the features associated with a positive therapeutic relationship, one other aspect is discernable. On a number of occasions Liz presents Anne and Paul with choices concerning the structure of the session. For example, she returns from the end of session break and asks the family whether they

would like to hear the team's feedback or to arrange another appointment first. This is clearly a permissible question within the context of expectations established within the session as Ian promptly responds with the unembroidered request, "Feedback first". She concludes the session with a request for their views as to which members of the family might most usefully attend the next session.

We are now in a position to test out our inferences from this session against instances in family therapy sessions where trouble sources appear in the talk, which for our purposes, provide a discursive approximation to breaks in the therapeutic relationship. What do these moments tell us about the requirements for sustaining engagement in a psychotherapy? Do they support our findings so far, or reveal them to be deviant cases, insignificant artifacts in the psychotherapeutic process? Let us first make a minor digression in order to clarify what is meant by a trouble source. As we saw on page 124, this may be defined as a problem of speaking, hearing or understanding (Schegloff, 1992). In identifying trouble sources as such it is important to scrutinise the orientation of speakers themselves to these conversational moments that appear to be problematic. Typically attempts will be made to correct a "defective utterance" by the speaker (self-initiated repairs) or the listener (other-initiated repairs). Where the speaker does not

accept the listener's invitation to correct the prior problematic utterance the listener will typically undertake the repair herself in a subsequent turn (other-corrections).

In Chapter 7 we saw a number of examples of trouble sources emerging in the conversations between therapists and family members. Let us begin by looking again at these moments in the therapy in the light of what we have found to enhance engagement within the therapeutic relationship.

Extracts 1 to 6 may be characterised by their tussles between therapist and family members over control of conversational formats, with family members seeking to maneuver the therapist into an advisement format, and meeting resistance from the therapist. In conversational terms this discursive shift is commonly signalled by a family member reversing the usual interview format and asking a question of the therapist. The preferred response to such a request is to provide the information requested (Sacks and Schegloff, 1979; Potter, 1996). However, we see in Extract 1 (p. 102) that Jean does not directly answer Vikram's question as to whether or not she advised David to reveal to his parents the details of a previous psychotherapy session, although it is possible to deduce from her generalized response that she did not. In doing so she gives a dispreferred

response which would commonly require a repair. This might take the form of an account of the constraints upon Jean that makes her *unable* rather than *unwilling* to accede to the request for information. She fails to do so and unsurprisingly the effect of this unrepaired interaction is that similar problems resurface in the interactions between Jean and Vikram during the course of the session.

In Extract 2 (p. 104), taken from the same session, Vikram continues his appeal for an expert opinion and again Jean gives a dispreferred refusal to this request. Once again the attempt by Jean to correct this trouble source is minimal, citing as she does her wish to hear the views of members of the therapy team, although offering no explanation as to the reasons for this wish conferring an inability to respond to Vikram's question. Her lexical choice repeated in lines 6 and 7 that she would "*like* to hold off answering that question" and would *like* to hear her colleagues' views contribute to the construction of an account that implies that she does not wish to answer the question rather than that she is unable to do so. The latter account, of a constraint to action, is commonly used to initiate a repair to a refused request (Potter, 1996, p. 61-64). The trouble source remains and Vikram repeats his appeal, this time to be greeted by an unnegotiated breakdown in his conversation with Jean. Extract 5 (p. 115-116) similarly concludes with

the recurrence of a trouble source that remains unrepaired as Jean leaves Vikram and Louisa's requests for advice unanswered and returns to her preferred conversational format.

The evidence from the talk within these therapy sessions is that the therapeutic relationship is under strain and there are problems of speaking, hearing and understanding. Vikram's misunderstanding of Jean's turn in extract 1 (p. 102) is symptomatic of these difficulties. Louisa and Vikram often do not locate themselves as troubled but rather separate David's problems from familial contingencies. In this way they resist the suppositional basis for a family therapy. Their repeated attempts to elicit expert opinions from Jean are mirrored by their own marshalling of accounts for their son which invoke pathology and personal deficiencies. The discrepancy between these accounts and those offered by Jean are rarely addressed and negotiated. The effects of differences in lexical choices between interactants is both symptomatic of and contributory to low levels of engagement and a therapeutic relationship that stumbles from one conversational crisis to another. Vikram and Louisa describe their son's "deficiencies", his lack of self-confidence, his shyness; Jean carefully avoids the use of this language. She resolutely avoids labelling or blaming David and instead seeks to problematise his parents' actions in relation to him

(these features are spelt out in Jean's message at the end of the session from which Extract 5, p. 115-116, is taken). In the absence of these conversational elements which serve to build a successful interaction, there is not a consensus achieved sufficient for participants to maintain the conditions for a psychotherapy. The session, from which Extract 5 is taken, is the last that the family chooses to attend.

We have already remarked upon the difference made to a similar struggle for control of the conversational format in Extract 6 (p. 118-119) by the therapist acceding to the request for advice, but it is worth highlighting this again within the context of the present discussion. In this extract David repeatedly initiates openings for the therapists to repair their earlier refusal to accede to his request for their opinions. In giving the preferred response in lines 16-18, Liz repairs the trouble source and rescues the therapeutic relationship from the risk of a breakdown. It seems that for the therapist to maintain flexibility regarding invitations to vary the conversational format is a stance that serves not only to enhance the therapeutic relationship but in this instance to save it.

Let us continue our examination of the appearance of trouble sources and explanations for them, this time with reference to John's work with Adam

and Kate. The following extract is taken from the beginning of the first therapy session.

Extract 11

1. John: So (.) Kate would you like to say something as to what you see as
2. the (.) kind of issue (.) or er problem or difficulty that it has been in the
3. last few years.

4. Kate: Well, it is there when things go wrong and we've been (.) we've
5. actually just got back from holiday which I thought we had relatively
6. relaxing sort of time. Two nights ago Adam got very angry with me
7. about different things but it is (.) [

8. John: [Can you say what they were about what took place?

9. Kate: (Kate gives a lengthy explanation that due to the fact that Adam
10. snores, they sleep apart). Adam gets upset about that so that has been an
11. ongoing problem. I think the other evening was about sex. But to me
12. thinking about that holiday I thought that things would be improved and
13. things would be more relaxed and we could build on that (0.2) I just
14. wasn't expecting two major rows and I felt like all that (.) we're not
15. getting anything resolved (.) you know (.) its not working basically.

(Adam then explains that when they were on holiday he had tried to use a device to stop him snoring, but that this had been unsuccessful and they had

continued to sleep apart)

16. Adam: It felt like rightly or wrongly that we could never sleep together

17. again (.) unless there was an emergency and for the rest of the marriage

18. (0.2) an issue (.) I'm finding it difficult to come to terms with it (.) cause I

19. miss the companionship and (.) just get lonely sometimes I suppose.

20. John: So one of the issues for you is this issue of sleeping apart or

21. sleeping together. Are there any other issues or difficulties?

22. Kate: Well sex is another area isn't it?

23. Adam: Yes it has become even more (.) kind of a (0.2) problem (.) issue

24. (.) call it what you want (.) because for me sleeping together is reinforcing

25. intimacy (.) closeness (.) that is missing from not sleeping together and

26. with that having become fairly irregular at the last few years or so (.) it

27. has aggravated the problem.

It is noticeable that John is hesitant in his lexical choices, perhaps not wishing to predetermine the language used by the couple at this early stage in the therapy. In line 2 he uses three descriptors: problem, issue and difficulty, in parallel as if inviting the couple to make their own linguistic selections.

This indicates that John is concerned to modify his turn in order to reflect the couples' lexical choices as we have found to be a common and probably helpful practice among family therapists. Kate uses her initial turn

commencing on line 4 to give an account of the nature of the problem that brings them to the therapy. She uses a contrast structure (Smith, 1990) to abnormalise Adam's anger with her at a time when they were relaxed and had "just got back from holiday". She continues to build up her account of Adam's unreasonable behaviour in instigating "two major rows" so soon after a holiday that she thought would have "improved" things between them. In continuing to assign culpability to Adam for these rows which she had not been "expecting" (with the implication that they are entirely Adam's responsibility) she carefully places within her account the claim that the rows were "about sex".

The overall effect of these two turns is to locate the blame for the recent rows, which led her to the feeling that the relationship is not working, upon Adam who, persisted in his grievance with her due to his sexual needs, even following a relaxing holiday, during which she hoped that their relationship had improved. By using the monosyllabic "sex" rather than a term that locates sex within a relational context, for example, by talking of their sexual relationship, she compounds her blaming of Adam for his need for sex, which is separated from intimacy. Adam defends himself, initially by undermining the construction of the holiday as relaxing by talking of the unsuccessful use of a device to stop him snoring. He further corroborates

his position that the holiday had, far from making him feel relaxed, had made him feel that barring “an emergency” they could never sleep together again. This extreme formulation justifies his dissatisfaction and sanctions the rows. He then disassociates himself from the troubled subject position of a man who is only interested in sex by emphasising his loneliness and wish for the “*companionship*” of sleeping with Kate rather than sex.

Following Adam’s turn something interesting happens. The therapist, John, summarises the previous accounts given by Kate and Adam with the statement, in line 20, that one of the issues for them is “sleeping apart or sleeping together”. This summary differs from the accounts given by the couple in that they both agree that it is not so much that they are not sleeping together that is the issue but rather that this is a problem for Adam, due, he says, to the lack of intimacy, whereas for Kate it is explained in terms of sex. In failing to indicate an understanding of the problems that have been described as flowing from sleeping separately, John has not located himself as a successful respondent to troubles talk required of a psychotherapist. This apparent failure of understanding is compounded by the question from John that immediately follows, where he does not demonstrate an interest in accounts of experiences (which we have seen from our previous analysis to be helpful in enhancing engagement) but

rather applies an information-gathering format more usual in medical interviews. Our hypothesis that John has somehow missed the point of previous accounts is borne out by what follows. Kate immediately reintroduces her view that sex is a problem and Adam reiterates that there is a difficulty regarding intimacy. Note the way in which they do this. Kate's statement has the air of a reprimand to it that John has not referenced sex and Adam almost parodies John's language with his use of both "problem" and "issue", before dismissing such equivocation as insignificant. They both ignore John's request for further information, signalling it to be premature. It appears that at the outset the therapeutic relationship is not being talked into being.

In the conversation that follows Extract 11 (p. 139-140), John takes his cue from the couple and does not return to his question regarding other difficulties, instead questioning the nature of the "sexual issues", although in doing so it is noticeable that Kate's account regarding sex is privileged over Adam's of intimacy. However, after a short turn by Adam and a longer one by Kate, John returns to his question about other problems.

Later in the same session further evidence appears of continuing problems in the therapeutic relationship. Kate has just given an account of the differences between them that obstruct communication.

Extract 12

1. Adam: Yes broadly speaking that's the situation I think.
2. John: Hm are there things that you've done or tried (.) to address these
3. issues as a couple
4. Adam: Are there things that we've? ((doesn't seem to have heard the
5. question))

Ostensibly this may appear to be a momentary lapse in hearing, but it is the first such occasion in the session and we may ask, why here? Quite soon afterwards John asks a similar question and this time Kate does not hear the question. A little later John again asks if they are doing anything that seems to make things better between them. This time Kate replies, "I don't think that I have been doing anything different". Taken together it does appear that we are observing further problems in the therapeutic relationship which may reflect earlier unrepaired trouble sources but also an insufficiently negotiated move to transform Kate and Adam's accounts of their experiences into an institutionalised frame of reference where solutions are

sought to problems. There appear to have been too few occasions where the therapist acknowledges and demonstrates an understanding of the couple's experiences to allow the shift in the discursive register required in moving from experiences to questions eliciting "solution-seeking behaviour". Furthermore, the therapist language, e.g. of addressing issues, indicates professionalised rhetoric, rather than the use of everyday or idiomatic resources. Our findings demonstrating the conversational coordinates of a positive therapeutic relationship are again supported; without this engagement difficulties appear in the use of theoretically-informed conversational formats. There is an unwillingness of those designated as therapees to do therapy talk, and without this cooperation the therapist struggles to be a therapist. Following the second therapy session Kate and Adam choose not to take up the offer of further appointments.

Let us look at another session where there are clearly difficulties in constructing a therapeutic relationship. This is the third session between Liz, the therapist, and the family whose initial session we encountered in Extract 6 (p. 118-119). This time Julia and her eldest son, John, have come along. The following extract is taken from the first exchange between Liz and John:

Extract 13

1. Liz: So John (.) I'm just aware that last time you came (.) you were
2. actually very talkative and very articulate and letting us know your view
3. on things and today seems to be a little bit different and I'm wondering
4. what the reason for that is. Is it that you didn't want to come today?
5. John: It's that (.) I'm not the one who needs therapy (.) because I'm not
6. living (.) I'm not staying at home. In three weeks I'll be gone.
7. Liz: Where are you going in three weeks?
8. John: That's my business, no one else's.
9. Liz: Does anybody at home know?
10. Julia: That's the first I've heard of it ((smiles)).
11. Liz: (.) So you see coming here today here is [
12. John: [I (.) I've got a babe pregnant and () that sort of thing (.) so
13. nothing to do with my family I think
14. Liz: so you and (.) your girlfriend are going to set up together?
15. John: (.)No (.) we'll see.

Here we clearly see the therapist striving for a level of engagement with a family member sufficient to enable an interaction to take place that might constitute a psychotherapy. John is presenting Liz with a paradox: his presence in the room is indicative of a wish to participate in a therapy and

yet he begins the extract by denying the therapist access to troubles talk and asserting that he has no need of therapy. Liz's opening turn displays the employment of a number of discursive strategies designed to create a therapeutic relationship. She clearly marks a break in the foregoing conversation with Julia with her opening "So, John", whilst also marking a non-professional informality to the turn with her use of the first name. She seeks to conjure up the previous visit, doing so in a way that avoids being accusatory of his silence in the present session by her prefacing of the remark with "I'm just aware" (line 1). She avoids premature abnormalising of his silence in contrast to being talkative in the previous session, which she constructs as a compliment, by using only the neutral word, different. Although she concludes with a question, this clearly encapsulates a reflection that seeks to convey an understanding of his reticence to come to the session. Liz repeatedly uses questions and reflections to convey an interest in and understanding of John's experience. This is repeatedly rebutted although, of course his account of getting "a babe pregnant" (line 12) at least provides the therapist with some material to work on.

This pattern of exchanges continues between Liz and John, where we see Liz making use of many of the discursive methods that we found to enhance engagement in an attempt to negotiate subject positions that might allow

therapy to take place. She uses acknowledgements and reflections from within John's frame of reference. She is flexible in her positioning, at a number of points foregoing her category entitlement as a psychotherapist and asking John whether or not it acceptable to him to ask a question, e.g. "Can I just ask you something?" At one point rather than using John's name she mistakenly substitutes his father's name, and apologises and says "I've got it wrong". On another occasion, when giving an account of an event from the previous session, she phrases her uncertainty in terms of "maybe it was just my memory playing tricks on me", which both constructs her account as of low facticity and makes use of non-institutionalised idiomatic rhetoric in doing so.

The effect upon John of these methods that Liz uses to talk into being a therapeutic relationship between herself and John is that eventually he accedes and begins to talk of his troubles. Although this is never wholly achieved as he continues to indicate himself to be capable of dealing with his own troubles rather than seeking a psychotherapeutic transformation, but nonetheless he does take up the minimum requirements of the subject position of a therapee. The following brief extract taken from the same session, illustrates the doing of therapy in the interactions between Liz and John.

Extract 14

1. Liz: [=Because you think the violence isn't gonna happen anymore?
2. John: Yeah (.) it might do but it's not (.) it's not my business. Mum (.)
3. she chose to go back and whatever she chose the truth is she chose him
4. before me (.) fair enough.
5. Liz: So you see it as a choice between you and David?
6. Yeah (.) in a way it was. My dad keeps saying ((continues))

Once again with this example of therapy in extremis, where there does not initially appear to be the cooperative basis for a therapeutic relationship we find that the therapist is able to make use of member resources to create the discursive basis for a psychotherapy. We might reflect for a moment upon the likely outcome of a failure to employ these resources, if the therapist had tried to do therapy by utilizing theory-driven talk without first seeking to create the context within which this might be likely to have the desired effect, or if the therapist had rigidly maintained the use of a preferred conversational format. It seems likely that the therapy would have ended before it had begun, with the therapist citing John's "resistance" as the cause and with little likelihood of John's return to a subsequent session.

Summary

Let us at this point summarise the findings from sessions where there appears to be a high level of engagement between participants as opposed to those where the therapeutic relationship does not appear to be dialogically strong. In doing so, I would urge the reader to keep in mind that the criteria used throughout this section for assessing the extent to which interactions are successfully achieved and maintained from moment to moment are discursive in nature and viewed from the position of participants. The findings emerge from the study of these interactional moments, rather than through the coding of discursive phenomena within the terms of metaconstructions brought to bear upon the material, as would be the case in traditional process-outcome research (see page 40 to 43).

In sessions where engagement is high there is a demonstrable flexibility by the therapist as to the implicit or explicit demands of the family. This shows itself in a willingness to adopt a variety of conversational formats, including at times an advisement format. The impression is created in the therapists' talk that she is more interested in their experiences and their descriptions of these experiences than in transforming their accounts into a professional frame of reference. Her willingness to simply listen to the family whilst

providing minimal responses in order to convey understanding and invite elaboration is one indication of this positioning as is her attention to the language used by the family and frequent recourse to everyday or idiomatic language. The therapist negotiates an alignment with the family by these and other means. She refers explicitly to asymmetries of knowledge and endeavours to clarify the extent of what she knows. She uses the privileges of her status as a psychotherapist to provide and bolster expert opinions and to entitle her to determine aspects of the session's structure. However, in providing opinions she takes care to do so in ways that acknowledge and "fit" with prior constructions. At times she presents the family with choices and opportunities to discuss session structure, which consolidates the impression that there are limits to her expertise and that the family also has power and knowledge and an entitlement to express preferences.

Chapter 9

Self in system

Introduction

Building upon our findings in relation to the therapeutic relationship let us now turn to the ways in which family therapists talk into being a version of therapy that includes themselves. This has been a touchstone of post-Milan theorizing, where the therapist is no longer construed as a neutral and objective observer, but as an active participant, bringing to the therapy her own beliefs, prejudices and ideology. We saw in Chapter 2 that some in the field, for example, Lynn Hoffman, have interpreted this idea in terms of a willingness by therapists to talk of their own beliefs and experiences. Others, for example, Carmel Flaskas, have taken this theoretical shift as a starting point in making use of psychoanalytic presuppositions to explain the therapeutic relationship in terms of transference and countertransference.

Analysis of transcripts

Let us look to the transcripts of the therapy sessions in order to explore the ways in which this theoretical proposition surfaces within the interactions that we find there. First of all, two occasions where the therapist does not

appear to be willing to allow herself to be included in the talk as one part of the interacting group.

There is strong evidence contained within the analysis of extracts 1 to 5 (p. 102-116) that Jean is deliberately resisting speaking from the position of a knowledgeable expert and that the family are seeking to position her as such. We have observed the methods used by interactants to persuade and to resist, but what is perhaps remarkable is that this fundamental conflict as to who the therapist is created as being within the therapy, is fought covertly and is never directly referenced by the therapist. In many ways this wish by the therapist to subvert her position as the one who knows has many echoes within a Lacanian frame of reference. However, it would be easy to imagine a Lacanian psychotherapist, faced with similar appeals to take up a position of mastery, constituting this wish by the therapees within the conversation. She might remark upon and wonder at the desire for her to speak of them and for them rather than to search for their own voice. That Jean does not talk of this subtextual conflict, but rather acts into it repeatedly does throw into question the meaningfulness of the proposition that the therapist locates herself discursively within the system. This then is evidence that where a family therapist is aware of being represented by family members in a particular way, a transferential experience if you will, and that this is proving

problematic to the therapy, she does not evoke this representation within the conversation.

For the second example of resistance to the evocation of the self of the therapist let us return to Jean's final session with Louisa and Vikram.

Extract 15

1. Vikram: [Yeah (.) I wanted a very established, very supportive family
2. structure (.) once they come into educational environment and they do
3. get themselves into a certain fashion (.) they'll go outside into the world
4. they'll take a degree or whatever professional qualification and nobody
5. thinks of race or your colour or (.) whatever can throw you out (.) but
6. that's that's what (.) I mean (.) I've heard western philosophers and
7. people like that and their children they didn't care less of them you know
8. (.) they look after their own and their happiness rather than the happiness
9. of you know the second generation or third generation [
10. Jean: [Did Louisa have a similar idea do you think?

We will return to Vikram's turn in this extract when looking at the ways in which culture is evoked and negotiated in therapy. For now let us note one or two aspects of the extract relevant to the present theme. What is Vikram

seeking to achieve here? His contrasting of his own wish for a “very established, very supportive family structure”, with a lack of care by “western philosophers and people” toward their children, both seeks to bolster the credibility of his own accounts of his actions with his children and to rebut the construction that these actions have been instrumental in creating David’s difficulties. By abnormalizing Western ways of bringing up children he is also undermining Jean’s category entitlement as a Western person to offer advice to them. The use of the phrase “nobody...can throw you out” is interesting here. It can be seen as alluding to the rhetoric of forced expulsion of immigrants, but also in this context the reference to the qualifications held by his children and himself may be seen as further support for the facticity of his views which, at the very least, cannot be simply dismissed. None of this is mentioned by Jean.

Again one could imagine a psychoanalytically-orientated psychotherapist wondering whether Vikram feels it important to defend his way of bringing up his children, or fears that his views may be rejected by a Western professional, or indeed whether he is questioning the basis of Jean’s status as an expert on bringing up children. Is he wondering whether or not Jean herself has children? This last question is put directly later in the same session. It is interesting to note Jean’s response. Jean is about to take a break

and has just asked Louisa and Vikram to think about an occasion when they did not worry about David while she is out of the room.

Extract 16

1. ((They all talk at the same time))
2. Vikram: Okay, okay (.) but you worry about your children [
3. Jean: [Sure, sure
4. Vikram: [I mean (.) I don't know (.) have (.) have you got any children? I
5. don't know whether you got children or not.
6. Jean: I understand that you know (.) I think yeah (.) that parents do
7. worry about their children (.) but the last time that you (.) maybe not
8. weren't worried but much less worried, okay?

Vikram initially universalises his worries to all parents in an attempt to rebut the implication that to worry is abnormal. Then, hesitantly, as if mindful of a high degree of presumptuousness in asking this question of a person designated as a psychotherapist, he asks Jean whether she is a parent. Jean ignores the turn altogether and addresses her remark to Vikram's earlier assertion that parents worry for their children as an objection to undertaking the task that she has set. In doing so she does not make use of a further opportunity to verbalize the implication of the question, which is a

questioning of her category entitlement as an expert on bringing up children as well as refusing a direct request to place herself in the system by revealing information about herself.

Thus far, then we have not found evidence to support the theoretical premise that family therapists should locate themselves within the therapy system in the actual actions of therapists. Let us turn now to examples where this does appear to have occurred.

The first example is one previously referenced within Extract 10 (p. 132). Here Liz, the therapist, addresses her turn, beginning on line 5, to the subtext of prior speech acts by Anne and Ian. She notes a subtle shift in the discursive register which alerts her to the possibility that the interaction is taking on the contours of an interview between “patient keyworker” and “patient carers” the purpose of which is to agree a plan of care for the “patient”. She addresses this shift in her own positioning within this talk as the one who knows the plans for Paul’s future care by directly rebutting this unspoken assumption. She does so by speaking of her own knowledge on this matter and that she has not discussed Paul’s future care with other professionals, thus talking herself into the conversational system and repositioning herself as a psychotherapist in relation to the family. We have

discussed in more detail the effect of this speech act in the previous chapter. For the purposes of the present section let us note the successful negotiation of implicit premises concerning the therapist's knowledge and purpose through talking the person of the therapist into the conversational system.

From this example we do find a family therapist tuned into and willing to make use of the ways in which she is located in the talk. But, we may ask, is this generally a helpful thing to do? Let us look now at another example of the therapist placing himself, his views and beliefs within the system, this time less successfully, in order to explore the differences between a successful and unsuccessful enactment of this theoretical premise.

Extract 17 is taken from the second session between John, the therapist, and Adam and Kate. It may be recalled that in the prior session, that from which Extracts 11 (p. 139-140) and 12 (p. 144) are taken there seemed to be some difficulties in talking into being a therapeutic relationship. John has asked Adam and Kate to talk of their sexual beliefs. The following extract edits out a small segment of the text between lines 27 and 28.

Extract 17

1. John: Hm (0.2) I suppose I mean just to (.) I need to share with you my

2. own thoughts. I did wonder whether this image of men wanting sex
3. more often or being more insistent (.) where in a way the man having to
4. take care of the woman sexually was something that echoed in some
5. way some of your other beliefs.

6. Kate: How do you mean? Can you explain it?

7. John: Well (.) just the (.) I mean it seemed that (0.2) I think of the things
8. Kate and and in both of the kinds of beliefs you listed (.) there was an
9. image of (.) a general image of men perhaps needing and being more
10. insistent around sex and also an image of men needing to take care of
11. women sexually or (.) and really its kind of picking up on something
12. that you were saying about whether that is (0.2) putting the man into a
13. different position to the woman or whether (.) it's in fact that both
14. people are in quite an equal position (1.0)

15. Adam: ((Laughs)) The conversation is stopped.

16. ((PHONE RINGS – John talks on the phone))

17. John: A call from my colleagues (.) they've noticed (.) perhaps we've all
18. noticed (.) as you say, Adam, that (.) kind of conversation stopper and
19. wondering if that in some way had something to do with my statement
20. that I have a different belief system that maybe in some ways needs to
21. be explored (0.2) I mean (.) what might that mean in this context if I
22. have a different view system (.) Is that something that you find difficult

23. or [

24. Kate: That wasn't what stopped the conversation for me. I mean I was

25. quite prepared for you not to share our Christian beliefs when we came

26. here. (0.2) What stopped the conversation for me was (.) I suppose (.)

27. you seem to question that men and women are different sexually. (0.3)

28. That's what it sounded like what you were saying but maybe I

29. misunderstood.

30. John: (0.3) I wonder for you, Adam, what you feel was the conversation

31. stopper.

32. Adam: I found it quite forward of you to be honest. My mind is perhaps

33. trying to break down some other parts of the conversation

34. ((Continues)).

There is a hesitancy in John's opening turn greater than that which might be required to effect a stake inoculation or to construct an uncertain subject position and is perhaps indicative of an uncertainty concerning the making of subsequent remarks. John's use of the word "need" rather than "want" or "would like" confers on his "thoughts" a high degree of importance and relevance to the course of the therapy. However, the effect of his turn is rather oblique. The summary of explanations given by both partners employs John's own lexical choices, of "this image" and

“insistent”, for example, rather than terms used by the couple. There are indications in his use of “wonder” and “in some way some of your” that a turn is being designed where a provisional opinion will be offered which the speaker expects the respondent to rebut. Ultimately the opinion is phrased in the manner of a question concerning the image conjured up and whether it is “echoed” (again note the emphasis given to this word “echoed”, reinforcing the salience of the question) in the couple’s “other beliefs”. It is unclear as to John’s intention in this turn, which has been built up as conveying important thoughts and ends with a question rather than the expected opinion concerning the couple’s unspecified beliefs.

Kate is confused, perhaps not just about which of her beliefs are being referenced but also at the mixed signals contained within the linguistic resources employed by John. When asked for clarification by her, John again appears hesitant and on two occasions references Kate and Adam’s previous accounts in an attempt to support his repeated account regarding the image of male and female sexuality that he has inferred from them. This time he does not relate this inference to other beliefs that the couple may hold and does not indicate that he is offering an opinion of his own. Instead he concludes by evoking a false opposite of men and women as either different or equal, which of course are not descriptions that are

mutually exclusive. It is not clear whether he is intending to ask a question. It comes as no surprise to find the couple again confused as to John's intentions.

We may surmise that during the phone call from the therapy team John's earlier intention to state his thoughts in relation to the couple's beliefs is referenced as he returns to this theme in his subsequent turn. In doing so he refers to an earlier statement made by himself, that he believes to have been a "conversation stopper", a statement that he has a "different belief system" from the couple, and asserts that it is this difference that "needs to be explored". For the hearer of this account there are two aspects that are somewhat unclear and which, once again, serve to obscure the speaker's intention in giving it. First of all, John has not stated that his belief system differs from that of the couple, although this may have been his intention in the turn that commenced on line 1 (p. 158). Secondly, it is not at all clear which beliefs or belief system it is that John is commenting upon.

As John's assertion that the conversation stopper was an unuttered statement it is perhaps less than remarkable that Kate gives the dispreferred response of a flat disagreement with this assessment, and chooses to interpret John's remark as directed at their Christian beliefs (which he had

referred to earlier in the session). She also denies that there is anything problematic about John not sharing those beliefs. She then provides an account of the conversation stopper in terms of John's questioning of differences between male and female sexuality. These rebuttals are presumptuous in relation to John's professional entitlement to provide expert opinions supported by his category entitlement as a psychotherapist and Kate designs her turn carefully with several features that soften her message, including the caveat that she may have misunderstood him. When asked for his elaboration of the nature of the conversation stopper, Adam too indicates some confusion concerning John's earlier utterances. He also overturns the normal discursive parameters of therapist-therapee interactions by characterising John's remarks as "quite forward".

Let us pause for a moment to check our analysis against the orientation of speakers. There is evidence of problems of speaking, hearing and understanding. At each turn transition Kate and Adam appear to be confused and unsure of what it is that John is hoping to accomplish with his utterance. In line 23 Kate contradicts John, and in line 30 Adam criticizes John for being "quite forward", which is an unusual criticism to be levelled at a psychotherapist whose role confers upon him a high degree of presumptuousness in accessing personal narratives. For the couple,

John's attempt to place himself and his views in the system does not appear to have been successful.

What does all this tell us about the way in which therapists enact the theoretical injunction to place themselves within the therapeutic system? The most obvious observation is that family therapists apply this theoretical premise in their work inconsistently. On occasions where there is a clear expectation by other interactants that the therapist will reveal personal information this information is not always provided as we saw in Extract 16 (p. 156). Furthermore when there are quite fundamental conflicts regarding the nature of the therapy and who has a right to speak about what in any particular way we have found that the therapist does not choose to talk these differences between interactants into being. There appears to be a repeated preference by therapists to locate the family as the subject of the conversation rather than to discuss the positioning of the therapist by family members, and to attend to what might within a psychoanalytic discourse be referred to as transference phenomena.

This is not, however, always the case and we saw in Extract 10, (p. 132) that Liz successfully included an account within the therapy that referred to a positioning of herself by family members that she construed as being

unhelpful to the therapy. By addressing this conversational trajectory directly, with reference to her access to knowledge and information, she renegotiated the positioning of interactants within the therapy. This accomplishment hinges upon a shared understanding between all participants regarding Liz's purpose in correcting the family's presupposition that she may have "inside knowledge" and providing instead a credible alternative explanation for her questioning.

By contrast John's attempt to locate his views within the ambit of the psychotherapeutic conversation is not successful due to the lack of clarity regarding its intention and purpose. Extract 17 (p.158-160) finds Kate and Adam struggling to understand what it is that John is hoping to achieve. Is he seeking to make a link between their views concerning sex and other views that they may hold? If so his account is insufficiently specific regarding the nature of these "other beliefs". Is he holding up for discussion an opinion that men and women are not in fact sexually different as he understands to be the couples' belief? If so he does not build up a credible account of the reasons that he holds this opinion (e.g. by referencing research, his experience, etc.) and ultimately it is not clear whether he is reflecting upon their views, asking a question or offering an opinion. He does not seem to utilise lexical choices made previously by speakers in

making subsequent constructions and indeed on one occasion references a comment that he had not in fact made. When he does clearly question the meaning to the couple of differences in their “belief systems” and his own he does not provide a clear account of the belief systems to which he is referring. This omission contributes to the overall uncertainty concerning the intended effect of these utterances and to an insufficiently robust construction of their relevance to the point that they have reached in the therapeutic conversation.

Summary

Talking of the person of the therapist or the relationship between therapist and others requires a shift in the discursive register from talk that takes the family as its subject. In order to negotiate this shift successfully the evidence that we have found suggests that it is important give a clear account of the reasons for making it and its purpose within the therapy. Psychoanalysts, informed by theoretical premises that locate the relationship between therapist and therapees as a site of change are more versed in the reasons for making this shift and methods for successfully doing so. Notions of transference and countertransference provide a clear theoretical basis for talking the self of the therapist into the therapeutic conversation.

We began this section by noting that there are differing theoretical rationales for family therapists to follow suit, ranging from the ethical to the technical. Perhaps the confusion that we have seen in the talking of the self in a family therapy is a reflection of this theoretical ambiguity. Such a hypothesis is supported by the fact that most problems seem to have arisen for the therapist among the three included in the study who trained before self-in-system rhetoric had fully taken hold within the family therapy field and who, of the three, is the only therapist who does not consider his personal values to occupy a central position in relation to his work with families. Indeed in his commentary regarding this session, accessed by a post-session questionnaire, John refers to his attempt to explore the implications of his own belief system in relation to that of the couple as “new” and “awkward” for him. He describes his decision to follow this line of enquiry as having originated from a discussion with members of the therapy team.

Chapter 10

Culture and religion

Introduction

All three family therapists whose work forms the basis of this study position their practice within the narrative/social constructionist framework which informs current family therapy theory. This approach to therapy has been described by Barratt, et al (1999, p. 11) as promising “for the development of culturally sensitive and anti-racist practices”. Krause (1995) provides us with a non-essentialist anthropological model for understanding the way in which culture is actively and continually reconstituted and reproduced by individuals in social interactions. This is a model that fits neatly into the social constructionist vision of multiple subjectivities, recursively and iteratively constituted within relationships.

The widespread implications for the doing of therapy of an approach that takes into account family members’ religion and culture are spelt out within the report of the Confetti Working Party on Race, Ethnicity and Culture in Family Therapy Training (1999) as well as in more clinically-orientated texts such as those by Boyd-Franklin (1989) and Krause (1998). Among other

practice implications therapists are encouraged to discuss their own cultural and religious presuppositions that may differ from those of family members and to remain aware of their own “cultural countertransference”. The experiences of family members of prejudice and discrimination are taken seriously as stresses upon individuals and families which deleteriously impact upon psychological well-being. Importance is attached to the therapist remaining sensitive to the ways in which religious and cultural beliefs influence the worldview of family members, for example in relation to gender roles and child-rearing practices. The therapist is encouraged to act respectfully and in a manner that is congruent with the belief systems of family members rather than to impose discourses that are dominant within a Eurocentric worldview.

Analysis of transcripts

Let us now return to the transcripts to look at the ways in which these theoretical premises are acted upon within family therapy sessions. Although there are important considerations to be borne in mind in those instances where both therapist and family share cultural and religious affiliations for our present purposes we will concentrate upon two families where there are clear cultural and religious differences with the respective therapists.

The first aspect of the sessions with these two families worth remarking upon is that both therapists, Jean and John, do talk of ideas and actions that might be informed by culture or religion. Despite the trouble sources to be found in Extract 17 (p. 158-160) it does contain an attempt by the therapist to address differences that exist between Kate and Adam's worldview related to their strong religious beliefs and his own and the implications of such differences for the therapy. Earlier in the same session following a break, John returns with the following question about the couple's attitudes to sex.

Extract 18

1. John: I suppose the other thing I was wondering about (.) was whether
2. you thought that your religious beliefs (.) you know (.) how much they
3. kind of impacted on (.) I mean they were taken up on one or two cases
4. by both of you in terms of (.) you know (0.2) how much that (.) impacts
5. on how you see your intimate relationship.

This question is followed by a lengthy explanation by Kate of the importance to both partners of their Christian faith as a guide to their actions as husband and wife and within this their views regarding intimacy and sex. She also talks of her conflict with what she describes as an "old-fashioned Christian attitude", that subjugates women's needs and desires.

Here John's referencing of the couple's religious beliefs appears to have been relevant to the problems which they have been describing, the couple seem to have been clear as to the intent of the question and its place within the therapy and engagement between interactants seems to be high in the ensuing talk.

There are three points during the transcribed therapy sessions between Jean, Louisa and Vikram where she makes reference to culturally located discourses in relation to the problems that bring them to a psychotherapy. During one session (from which Extract 4, p. 113, is taken) she is gathering information from David, who attends this session alone, about his mother and the circumstances surrounding her decision to come to England from Italy. During a later session (from which Extracts 5 [p. 115-116], 15 [p. 154] and 16 [p. 156] are taken), which is attended by Louisa and Vikram, Jean concludes the session with a reflection upon their experiences as migrants, their struggles to adjust to their new lives in a foreign country. Sandwiched between these sessions is the session from which Extracts 1 to 3 (p. 102-111) are taken and here we find the third reference by Jean to the couple's cultural roots.

Extract 19

1. Jean: And (.) you know (.) I suppose (.) what I am aware of is that you
2. are a couple from different places as well (.) and I wonder what
3. difference (.) that has made (.) you know (.) that you grew up in India and
4. you grew up in Italy and what difference [
5. Louisa: Well it must have some kind of weight I suppose.

Vikram takes up this theme and talks of differences between them that he attributes to differences in their cultural backgrounds.

It is not my intention to analyse these examples in any great detail. Rather to point out the existence of occasions during the course of the therapy where the therapist makes reference to the cultural background of therapees. All three examples appear to constitute parts of discursively successful interactions with all participants clearly hearing and understanding speakers, whose purpose and intent at each turn is mutually and unproblematically constructed. In short, these examples bear out the theoretical premise that references to culturally located discourses by the therapist can be successfully negotiated within the talk and seen by all participants as appropriate and helpful to the course of the therapy.

This being the case from the examples available for study, why, we may ask, do John and Jean speak relatively infrequently of culture and religion. John does not mention the couple's religious beliefs until prompted to do so by his therapy team during the second half of the second session. This is a rather puzzling omission given that the couple themselves refer to their Christian faith as important in constructing their roles as marital partners and informing their views regarding sex and intimacy. In explaining this finding we might again look to the fact that theoretical discourses concerning the centrality of culture and religion in constructing individual accounts has developed within the family therapy field over the last decade, subsequent to John's training in family therapy. This explanation accounts for his awkwardness in referencing religion and his preference, exemplified in Extract 12 (p. 144), for employing rhetoric theoretically located within a solution-focused therapy model. We might also surmise that the awkwardness that we find in Extract 17 (p. 158-160) is a reflection of John's unfamiliarity with a theoretical positioning that would allow him to discursively accomplish an account of his own philosophical differences with Kate and Adam.

Analysis of the texts of sessions between Jean, David, Louisa and Vikram reveal a number of occasions where it might have been appropriate and

helpful for Jean to talk into being cultural and indeed religious discourses. In forgoing extracts taken from these sessions we have discovered unrepaired trouble sources which have been examined in terms of the deleterious effect upon the therapeutic relationship. These interactional problems could also be understood within the context of culturally prescribed subject positions. As we saw in Extracts 1,2, 4 and 5 (p. 102-116) family members, most often Vikram, repeatedly sought to obtain expert opinions and advice from Jean, which she in general refused to give. This expectation that advice-giving should constitute a fundamental part of the role of a psychotherapist is likely to be influenced by cultural expectations. Tamura and Lau (1992) point out that the Indian presumption is that a psychotherapist should be an authoritative and directive figure. Jean with her theoretical perspective of the non-expert therapist does not wish to be positioned in this way, but chooses not to talk of this difference in expectations. As we have seen unsaid this fundamental difference in what a therapist should be runs through the conversation damaging, ultimately irreparably, the therapeutic relationship.

In Extracts 15 and 16 (p. 154 and 156) there is an implicit questioning by Vikram of Jean's credentials as a psychotherapist and hence adviser to the couple concerning their parental roles. It is possible that this questioning, which includes, in Extract 16, a direct appeal for information concerning

Jean's family circumstances, is driven by the cultural expectation that a psychotherapist should occupy a position akin to a family elder (Nath and Craig, 1999). Jean is significantly younger than Louisa and Vikram and his wish for reassurance that she has the experience that will allow her to occupy the culturally-influenced position ascribed to a psychotherapist can be understood in this context, as can his interest in both her professional and familial experience. As we saw in Extract 16 (p. 156) Jean does not discuss or negotiate this appeal.

We have seen in earlier extracts that, for Vikram in particular, there is a construal of David's problems as being located within his individual pathology and a resistance to the systemic assumption that individual problems can be understood within the context of interrelationships between family members. Although the "linearity" of this view is likely to be common across many cultures there is evidence that it is supported by an Indian cultural tendency to represent psychological dis-ease as physical illness. Cultural ascriptions of shame attached to "mental illness" within an Indian and a rural Italian Catholic context (Louisa's background) may also influence the rebuttal of any implication of parental responsibility in the creation of David's problems. This shame is clearly apparent in the following extract.

Extract 20

1. Louisa: Actually I can't understand why do we have to come over to
2. talk (.) can't we talk at home ? (.) but I think it's because we don't talk at
3. home that we have come to this point (.) I don't know about what is in
4. him (.) if for him is useful or not or (.) you know (.)if he wants to keep
5. coming and having help (0.2) I don't know because we don't talk (.) but
6. just to say these things (.) is not possible to talk at home is also is so (.)
7. is not natural isn't it (.) you need a psychologist or somebody because (.)
8. you can't talk.
9. Jean: So what sort of talking would you be looking for?
10. Louisa: Anything (.) I mean even exchanging ideas and saying "how are
11. you?" ((Louisa continues))

Louisa's extreme formulation of the need to see a psychologist as not "natural" is perhaps intended to convey the ignominy attached to this course of action within her culture, particularly for a problem in talking which evokes abnormality within the context of highly verbal Italian cultural norms. Jean does not address the shame attached to seeking professional help outside the family for a problem of talking that Louisa had intended to convey with this turn but rather asks her to specify what it is that she would

wish to talk about. Louisa's subsequent dismissal of the importance of the content of the talk indicates that Jean has misconstrued the intent of her earlier turn.

In Extract 16 (p. 156) Vikram rebuts Jean's implicit claim that he and his wife worry too much about John and that this might be in some way unhelpful to him. This rebuttal is predicated upon Indian cultural discourses which emphasize family interdependence rather than individual autonomy and has been traditionally construed within family therapy theory as "enmeshment" (Barratt, et al, 1999). Jean's questioning does not attend to these culturally-organized differences and hence fails to be culturally congruent. It is at this point that Vikram questions her credentials as expert adviser to them in relation to their role as parents.

Let us return to Extract 15 (p. 154), which we looked at in relation to the therapeutic relationship, and analyse it again within the context of culturally-located discourses. Vikram begins by asserting the importance of a "family structure" which is "established" and "supportive" which corresponds to dominant Indian and Italian worldviews. The significance attached to educational attainment within middle-class Indian society is referenced in lines 2 and 4. He constructs an account of "professional qualifications" as a

protection against prejudice based upon “race” and “colour” (his use of the phrase “nobody...can throw you out” and its connotations of the forced expulsion of immigrants have already been remarked upon in the previous chapter) and as such is presumably alluding to his own experience of racism. He ends his turn by returning to the Indian view of the importance of family, the goal of which “is to promote the survival and collective welfare of family members and to protect them from incursions of the outside world” (Nath and Craig, 1999, p. 395), which he contrasts with western individualism.

Jean does not comment upon any of these cultural references but instead asks Vikram to comment upon whether Louisa shares his beliefs. This has the effect of decontextualising Vikram’s speech from the cultural presuppositions which sustain it and returns it to the ambit of a Western belief in the nuclear family which privileges the marital dyad above other family relationships. For a therapist enacting theoretical advice to be found at the start of this section culturally-influenced discourses could be taken up in a number of ways, which as we saw above might have served to enhance the therapeutic relationship. If, to take a further example, Jean had talked of Vikram’s fears for the racism that his children might encounter, she would have been aligning herself with and demonstrating an understanding of

Vikram's concerns. In doing so she might have elicited talk of his own experiences of prejudice and discrimination which could have led to some discussion of fears that his cultural narratives involving his family and his role as a father, might not be understood by an English woman.

In concluding this section let us note that both cultural and religious discourses provide particular representations of men and women. These representations were mentioned in John's work with Kate and Adam, but not by Jean in her work with David, Louisa and Vikram. The implications of the particular significance for a female and a male therapist are not clearly enacted by either therapist. For example, there is not clear evidence that Jean is aware of the impact upon the relative presumptuousness culturally ascribed to herself as a younger woman in relation to Vikram. The frequency with which she interrupts him and her refusal to answer his questions are not indicative of a high level of cultural congruence. In contrast she frequently refers to Louisa by her first name, although not referring to Vikram by any name other than by reference to "your husband". The use of Louisa's first name (e.g. Extract 5, line 7, p. 115-116) in this way together with such actions as laughing together with Louisa on a number of occasions contribute to the impression of an alignment between the two women from which Vikram is excluded. The rationale for these speech acts may have

been to counteract unequal gendered positions held by the couple, but the effect has been to display insufficient culturally sanctioned deference to Vikram as an older man. This as we saw contributed to a recurrent difficulty in maintaining a therapeutic engagement between Jean and the family, Vikram in particular.

Summary

In recent years there has become available to clinicians a body of work that considers the enactment of a family therapy that is culturally sensitive. There is evidence in the transcripts that therapists are making use of a curiosity toward the implications of culturally influenced discourses for individuals and for inter-relationships. Talk of the influences of cultural, spiritual and religious ascriptions has been found to be congruent with the expectations held by all interactants concerning the permissible dialogic content of a psychotherapy and appears to have been helpful in maintaining engagement. As we have found in previous sections, there is less evidence that therapists talk into being cultural and religious premises that include the location of therapees within the process of seeking this form of help and include themselves as therapists within culturally and religiously informed discourses. These omissions together with the relative infrequency with which therapists evoke the influence of culture and religion, despite more frequent implicit

and explicit referencing by family members, lead one to the conclusion that for therapists, whose work has been studied, there is a tendency still to locate their explanations within frameworks of subjective and intersubjective experience which are not rooted in the social and cultural.

Chapter 11

Gender

Introduction

In 1985 Virginia Goldner remarked that feminists have virtually ignored family therapy, a puzzling omission given that "...the family is itself a construct weighed down with ideological baggage" (p. 32). In the intervening fifteen years, Goldner's own work has been instrumental in bringing feminist concerns out of the wings and into a more central position in current family therapy theory. The first decade of this rather tortuous process is chronicled by Jones (1995). One consequence of a theoretical interest in gender has been the problematising of the image of an objective and technically proficient family therapist acting upon a decontextualised family system; an image redolent of androcentric mastery. In this regard much of current family therapy theory that we have already looked at in earlier sections, where the therapist is cognizant of the socially constructed and ideologically-situated nature of the family, is concerned to consider the effects of power relations and considers herself an active participant in a therapy that is not just about technique, but also of the relationship between participants, has been influenced by feminist thinking.

Family therapists are now commonly encouraged by trainers and theoreticians to develop an awareness of their own gender assumptions and stereotypes which are likely to be versions of dominant social and cultural discourses. An awareness of these presuppositions allows them to be more available to scrutiny and discussion during the course of the therapy rather than simply being acted upon. Where the suffering of family members is related to limiting gendered narratives that they may hold about themselves and others, this too is available to be accessed within the therapy. Writers such as Walter, et al. (1988) advise practitioners to be critical of their use of language which can replicate societal gender biases and inadvertently pathologise women. This suggestion is of particular relevance when the therapist is talking of domestic violence where language can be used to mask the seriousness of this form of abuse and to implicitly hold the woman responsible for the man's actions (Roy-Chowdhury, 2000). As an aspect of the self in system thinking that was described above, family therapists are advised to consider the impact of their own sex within the therapy and again to be prepared to talk about this.

An awareness of differing gender constructions across cultures increases the likelihood that the therapist will act, that is talk, in a culturally congruent

manner. On this point and in relation to the dilemmas faced in working with gender-related values that differ from the therapist's own, Lau (1995, p. 132) is clear:

“The view that women can only be empowered if they espouse the values and practices of western feminists ... is both insulting and racist”.

Analysis of transcripts

Let us look now to the applications of these theoretical premises within the work of the therapists in the present study, beginning with those occasions where gender is directly referenced by a participant in the therapy. The following extract is taken from earlier in the same session that extracts 17 (p. 158-160) and 18 (p. 170) are also taken. Kate's initial turn is lengthy and is edited here. She is reading an account of her beliefs regarding sex from notes that she has made earlier.

Extract 21

1. Kate: Sex means something different for men and for women. To be
2. enjoyable for a woman needs to be part of a trusted and caring
3. relationship (0.2) so that if there is a row then it is likely to affect the
4. woman's interest in sex. Women do not have a physical need for sex in

5. the way that men have. For women it satisfies an emotional need for
6. closeness (.) Sex should be mutually enjoyable (.) not just for the
7. satisfaction of men. It's not right for a husband to pressurise his wife for
8. sex when she's not in the mood. Women are more complex sexually
9. than men and may need other ways than intercourse in order to feel
10. satisfied. Sex is very important to men less to women.
11. John: I suppose (.) I wonder where do you see (.) where you might see
12. the areas of shared (.) sharedness in other areas that you might want to
13. clarify with Adam (.) given what he said and maybe there are some areas
14. that Kate said that you (Adam) want to ask her about (.) I'm wondering
15. first (.) that it seems to me there may be some shared kind of beliefs
16. between both of you (.) I wonder if that's how you see it?

Kate begins by clearly stating her view of gendered differences in relation to sex. Her account of differences between male and female sexual desire in lines 1 to 5 and again in lines 9 and 10 is congruent with Western Christian discourses where the woman's desire is weaker than that of the man and where for the woman, but not the man, emotional intimacy is a prerequisite for "enjoyable" sex. However, she takes care to establish that this difference is not grounds for undermining mutuality in pleasure and satisfaction by both partners. Her assertion that "it is not right for a husband to pressurise

his wife for sex” makes use of a cultural narrative, the credibility of which is bolstered by her addition of the idiomatic “when she’s not in the mood”. This turn can also be seen to be contributing to a normalising of her own earlier stated position that she does not wish for a sexual relationship with Adam at times of conflict between them through recourse to common-sense socially congruent discourses of male and female sexuality.

John chooses with his turn to return the beliefs stated by Kate and earlier those stated by Adam from the realm of the socio-cultural and religious to beliefs held individually by each of them. He does not take up the opportunity to question the location of these beliefs within the context of gendered accounts available to the couple. He puts this question to them in a way that encourages them to consider shared beliefs that seems to him may be there. In doing so John appears to be privileging rhetorical devices drawn from a specific school of family therapy (solution-focused therapy), as we saw in Extract 12, where the search for commonalities precedes the prescription of mutually-agreed solutions, above the examination of gendered premises. He does not create a discursive representation of himself as a man of unknown (to Kate and Adam) religious affiliation hearing an account given by a woman who holds strong religious convictions of her beliefs regarding sex.

Initially there is no clear evidence in the subsequent talk that John's decontextualization of Kate's claims is seen as problematic, and Kate answers John's question. However, Adam does not answer John's question and we find the following exchange.

Extract 22

1. Kate: Do you agree with that?
2. Adam: Well I put down general things that might be more important to
3. men.

Adam again asserts that his beliefs are "general" to men, constructing an account that corroborates the normality of his views as well as disclaiming sole ownership of them in a manner very similar to Kate's earlier turn design. John responds by repeating his question that asks them to comment upon each other's beliefs (again signalling a relocation of accounts from the "general" to the personal) "around sexual relationships". Kate responds by saying that they both find this difficult to talk about and with an unusual degree of presumptuousness states, "I don't know how helpful it is". From these responses we can deduce that both partners find themselves unwilling to take up the troubled subject positions of a married couple talking of their sexual relationship to a man whose attitude to their faith has not been

demonstrated and that they would prefer to consider the accounts that they have given in relation to the contexts that have generated them.

Following the intervention by his team John does, as we saw in Extract 18 (p. 170), attempt to locate the couples' accounts within the context of their faith. He also appears to be attempting to address gendered premises within their accounts in Extract 17 (p. 158-160). Looking again at this extract, John begins by coming close to taking up a theme to which he had earlier alluded (Extract 18), i.e. the relationship between their stated views regarding sex and the religious framework within which they live their lives. In his next turn he appears to be attempting to put a more open question concerning the *origins of their gender belief*. Upon the team's suggestion, it is possible that he is trying to locate himself as a man holding differing spiritual beliefs within the talk. However, as we saw earlier John designs these turns in such a way that the couple is left unsure of his intentions during each part of the interaction.

Let us turn now to another occasion where gender is referenced by the therapy, this time by the therapist, Liz, during a session attended by Julia and David. This is the subsequent session to the one from which Extract 6

(p. 118-119) is taken; it will be recalled that David had been reluctant at the end of that session to continue with the therapy.

Extract 23

1. Liz: What about before your dad before your dad died? Had you been
2. able to heal any of the (.) stuff before he died?
3. David: No I always hated him (0.5)
4. Liz: And your sister? Do you have any contact with her?
5. David: Minimum.
6. Liz: So I guess this family that you and Julia have created is really
7. important to you.
8. David: Very (0.4) ((Wipes eyes))
9. Liz: I remember that one of the things that you said to me last time was
10. that (.) talking about the past doesn't solve things [
11. David: [It doesn't
12. Liz: And I guess[
13. David: [The past just makes me angry (.)
14. Liz: Or sad (.) maybe maybe sometimes its helpful to feel sad =
15. David: [= Sad is angry as well ain't it? =
16. Liz: Hmm (.) it is (.) actually I guess it is a different way of expressing
17. sadness you're right (0.2) Maybe a more acceptable way for men to show

18. their sadness is to get angry rather than to get sad get mad instead (0.4)

The extract begins with an interview format where Liz is eliciting information concerning David's family, although it is worth noting the use of institutionalised lexical choices such "to heal" in line 1. David's turns here as elsewhere in the session are short and to the point. Liz's shift to a reflection from David's perspective justifies the earlier information-gathering with the implication that in her opinion the past influences the present (The "so" that begins line 6 is suggestive of a cause and effect relationship).

David supports Liz's extreme formulation of "really important" by substituting the word "very" for really, and begins to cry. As he does so Liz recalls an earlier remark that David has made to her, the relevance of which at this point is not immediately clear. However, David takes up and responds affirmatively to this recollection as if he too can see its relevance. Given this response it becomes clearer that Liz's remark has two purposes. The first to try and put into words the reasons for David's tears, that there are things in the past that cannot be changed, although set alongside her earlier remark the effect is to suggest that his present actions with his family can reshape his view of past events. Secondly she voices an ambivalence at talking the past into being at this time and with this person, i.e. a female

psychotherapist. This is affirmed by David's assertion that (talking of) "the past just makes me angry" (Line 13). Both David and Liz equate sadness and anger, David very directly. This allows Liz in her final turn to accomplish an eliding of sadness with anger, which is David's preferred account of his emotional state, in such a way that this anger is constructed as a *version* of sadness which is more acceptable for men to acknowledge. This assertion is designed in such a way that it both supports David's earlier turn as well as normalizing his preference for a particular emotional construction which is sanctioned by gender stereotypes. The idiomatic "get mad" not "sad" is the icing on the cake, bolstering the facticity of this premise through recourse to a popular maxim. Here we see a skilled and therapeutically sensitive use of gender in the talk.

Needless to say that, as we saw in Extract 21 (p. 184-185), there are many further instances during the therapy sessions where the therapist does not make use of gender-related discourses, even though there is this implication within the speech of interactants. A recurrent finding across the transcribed sessions is that female therapees take up a protoprofessional subject position more readily than do male therapees. This can be seen in the reluctance of David and John to talk or indeed be present in therapy sessions that we saw in Extracts 6 (p. 118-119), 13 (p. 146) and 22 (p. 187).

Adam also talks relatively infrequently in comparison to Kate and with less fluency. Both Kate and Julia are significantly more likely to use the institutionalised discourses of psychotherapy and to align themselves alongside the therapist, as we saw in Extract 22 (p.187) where Kate adopts an interview format that the therapist had previously been employing.

Vikram talks as frequently as Louisa but makes use of fewer institutionalised resources. The only family where this gender difference is not apparent is with Paul, Ian and Anne and here generational explanations are probably appropriate: Anne is of a generation for whom the language of psychotherapy had gained less purchase than today.

How do the therapists, Liz, Jean and John, deal with this gender difference?

In general terms Liz, as we saw in the extracts taken from sessions with Julia, David and John, frequently uses reflections from the other's perspective to engage John and David and induct them into the professional discourses appropriate to a talking therapy. In Extract 6 (p. 118-119) she compliments John as she does on other occasions. John (the therapist) does not appear to employ any specific conversational resources to engage Adam and as we saw from the relevant extracts will often let Kate talk at length and address questions to them both. Jean most often uses interruptions to regulate Vikram's contributions, while allowing Louisa to talk at greater

length. The inference that we may draw from these findings is that therapists of both sexes are happy for the more verbal and psychotherapeutically versed woman in a family to take a disproportionate amount of responsibility for voicing family troubles. One therapist, Liz, does actively attempt to rectify this imbalance and another, Jean appears to act to ensure its continuation. This gender difference is not referenced and made available for discussion by any of the three therapists.

Let us turn now to the vexed question of male violence which as we have remarked upon at the start of this chapter has been the subject of analysis and the gender stereotypes that have become attached to the subject have been held up to scrutiny by feminist writers.

Violence is talked of on a number of occasions in Liz's sessions with Julia, David, John and other family members. In the opening session attended by all family members (see also Extract 6, p. 118-119), John says that when there are "rows" between David and Julia he will turn down the television. Liz picks up on this and asks if he is concerned that the rows "might escalate into violence". Julia picks up on the same lexical choices in her subsequent turn.

Extract 24

1. Julia: I have to say right here (.) that there hasn't been any violence for a
2. long time but erm perhaps David thinks that's all gone and forgotten but
3. I do feel it has to be addressed.
4. David: Well I don't.
5. Julia: Because it's happened and I feel[
6. Liz: [But how did you change it? [=
7. ((Both David and Julia talk at the same time))
8. David: = How far do you want to go back? How far do you want to go
9. back? =
10. Julia: = I went (.) I went into a =
11. David: Do you want to talk about everything in front of the kids? Do
12. you?
13. Julia: No.
14. David: No you don't do you?
15. Julia: What do you mean?
16. ((David stands up))
17. David: Can I go and have a fag?

Julia opens the extract with "I have to say", which creates an impression of reluctance in bringing up the subject as well as wishing to make absolutely

clear that there has been no violence “for a long time”. Her use of “any” before the violence softens and introduces ambiguity into the construction such that the hearer cannot be absolutely sure that violence has occurred and if it has the implication is that it has been of a relatively minor kind. She immediately comments on the violence from David’s perspective before adding that she feels “it has to be addressed” which, although stated within a contrast structure with David’s view carefully avoids the implication that for her it is not forgotten. The description of the violence by both Liz and Julia is non-agentive: violence is constructed as an abstract event stripped of agency and hence responsibility, in a way that an alternative construction, such as David hit Julia, avoids.

An explanation for the care that both women use in their accounts is not hard to find as David’s subsequent response makes clear. David, it will be remembered is a reluctant attender of the session, and he makes it clear that he does not wish to talk of “the violence”. This positioning makes it difficult to address the subject and at the same time it is difficult to ignore as Julia has clearly stated that it is something that she wishes to address. They both reach a compromise by indirectly referring to the violence as “it” in lines 5 and 6. David again indicates that he does not wish to dwell upon the subject, in line 11 evoking the children’s presence as an explanation, and making use of

“everything” as an extreme formulation. In lines 8-9 and 13 there is a threatening undertone in his turns which is picked up on and queried by Julia in line 14. His unwillingness to talk of the violence and indeed to be in therapy at all is demonstrated by his move to withdraw from the room.

This extract demonstrates the dilemmas for interactants in talking of partner abuse in a psychotherapy. Julia and Liz deliberately design their turns in a manner that softens the responsibility and blame attached to David's actions. These non-agentive lexical choices have, as we have mentioned, been criticised by writers concerned that the abusive action of a man beating a woman should not be disguised and sanitised in a way that lets the man evade responsibility. That to use the abstract term “violence” implies something that just happens without a subject, an object and consequences. However, for the two women this proves difficult to talk of more directly without the implication of blame which both take care to avoid. To do otherwise runs the risk of David absenting himself from the therapy together with a potential risk to Julia the extent of which is difficult to gauge given that this is the first therapy session that the couple attend alone.

This pattern, once set is not broken in subsequent sessions. Violent actions are described as “violence” in abstract terms in the perpetrator's presence;

when he is absent more active agentive descriptions are employed. This contrast is illustrated in the following extract.

Extract 25

1. Liz: [David, you talked about your dad beating you and I just wondered
2. when you hear Julia talking about (.) you know (.) she says that one of the
3. ways she tried to deal with the violence was to try and keep things perfect
4. (.) do it as she thought you wanted it to be done (.) and I wonder (.) do
5. you recognize that from when you were a child?
6. David: No.

Liz describes David's "dad beating you", whereas when describing David beating Julia, she refers only to "the violence". Note here again David's indication that he does not want to talk of his violence against Julia by his minimal response.

During the second session Liz does attempt to give an account of her position in relation to men who beat women.

Extract 26

1. Julia: I actually felt I was abused (0.2)

2. Liz: You see (.) I suppose what I think when I hear about that from
3. people (.) that getting into blame (.) doesn't help either of them but
4. beginning to be able to be honest with each other about what each of us
5. did that contributed to the interaction between us (.) that is actually
6. usually quite helpful for them because they can both sit and think
7. together about when you did this and then I did that and unpick it
8. together and both own the interaction and that's not to say (.) you know
9. (.) that's blaming the person that's (.) what they call the victim of violence
10. (.) and saying that they are responsible for the violence anymore than is
11. saying the person that perpetrated the violence is responsible (.) is about
12. becoming curious about what happened (.) so that we can (.) break the
13. pattern really (.) break the cycle. But I mean (.) from what you're saying is
14. (.) there isn't violence now. One of the things I suppose I've heard from
15. couples in the past where there has been violence is even when the
16. violence stops (.) for a long time afterwards both of them are never
17. wholly sure that it won't really start again.

Liz's explanation follows an unusually extreme formulation by Julia in David's presence that she felt "abused" by him. Liz begins by signalling that she is providing a general account based upon her professional experience and evoking an epistemological asymmetry of knowledge through her

repeated encounters with “people” in similar situations. Her general use of the third person plural “they” and “them” acts to distance the account from the actual circumstances of Julia and David, although the intermingling of the first person plural personalizes the account as relevant to people generally, including to herself.

Her use of the word “own” in line 7 conveys responsibility taken by individuals for their actions which she immediately clarifies as lacking a moral equivalence to blaming “what they call the victim of violence”. This is a construction that distances herself from the use of the word “victim”. It is a word that people generally might use but the hearer is left unclear as to whether this is a description that Liz would wish to use. The use of “they” to describe this person also distances the description from Julia and her particular circumstances. This distancing and generalization has the effect of once again softening her account of David’s violence inflicted upon Julia and further removing agency from the therapist’s description of their actions. She further clarifies her use of the word “own” by discursively removing from it of any implication that she is wishing to convey that the “victim” of violence is responsible for the violence.

The work of this segment of her turn seems reasonably clear in seeking to position David as responsible but not blamed for his violence toward Julia and Julia as an active participant in this “interaction”, but not responsible for his violence. However, lines 10-11 contradict the earlier message of ownership and responsibility for his actions by the perpetrator, with the converse message that he is not to be held responsible. This alternative construction leads to the stating of the goal of the talk about violence as being its cessation, although this goal is qualified by the subsequent assertion that the violence has in fact ceased. This statement is in its turn qualified by the evocation of her privileged access to knowledge of other couples and ends with a reflection from Julia’s perspective that there is the ever-present possibility that she will once again be beaten by her partner.

Summary

The analysis reveals significant variations between the three therapists in their orientation toward gender as a construction that organizes the talk of interactants. At one extreme the male therapist avoids evocations of gender by the couple and at the other one of the female therapists expertly dialogically creates opportunities to consider the influence of gendered discourses upon accounts. These differences are apparent too in the positions adopted and discursively enacted by therapists in relation to the

greater facility demonstrated by female family members with psychotherapeutic language with one therapist particularly active in seeking to create more balanced participation for men.

The transcripts have demonstrated the difficulties for this same psychotherapist, a female psychotherapist, in constructing a troubled subject position of a man who beats his wife in his presence. To do so opposes the dominance of masculine discourses within society as well as creates problems of engagement with the man and raises safety concerns for the woman. The creation and negotiation of blame and responsibility between interactants is not easy to manage within this institutionalised setting.

Chapter 12

Doing theory

Introduction

In this short section which concludes the analysis of transcripts I would like to draw together findings relating to the construction within speech of theoretical premises. This has of course been the focus of previous sections which have examined the text through the lens of particular contemporary theoretical preoccupations. Here I am examining the place of theoretically driven techniques within the institutionalised talk of family therapy sessions.

As we saw in the introductory section the place of models in informing therapist actions has been questioned by contemporary theoreticians (e.g. Hoffman, 1998). The position has been taken that for a therapist's talk to be driven by theoretical models is unhelpful and constraining to the openness of therapeutic conversations that might otherwise be produced. Attempts to put technique into practice are seen as resting upon inherently modernist and positivist assumptions, that the therapist is a technician with a set of tools for fixing individuals using methods of which only she is fully aware. As we saw in Chapter 2, other writers such as Pocock (1999) propose that as

psychotherapists we cannot not theorise, and to attempt not to do so is futile. More importantly the therapist should practice technique cautiously, aware of its local and contingent nature within each conversation and be prepared, in response to responses, to give up theoretical positions and try something different.

We have seen the recent interest in psychoanalysis in some family therapy circles (not usually those that propose a retreat from theory). What is the evidence that this theoretical interest is present within the talk of therapists? Let us examine this question and the place of theoretically derived methods through a further analysis of session transcripts.

Analysis of transcripts

We saw in Extracts 1 to 5 (p. 102-116) that Jean uses and seeks to maintain an interview format with David, Louisa and Vikram. This format, where the therapist questions family members and provides minimal informative or reflective responses herself is characteristic of a Milan-systemic model. Further evidence that this model is informing her talk can be found in her lexical choices.

Extract 27

1. Jean: (0.2) What do people think of that? I mean (.) who feels strongest
2. that you should put yourself first?
3. David: I think my dad probably (.) perhaps I think it would be a bit of
4. everyone but maybe my dad.
5. Jean: Is that how he describes what he did or do you think he would put
6. it in a different way?

Jean's questions of David concerning relationships between family members, where she asks him to provide opinions regarding the views of others is characteristic of questioning derived from a Milan-systemic model. The ordering question, asking who feels strongest, is characteristic of this method as is the use of the search for differences to be found in lines 5 and 6. Here as elsewhere this interview format, redolent of the medical diagnostic interview, is successfully maintained, although as we saw earlier it does establish within a professional-client interaction the expectation that the questioning is in the service of providing a diagnosis or expert opinion.

Extract 12 (p. 144) finds John asking what Adam and Kate have done to address their problems. It is noticeable that here and later in the session John repeatedly asks the couple what they are doing that is proving helpful and

what they might usefully do differently in the future. This language of “doing”, seeking to discursively capture actions that are proving to be helpful in order to persuade the couple to do more of these actions in the future is a hallmark of solution-focused therapy. This finding is supported by John’s commentary concerning the session that he was keen to find “unique outcomes”, a term situated within a solution-focused theoretical repertoire. The enactment of these theoretical premises appear not to have been successfully accomplished, as we saw in Chapter 8 above for the reasons discussed.

In the extracts taken from therapy sessions where Liz is the therapist the theoretical positions that inform her speech are less clear. There is less adherence to an interview format than we found to be the case in the sessions where Jean is the therapist. As we saw in Extract 9 (128-129), Liz is quite prepared to provide an expert opinion or interpretation. She makes frequent use of reflective comments, which as we found in Extracts 8 (p. 127) and 23 (p. 189-190) make reference to emotions. In her use of reflections and interpretations there is evidence that Liz is making use of an interpretive repertoire available to a psychoanalytic psychotherapist. The rhetorical alignment of past and present that we saw in Extracts 23 and 24 (p. 194), where past experiences are constructed as explanations for a present

worldview, provide evidence that supports this hypothesis. Liz's willingness to locate herself within the talk that was exemplified in Extract 10 (p.132) also bolsters the claim that her actions are informed by presuppositions to be found in psychoanalytic theory. As we saw earlier these representations created in the therapy talk by Liz seem to work; that is they serve the continuance of an interaction in which all participants are oriented toward the goal of a successful and hence helpful psychotherapy. The "disposal" of troubles articulated by family members appears to conform to expectations and there are no problems of hearing, listening and understanding.

Summary

We must conclude this section, as we did the previous section, with the observation that there are significant differences between therapists in the extent to which their actions may be located within specific theoretical frameworks. One of the three therapists, Liz, enacts considerable variations in the structure and organization of her interactions with others, such that it is not possible to position her work within a particular school of family therapy. This variability encompasses the use of an interpretive repertoire signalled by psychoanalytic formulations. The work of the other two therapists can be more clearly aligned to two of the major schools of family therapy. The analysis of the work of all three therapist leads one away from

the contention that one should, or indeed can, avoid making use of theoretical models. Although the transcripts of Liz's sessions do reveal that theoretical injunctions across a number of approaches can be used flexibly and contingently in therapist utterances.

Chapter 13

Therapist accounts

Before moving on to a discussion of the transcript analysis in relation to research questions, a brief word about an aspect of the method employed and its effects upon the analysis. After some thought and in consultation with my research supervisor, it was decided to elicit a therapist commentary upon each session. It was thought that a therapist commentary upon sessions would provide material outside the text with which to contextualise the speech and to assess the manner in which theoretically-situated premises were evoked in the talk. Without this information I could not be clear which therapists believed which theories to influence their work. Ascertaining therapist accounts was thought to be a more exact means of obtaining a specific conceptual positioning than, for example, to simply assert that therapists situate themselves within prevailing theoretical discourses as others have done (see Chapter 3, p. 77-80), for a summary of this aspect of similar studies.

However, the fact that therapists' accounts were so rarely used in the analysis is indicative of my reluctance to allow information from outside the transcripts to prejudice a reading of the texts. To do otherwise would detract

from the “bottom-up” approach that I wished to adopt, where meaning was constructed from the orientation of participants *as evidenced within the talk*. In practice therapist commentaries were examined only after a section of text had been analysed and in order to contextualise findings. I cannot say that this tension in the reading of the transcripts was ever entirely resolved, on the one hand wishing to eschew extraneous influences, and on the other, having access to information that theoretically located the therapists and set out their views concerning the sessions. Let us pause to look briefly at the occasions where extraneous information, notably therapist accounts of sessions, are referenced in relation to those occasions where they are not. This provides us with some indication of the ways in which the tension evoked in the use of therapist accounts is signified within the analysis.

In general, therapist accounts are used to corroborate an initial reading of the material. Thus, on page 105, responses from all therapists to Questionnaire 1 are cited as strengthening the assertion that they wish to enact contemporary family therapy theory regarding power and expertise. On page 124 we find support from an account of the session for the proposition that Liz’s dialogic positioning is intended to achieve an “engagement” with the family. On page 167 support for the finding that John appeared unversed in methods of talking himself into the conversation

was found in his account of the session. On page 205 the contention that John was engaged in an enactment of an interaction that bore the features of a solution focused therapy was bolstered by his own commentary upon the session.

The common thread running through all of these examples is that therapist accounts support the prior textual analysis. My contention is that this is no methodological artifact, nor that responses given by therapists invariably corroborate the discursive analysis, but rather a product of my wish to analyse the text in its own terms. The therapist commentary was referenced only where this data followed the grain of the analysis of the talk itself. To delineate occasions where questionnaire responses opposed a reading of the text would require the generation of hypotheses to account for these alternative accounts. Hence we would be moved away from the talk within its own terms and into a realm of assessing the weight to be given to alternative explanations for the talk gained by privileged access to the accounts of one protagonist among a number of interactants.

It might be instructive to look at one such occasion where the therapist account is at variance with the analysis of a session transcript. The example chosen has a direct bearing upon the analysis of Jean, the therapist, and her

difficulty in overcoming trouble sources in her interactions with Vikram. Part of her account of the session, not mentioned in the textual analysis, is at odds with the findings of the analysis and marks a bridge between it and the thinking developed in Chapter 14 concerning the need to posit a place for individual subjectivities in accounting for differences between therapists.

As we have seen Jean, despite her intention, stated in response to Question 10 of Questionnaire 1, to “shed ... the unhelpful constraints of power”, acts in a powerful way in relation to Vikram. Furthermore, in providing an account of a session where, as has been noted in the analysis, she frequently interrupts Vikram, she remarks, “I was particularly aware of my effort not to question or challenge the father (Vikram) as much as I might”. This statement stands in contradiction to the findings of the analysis which reveal frequent challenges (using definitions of the term developed in conversation analytic studies) to Vikram in contrast to a more facilitative conversational format with Louisa. How can one account for this clear difference between the therapist’s perception of what she was doing and the evidence of what she was actually doing in a therapy session?

In looking to explanations one must consider the particular idiosyncratic perceptual filter, developed through a lifetime’s experience, with which one’s

actions in relation to others are viewed and one's positioning within discourses, in this case notably discourses of power and gender. This takes us into an exploration of the implications of the analysis for building a theory of subjectivity set out in the following chapter, which develops hypotheses for the interactions between Jean and Vikram. For now let us note this difference between an account of a session provided by the therapist and the textual analysis, which supports the primacy accorded to the talk itself rather than alterior accounts of it. Such differences also support the contention that therapists do not have unmediated objective access to the events that take place within a psychotherapy, rendering problematic truth claims made by therapists of this activity within professional literature.

Chapter 14

Discussion

Introduction

This chapter opens with a methodological critique that takes up and develops methodological concerns that have emerged earlier in the study, in Chapters 3, 5 and 13. These are the extent to which research findings are generalisable beyond the specific contexts within which they occur and the effects of striving for an attitude of ethnomethodological indifference upon the material generated. This critique serves to contextualize the subsequent discussion of research findings in relation to the themes that emerged from the text. The implications of the emergence of consistent individual differences in the subject positions taken up by interactants for social constructionist theoretical premises are explored. Findings from the analysis are then gathered together in seeking to shed some light upon the research question: what are we able to say about the moments that therapy is seen by participants to be more, rather than less, discursively “successful”. This leads into the final section of this chapter, which posits an ontology of subjectivity, fashioned from a post-structuralist reworking of Lacanian theory, to explain positions taken up by individuals within the analysis.

A methodological critique

Ten family therapy sessions were analysed, representing the work of three family therapists with four families. The institutional setting within which these meetings were constituted as psychotherapeutic encounters was a Department of Clinical Psychology and Psychological Therapies situated within a Mental Health Service to be found in a British NHS hospital. The three therapists introduced themselves as family therapists and, in all but one case, also as clinical psychologists. The sessions took place in 1998 and 1999. It is important to fix the analysis within a particular time and place, to locate the speech of participants within prevailing discourses, to understand their interactions within the context of the permissible repertoires available to them within their respective positions.

Generalisability

The specificity of the context within which individuals, carrying as they do their own unique imprint of experiences, have said what they have said to each other limits the extent to which claims made may be said to be generalisable and, in the conventional sense, the analysis replicable. Within an empiricist epistemological paradigm this would form the basis for a critique of the study, a critique that would in all likelihood include references

to the sample size, the absence of reliability checks, or of a control group. I do not intend to answer this imagined critique for the reasons that I hope have become clear within Chapter 3. The epistemological and ontological premises upon which empirically based quantitative research methods rest are fundamentally different to those underpinning the present study. As Gergen (1998, p. 150) remarks in his wise and generous piece, these premises:

“...cannot be compared within the terms of either position, because the very presumptions of the standpoint from which one would be arguing would automatically foreclose on the alterior intelligibility”.

He encourages researchers to “bracket our differences” in mining the potential available within each paradigm in the pursuit of answers to specific questions.

For the research questions that I have chosen to examine the form of textual analysis that has been employed best equips me with the tools with which to seek answers. This analysis, in common with other studies employing similar qualitative methods, “represents a trade-off between studying cases in depth or in breadth” (Hammersly, 1998, p.11). The philosophical positions from

which these tools are fashioned make a virtue of the variability of language use by individuals within different contexts to achieve different ends.

Attention to reliability in the traditional sense is precluded by the inherent instability of the phenomenon studied. Similarly the notion of sample representativeness taken from an empiricist research paradigm is unsustainable due to the locally contingent nature of each interchange.

Reicher (2000) sets out these points in more detail. Validity checks upon a discourse analysis are available by virtue of its transparency. Transcript extracts are provided and allow for scrutiny of the claims made in relation to the text, and in that sense each reader assesses the validity of the analysis. The full text is available for researchers to make alternative readings.

However, this appeal to the inherent variability of discursive phenomena across settings and with regard to specific functions cannot completely defuse the issue of the extent to which findings are generalisable. In discussing findings I make assertions concerning the enactment of theoretical premises by therapists which I posit as being more than the idiosyncratic practices of three family therapists working with four families, but indicative of more widespread phenomena. In examining such cautious claims it is important to attend to two criteria for judging their validity. The first, set out by Reicher (2000, p. 4), is not to ensure that the sample of a

population is representative of that population for the reasons mentioned, but rather to ensure that the analysis has accessed a “full range of discourses relating to a topic”. Similarly, Hammersly (1998, p.11), and Murphy, et al (1998, p. 6-7), in considering the generalisability of qualitative research, posit an assessment of the degree to which the phenomenon studied is typical of such practices, rather than extreme or unusual cases, as a criterion for judging its representativeness. The second assessment criterion is to gather sufficient material to be able to make statements concerning the *possibilities* for language use and social practices within the institutional context studied (Perakyla, 1997, p. 214-216). The specific practice of these possibilities could not be generalized, but the range of permissible resources available to interactants in creating subject positions within particular institutional settings can be posited. Generalizations of this nature drawn from similar studies are referenced within the above analysis. The extent to which findings are consistent or vary across interactants, settings, theoretical models, etc. can be assessed by virtue of the accessibility and transparency of the material and the availability of contextual information concerning it.

Where I make claims for the transferability of my findings to the work of other family therapists working within comparable settings, these claims rest upon the proposition that the work of the therapists studied is not atypical

of the work of other family therapists in similar public sector settings. I have sought to provide sufficient information concerning the three therapists, for example, of their training and theoretical orientations, for this assertion to be subject to scrutiny by others. Additionally, Murphy, et al (1998, p. 6) posit the validity of researchers making use of a “theoretical sampling” in subjecting their material to analysis. This is essentially the approach taken in the present study where six themes/discourses have emerged from the text and the text has been analysed within these themes/discourses. Other researchers may choose to sample other texts within the terms of similar frameworks in order to determine the replicability of phenomena found in this study.

Ethnomethodological indifference

I have adopted an attitude of ethnomethodological indifference toward the truth status of accounts and have suspended judgement concerning the global efficacy of a psychotherapy, confining myself to a micro-analytic appraisal of specific discursive accomplishments. A consequence of this perspective is a “leveling” of participants’ contributions, where the therapist is not accorded a privileged status in the analysis. This approach, rare within psychotherapeutic research literature, produces results that can make for uncomfortable reading. Such an analysis may appear unkind to the therapist,

who may seem to be at times Machiavellian, at others, incompetent (Stancombe and White, 1997). The therapeutic conversation itself can be presented as a struggle for supremacy, more in keeping with the metaphors drawn from warfare in family therapy theory of three decades ago than the softer, kinder 1990's. These impressions are partly a product of the method and partly its novelty and although they represent an inherent tendency within discourse analytic studies of this nature, the validity of findings is not undermined as a consequence.

It is not my intention to reveal the three family therapists in the study as being anything other than competent at their work, no less so than any other experienced and qualified family therapists in the UK. However, stripped of the theoretical rhetoric that privilege psychotherapeutic accounts and locate them as benign and true, the therapist is revealed as an interactant, who, in common with other interactants, makes use of discursive resources in negotiating meanings and accomplishing conversational goals. I am immensely grateful to the three therapists, Liz, Jean and John, for allowing their work to be subject to this intense scrutiny.

At this point I would like to signal the artificiality of the observer-observed divide by locating the authorial voice alongside the therapists studied. This

textual device is in tune with the narrative ethnographic tradition (Baszanger and Dodier, 1997) which has been an influence upon the development of discourse analytic methodologies. To introduce myself in my role as psychotherapist rather than researcher, serves to demonstrate the point that what is at stake in this study is not a question of competence but the exposition of dialogic phenomena which either maintain the therapy talk or create a problem for the members. In a later section, where I turn to the findings regarding member resources that achieve the “successful” enactment of a family therapy, it is in this interactional sense that I define success.

My own work has not been included within this analysis. If it had I am in no doubt that gaps and inconsistencies between theory and the conversational enactment of theory would be in evidence. In corroboration of this assertion I would refer the reader to a case study providing details of my work with a couple, Mr. and Mrs. Johnson, based upon session notes (Roy-Chowdhury, 2000). The case study seeks to demonstrate the locally contingent nature of these encounters and equalizes the contribution of all interactants, including myself, by providing historical information concerning all three. The content of the sessions is then analysed with reference to its contextual specificity

and to the positions occupied by individuals within cultural discourses and subject to their own experiences.

One example of a trouble source that became evident in my work with this couple is to be found in the description of session 12. I perceived Mr. Johnson as attacking his wife's attempts to cope with her problems and allowed myself to enact a rhetorical defence of her such that Mrs. Johnson described this interaction between her husband and myself as unhelpful and "fencing with each other". Had this section of the talk been available for analysis the researcher might have posited an explanation for this discursive rupture within the fabric of the therapeutic relationship in terms of my own history and my positioning within gender discourses available within a Bengali culture.

Putting family therapy theory into practice: research findings

My research aim has been to subject family therapy sessions to a textual analysis in order to discover the means by which contemporary theoretical discourses are invoked, managed and negotiated between participants. I have deliberately chosen not to confine my analysis to methods available to particular models of discourse analysis, for example, conversation analysis or post-structuralist orientations, but have strived to create a synthesis where

the text, the method and the subject studied stand in a dialectical relationship to each other. In mapping theoretical positions onto the conversational architecture I have sought to avoid imposing metaconstructions onto the text. At each turn I have justified my methods through recourse to evidence contained within the speech of participants and their orientation to each other. Thus where, for example, I have made the claim that problems in the maintenance of a therapeutic relationship are discursively analogous to trouble sources in the talk I have demonstrated the difficulty for all participants in doing therapy at these points in the conversation. Where I have observed the effects of power, culture and gender I have been keen to take a non-essentialist view of these grand narratives and once again locate them as discourses that emerge and are constituted within the speech of interactants. Theoretically informed techniques I have treated also as discourses, talked into being by family therapists.

At a prosaic level, one may make the following summary of research findings. There is evidence that therapists are aware of theoretical advice regarding power and expertise but have variable success in accomplishing theoretical aims. Similarly, evidence is to be found of an enactment of devices required to maintain a therapeutic relationship and to talk the self into the system, but these aims too are sometimes not wholly realized. There

is some referencing of culture and gender, but also significant omissions of references where family members are clearly making use of discourses related to culture and gender. Discursive practices redolent of theoretical discourses are discernable within the speech of therapists.

What do these findings tell us about the means employed by these family therapists of enacting a family therapy and the responses made by family members? The first observation that can be made from the analysis is that there is enormous variation in the extent to which contemporary theory is applied in practice. For example, the location of the self of the therapist within the system has been a touchstone of “post-Milan”/constructivist/ constructionist/ narrative theorizing during the 1980’s and 1990’s. All three therapists cite these theoretical frameworks in their questionnaire responses to the question regarding the principal theoretical orientation that informs their work. All three of them would seem to believe that they are each putting into practice a therapy guided by these models. Yet as we have seen the frequency with which the self of the therapist is evoked within the therapist’s speech is rare, at least for Jean and John, less so for Liz. The clearest example of John’s attempt to place his own views within the session for discussion in Extract 17 (p.158-160) is not accomplished successfully. Jean refuses to answer, indeed ignores, a direct personal question put to her

by Vikram. How can we explain this apparent gap between theory and practice?

The first signpost toward an explanation is the similarity in the responses of the three therapists regarding their theoretical orientations, which mirrors the theoretical hegemony to be found in many contemporary family therapy texts (recall the cartoon mentioned in Chapter 2, where conference attendees search in vain for a workshop that does not contain the word “narrative”).

The claimed practice of a “first order” therapy, a term that tends to be defined more by second order detractors than adherents, uninformed by second order complexities, is not a position that commands respect within the family therapy community. There are many vices to which family therapists might more readily confess. If this is an implausibly Macarthyite account for the reader not versed in these debates, I would encourage that reader to refer again to the damning criticism made of earlier theoretical approaches by writers such as Hoffman and Treacher that are contained within Chapter 2.

In this climate unsurprisingly therapists are reluctant to position themselves as Milan-systemic, structural or strategic without at the very least introducing postmodernist caveats signifying the required allegiance to more

contemporary discourses. The textual evidence is that irrespective of claimed theoretical positioning much of the therapist talk is of an observed family and their troubles with few rhetorical devices employed to locate the therapist within the conversation. Similarly therapists' use of techniques derived from the main theoretical schools of family therapy is clearly in evidence. Jean and John, less so Liz, appear to be doing something that bears a remarkable resemblance to first order family therapy, although they might not wish to place themselves within the troubled subject position of a first order family therapist.

Self in system

A further facet to this phenomenon, and one that bears upon the adequacy of family therapy theory in this regard, is the absence of a coherent and persuasive narrative for placing the self of the therapist in the system. Is it an ethical position, which makes for a more democratic, less oppressive version of therapy as Hoffman (1990) would have us believe? Is the use of self, one of a repertoire of techniques available to the narrative family therapist as Real (1990) suggests? Or is, as Flaskas (1997) proposes, a therapist's capacity to make use of her own countertransference an important medium for creating change in therapy? The practice implications of these and other rationales for the use of self are quite different. A consequence of this

conceptual diversity is apparent in the therapy that we have observed, where, there is a reluctance to reference the self or, as for example, in Extract 17, some difficulty in knowing how to talk about one's own beliefs because the reasons for doing so are unclear.

A further complication is that the self in system rhetoric does not sit easily with the social constructionist turn in family therapy, and assumes a unitary rationalist subjectivity to which the speaker has unproblematic access.

Adopting contemporary theoretical rhetoric one might rather ask which version of the self is to be languaged within which socially and linguistically constructed system.

The therapeutic relationship

There is evidence in the sessions where Liz is the therapist that her attention is fixed upon the fostering and maintenance of a therapeutic relationship, for the reasons set out in the analysis. This imperative is less clear in Jean and John's work. Jean's therapy sessions could be described, not too unfairly, as textbook Milan-systemic interviews, with extensive use of circular questions, minimal therapist responses, an end-of-session break followed by an intervention. John, as we saw in Extract 12 (p. 144), spends little time in the first session gathering background information, or using the methods

employed by Liz in order to develop a therapeutic relationship with Kate and Adam, He moves quickly to look for solutions and unique outcomes. He repeatedly questions the couple concerning what they have *done* that is different and/or helpful and is unusual among the three therapists in that he is keen to talk of behaviours. Jean and Liz are more interested in ideas, beliefs and, in Liz's case feelings.

The analysis of transcripts does support the premise that without creating an appropriately safe context for therapy, technique is less likely to be successful. We saw this in the sessions conducted by both Jean and John, for example, in Extract 12, where John moves on too quickly to find solutions this is not allowed by the couple. Problems in the therapeutic relationship dogged both sets of therapeutic encounters with these two therapists in ways that might have been signified within the professionalised language of resistance. Our analysis points to a more dialectical process where unrepaired trouble sources between all participants emerge again and again and subvert the therapeutic aims of the conversation. The persistence of this finding where, as with John, the therapist is seeking to work within a model of creating behavioural change tempts one into generalizing the importance of the therapeutic relationship irrespective of model. Given this finding it would seem to be as important for family therapy training courses to attend

to the methods that we have found for developing, maintaining and repairing engagement as in attending to technique.

The detailed analysis of interactions that has been made here can serve as a useful method for examining the conversational coordinates of a successfully achieved therapeutic relationship. In the present analysis these coordinates have been found to include an attention to lexical choices made by family members and an attention to turn design, a willingness to use everyday, non-institutionalised language, a flexibility in the use of a number of conversational formats including advisement in response to demands from the family, a willingness to negotiate session structure and content and to discursively manage asymmetries of knowledge and expertise. As mentioned above the therapist who will simply listen, acknowledge, witness, if you will, the accounts offered by family members rather than be too quick to transform lifeworld descriptions into institutionalised rhetoric is more likely to generate an engagement necessary for the accomplishment of therapeutic goals.

Power

There is evidence within the transcripts that therapists attempted to avoid being positioned as the powerful expert, as the one who knows. However,

there are inherent paradoxes in this position, given the asymmetry of power and knowledge that attaches to a therapee seeking help from a psychotherapist within an institutionalised hospital setting. All four families had previously attended appointments with mental health practitioners within medical settings, which had engendered particular expectations concerning the nature of the encounter that would take place within a family therapy session. A manifestation of these expectations is a wish to be furnished with expert opinions and advice. The interview format (reminiscent of a medical diagnostic interview) that is frequently employed by therapists is likely to further cultivate the presupposition that a conversational aim is to arrive at a diagnosis. In disabusing family members of expectations of this nature, as, for example, Liz does in Extract 10, the therapist acts to repair a potential trouble source. If left unreferenced and unamenable to constituting in talk, problems of the kind that persist between Jean and Vikram are not resolved and disrupt the therapeutic encounter.

A further observation regarding power relations, which will lead us below into more fundamental questions concerning the adequacy of family therapy theory, can be made of the series of extracts from Jean's work with Vikram and Louisa. By resisting the family's positioning of her, Jean is keeping a tight grip on the permissible interpretative repertoire of the therapee and of

the allowable conversational formats, what it is appropriate to talk of and in what way. This, together with a control of the structure and format of sessions, which is common to all three therapists, places the therapist in a dominant and powerful position. For the family to experience an interaction where they find themselves in a less powerful, more dependant position to the therapist but not to have their expectation met that an aim of this interaction is to furnish them with an expert opinion is likely to be confusing. The presence of rhetorical strategies employed by therapists to communicate doubt and uncertainty together with clear control of session structure and format projects an ambiguous message. These findings suggest to me that theoretical analyses of power in therapy require more detailed work. This work might do worse than to take as its terms of reference:

“The (Foucauldian) view that power inheres in institutional knowledge, classifications, knowhow and normative arrangements ... (and) the conversation analytic view that it is created, renewed and operationalized in many disparate but interlocking facets of the organization of interaction”.

(Heritage, 1997, p. 179)

Therapist differences

It will have become clear to the reader that my analysis has revealed a number of differences between the three therapists in terms of the ways in which they take up their role. I make this assertion with some trepidation, straining as it does the philosophical basis for a discursive analysis, which emphasises variability of discursive resources employed from moment to moment and context to context rather than consistency of individual interactional styles. However, I will not allow epistemological inconveniences to occlude my observations. Many of these differences have already been mentioned. Of the three therapists Liz appears to most clearly and consistently operationalize theoretical premises regarding power and the therapeutic relationship. She enacts a therapy that is most ostensibly “postmodernist” in its theoretical promiscuity, encompassing psychoanalytic presuppositions, and making use of a variety of conversational formats. As I have already remarked Jean and John’s work can, not without some equivocation, be positioned within Milan-systemic and strategic traditions respectively. This would not be a classification without rough edges, for example, Jean’s interest in meaning and referencing of culture signals a “post-Milan” sensibility.

To the empiricist these differences in practice between psychotherapists who claim to work within the same theoretical model speaks of the need to hasten the production of a manual that would codify speech acts and iron out inconsistencies. The resulting standardization of therapist behaviour would reduce the influence of uncontrolled variables, which interfere with the heuristic of the drug metaphor within randomized controlled trials. However, this course of action is precluded by the findings that demonstrate the importance of therapist flexibility in response to feedback from family members. The cost of consistency is likely to be paid through a weaker therapeutic relationship and hence, for the reasons mentioned above, a less effective therapy. Taken together these findings support the assertions of those who have questioned the adequacy of the drug metaphor in studying psychotherapeutic processes.

One might speculate upon the particular confluence of discourses that have constructed the subjectivities of the three therapists in unique ways as evidenced in the talk. Hypotheses of this nature would need to go beyond fixed essentialist theories of personality to look at training and practice histories and specific contextual and situational contingencies particularly at what is evoked for each therapist by each family member. Even if all the

necessary information were available to me it goes beyond the scope of the present task to attempt to locate each therapist within such an analysis.

However, we might note one or two factors that might bear upon observed differences. John's training as a family therapist, the orientation of which he describes as "structural-systemic", took place prior to newer theoretical ideas gaining common currency and hence he is less likely to be familiar with the application of these ideas. Jean is the youngest and least experienced of the three therapists and she may have experienced Vikram's questions as challenges to her authority. She may have developed a view of gendered power relations between Louisa and Vikram that led her to align herself with Louisa and, at some level, to oppose the more dominant man, Vikram. This analysis is supported by her questionnaire response noted in Chapter 13.

Jean thought herself to be insufficiently challenging of Vikram but not Louisa, despite the evidence of the transcripts of her frequent interruptions to Vikram's talk, revealing a presumptuousness toward him not present in the dialogue between the two women. My analysis points to these factors as being not peripheral or subordinate to the proper application of psychotherapeutic technique but central to the successful enactment of a therapy. As such these influences should be observed, explored and placed within discourse for all would-be family therapists. A personal

psychotherapy is a forum within which a number of these tasks can be undertaken.

Gender, culture, religion

The application of social constructionist premises to the practice of family therapy appear to have found support from the analysis of transcripts. There is evidence for the creation of subjectivities situated within many dominant social discourses including those relating to gender, culture and religion, which are reproduced within speech. The families give accounts of themselves, their relationships and their beliefs that draw upon the ways in which men and women are constituted in society. The understandings which they make use of in talking of their troubles are informed by references to their culture and spirituality. In joining the families in accessing narratives that derive from socio-cultural discourses Jean, Liz and John are acting within the interpretive repertoires available to them as psychotherapists and from responses of therapees the subject matter is seen as both appropriate and helpful in constructing meaningful stories regarding their troubles.

When differences in the positioning of therapists and therapees within dominant discourses are evoked this again seems to be relevant and helpful, as we saw in Liz's reference to gender in Extract 23 (p. 189-190). That this is

not successfully accomplished by John in Extract 17 (p. 158-160) is more a reflection of rhetorical ambiguity of the specific turns than an indication of the limits to the usefulness of including such differences within the material available to participants within the therapy.

I have noted already that the socially and contextually bound nature of narrations of the self and of relationships was referenced on few occasions by therapists and obscured at other times. We will return to a fuller analysis of this phenomenon in due course. A specific instance of the silence by therapists regarding social influences can be found where there is a conflict between the demands of competing discourses.

This happens most clearly in Jean's sessions with Louisa and Vikram. As has already been remarked upon Jean appears to be acting into an interaction where gendered positions are taken up, in aligning herself with Louisa and in opposition to Vikram. Whilst from an analysis of gendered relationships this has a rationale in terms of supporting Louisa it is an action that is culturally incongruent as evidenced by the numerous trouble sources that arise in the talk between Jean and Vikram. At some level, conscious or unconscious, we cannot say with certainty, Jean has made a choice to make use of the lens of gender and occlude the significance of culture and race. To have taken up a

congruent position in relation to cultural discourses might have left her feeling exposed and vulnerable as a younger woman with a man whom she experienced as overly dominant in his relationship with his wife.

These are difficult real world therapeutic tensions for practitioners and I am not convinced that dilemmas of this nature are given sufficient space for exploration either in family therapy literature or indeed in training courses. Under such circumstances the evidence of the analysis is that to talk of oneself and the dilemma experienced can be helpful, although it is noticeable that during the three sessions with this family Jean does not give voice to this tension. It is, to reiterate, an immensely complex process to observe the shifting representations of the self and one's positioning in therapy sessions and to be able to successfully articulate observations. One can easily come unstuck, as did John in Extract 17. The image evoked by Lacan, quoted in Chapter 1, of the therapist as a linguistic encoder and decoder with a poet's ear for the nuances of speech comes to mind.

The dilemmatics of discourse are also apparent in our analysis of ways in which male violence is addressed in sessions. Once again there is an observable gap between theoretical rhetoric and its recreation in the talk of interactants within a family therapy session. Theoretically, writers (e.g.

Goldner, 1998) have advocated a positioning for the therapist which is unambiguous in its condemnation of the man's actions which should be described in agentive terms. In doing so there should be no linguistic camouflage attached to the man who hits the woman, no obscuring of his responsibility within systemic interactional accounts which carry an implication of the woman's partial responsibility for being the one who is hit (see Roy-Chowdhury, 2000, for a fuller review of the literature).

Although there is evidence of an awareness by the therapist, Liz, of this theoretical position, we find that in the cut and thrust of a session with a man who is, literally and metaphorically, close to walking away from the therapy, a woman who is careful to soften her descriptions of his violence and locate it in the past, and where the reasons for this softening are interpretable as being due to a fear that she may be hit if she does otherwise, this female therapist designs her turns carefully and in ways other than might be theoretically supported. Meaning is locally and contingently managed by the therapist, in a manner that, if we judge success in terms of the continuance of the therapy, is successful. If the therapist did take a more robust line, which included more agentive accounts of David's actions, it is not possible to know whether this might have helped the therapeutic process through creating a helpful shift in the narratives within which David's

violence had become embedded. An alternative and entirely possible consequence of such a shift in the therapist's position might have been a sacrifice of the therapeutic relationship with David upon the altar of theoretical purity. My analysis does demonstrate the very real tensions that exist for the therapist in applying conceptual premises regarding domestic violence, whilst at the same time remaining responsive to feedback and engaged with the perpetrator.

This is not to say that the theory is wrong, but rather that it requires further application across a variety of therapeutic situations by family therapists in their practice and in their training in order to allow consideration of the tensions that arise in specific situations. Despite difficulties in constructing an account of her position in relation to David's violence, due to the contingencies that we have noted, it is worth noting again that the attempt so to do, to locate herself within the therapeutic conversation in Extract 23 (p. 189-190), is taken up by all participants as appropriate and, in terms of subsequent engagement, helpful.

Doing “successful” family therapy

I would like now to look at more fundamental questions raised in the introductory section concerning the nature of the therapeutic endeavour. How can we describe and explain what takes place within a psychotherapy, in this case a family therapy? Can a psychotherapy be understood in discursive terms alone or do we need alternative explanations? If so how are such constructions expressed within the language of a family therapy?

Psychotherapists, particularly those working within the institutionalised context of the present study, are constituted as expert professionals. Within this hospital setting, and given the medical route by which families reach the family therapy service, the dominant professional discourse evoked is that of doctor and patient. Both psychotherapist and medical practitioner make use of category entitlements bestowed upon them by virtue of their positions to elicit troubles talk from the patient/therapee (The alignment of discourses within which the two professions are situated is further evidenced by the word “patient” commonly used to connote the therapee). However, and despite the application of a drug metaphor to psychotherapy outcome research, this constituting of the subject positions of therapist and therapee masks fundamental differences in the methods used to effect change in biomedicine and psychotherapy.

For the medical doctor the aim of an interview with a patient is to transform the patient's account into biomedical terms in order to make a diagnosis (or to reach a hypothesis that will allow a referral on to a specialist) leading to the prescription of an intervention, which is commonly pharmacological in nature. For the psychotherapist the interview itself constitutes the intervention. Talk, not drugs, are the means available to the psychotherapist to effect change. Hence the psychotherapist is situated within a similar discursive space as the medical doctor and yet the reason that she talks to the therapee and what he uses the talk to do is quite different. It is this paradox that we see enacted between participants within therapy sessions.

We see among our three family therapists an ambivalence toward the power and presumptuousness accorded to them by virtue of their position in relation to therapees. As demonstrated in Hak and Boer's (1995) comparison of the discourses employed in a medical consultation with a psychotherapy session, the doctor makes deliberate use of her category entitlements in order to persuade the patient to follow advice. This may be to comply with the self-administration of prescribed medication or indeed to effect behavioural change, to stop smoking, eat a healthier diet, take more exercise, etc. Family therapists make use of category entitlements in positioning therapees as troubled and in need of help and in controlling the format and

structure of sessions, but also seek rhetorically to subvert their own power through evocations of doubt and uncertainty. The reasons for this are complex and, as we have seen, potentially confusing to family members. Contemporary family therapy theory, with its emphasis upon the deliberately oxymoronic “unknowing expert”, undoubtedly contributes to this therapist positioning, but also is a product of a deliberate attempt to induct the therapee into talking in a particular way, one that casts doubt upon familiar self and other descriptions and opens a space for alternative descriptions.

Given this complex and paradoxical positioning within discourses organizing power relations, therapist persuasions are also put in a simultaneously knowing and unknowing format. That such persuasions are an intrinsic element of the therapy process is clear and many of the transcript extracts include attempts at changing narratives, beliefs, behaviours, etc.. In Extract 9 (p. 128-129), for example, Liz, the therapist, seeks to persuade Anne and Ian that Paul has some control over his behaviour, which they had previously denied. She does so skillfully making use of Anne and Ian’s own representations of Paul’s actions and constructing her turn carefully to soften the challenge and introduce ambiguity and uncertainty. In this extract the asymmetry of knowledge and experience is a context that bolsters the

facticity of Liz's account, whereas on other occasions, for example, in Extract 23 (p. 189-190), this asymmetry is more directly evoked.

The care taken in enacting such persuasions is in marked contrast to the less ambiguous evocation of expert status that is a feature of a similar process for medical practitioners and reflects the construction of the persuasion within the "lifeworld" of the therapee rather than in the decontextualised domain of biomedicine. The persuasion must make sense within the therapee's lifeworld as it is within this domain of knowledge and experience that the change is being suggested, whereas in medicine the change is located outside this lifeworld in a parallel biological field of explanation. This explains also the therapists repeated and effective use of idiomatic language in order to engage with the lived experiences of family members as they themselves would construct these experiences. This engagement, which seeks transformations that are more subtle (the reasons for a doctor advising an overweight patient to exercise more are readily explained; the reasons for seeking to persuade family members that a husband and father has some control over his actions, less so) and yet profound, requires of the psychotherapist a capacity for interpreting from moment to moment the multiplicity of influences upon individual narratives provided by therapees. As we have seen this analysis must include personal and historical

experiences and where the telling of these experiences positions the individual in relation to a multitude of social and cultural discourses, including those of gender, culture and spirituality, these too must be taken into account. In the absence of such an analysis, persuasions are significantly less likely to be successful: therapists may actively discount such attempts at creating change or nod compliantly and fail to return to subsequent sessions.

We are now closer to positing an explanation of what takes place in a family therapy that is discursively successful and to constructing a theoretical account of this event.

It is important for the therapist to engage with family members in ways congruent with her subject position and taking into account the discourses within which a psychotherapy is located. This involves a high level intertextual analysis of every statement made by therapists in relation to every statement that the therapist makes. At every moment it is helpful for the therapist to ask herself a number of questions. Why is this being said at this moment within the context of other things that have been said in my meeting with these people today? What is the aim of saying this and what is the speaker hoping to achieve by speaking in this way? How does this utterance position the speaker in relation to other interactants and how does

it position me in relation to her? What is the purpose of constituting these positions at this moment in the conversation? Which discourses that are to be found in social relations within this time and place are being expressed through the speaker's speech? Are there discourses that are being drawn upon that are marginalised within this culture and this context, but which are important to the speaker in constituting her individual subjectivity? What do the ways in which discourses are being evoked say about the individual and her history and what does the individual's history say about the ways in which discourses are being evoked? What conflicts, intersubjective and intrasubjective, are being alluded to? What competing discourses sustain these conflicts? In making these remarks what response is being elicited and invited by others? What are the interpretive repertoires open to me in designing a response and what, in its turn, would be the consequences of making each possible response? If I choose to give a dispreferred response, how will this be managed and negotiated and trouble sources repaired? How much of my analysis and which aspects of it is it most helpful to talk of at any one time? Are there aspects of psychotherapeutic theory that I wish to draw upon at this point and what would be the consequences of so doing?

All these questions or approximations to them should go through the therapist's mind in a moment as she observes the interaction and considers

her response. This response when it comes may belie the complexity of her analysis and be a simple reflection, a “hmm” or a “right”. I make this point not for any frivolous reason, but because a flexibility in conversational formats, including a liberal use of reflections that signify an understanding of the other, has been found in my analysis to be a common expectation of therapists and effective in achieving conversational and hence therapeutic goals.

The reason that all of these questions are important is that without them the therapist might take an impoverished view of what is signified within each speech act and an impoverished view of individual subjectivity. On the occasions within the analysis that a simple structuralist correspondence between signifier and signified has been assumed the therapy has been found to run into difficulties. We saw this in the work of therapists studied. John took insufficient account of the positioning of himself and family members within discourses of spirituality and gender and the evocation of a subject position for a psychotherapist as one who understands. Jean (repeatedly) and Liz and Tracy (a trainee), found themselves positioned within an expert professional-client discourse and only by directly referencing this positioning, in Extract 10 (p. 132), was Liz able to renegotiate the version of herself signified. Jean demonstrated an insufficient awareness of her position

in relation to family members, evoked by discourses of culture within the context of experiences of racism and bigotry. Liz struggled to enact an awareness of gendered discourses that are drawn upon in describing experiences of male violence.

An ontology of subjectivity within a social constructionist epistemology

The theoretical account of the interaction that takes place in family therapy sessions that emerges from the analysis is one where there is no easy correspondence between what is said and what is signified by what is said. In that sense psychoanalytic versions of psychotherapy carry most resonance. The dominant realist view in psychology of language as standing in a straightforward relationship to real objects and real events described by a unitary rational subject is shown to be inadequate (see Hollway, 1989). The words that are used, and the way in which they are used, by all interactants have significant effects upon the course of the therapy and cannot be dismissed as insignificant artifacts: the therapy is the talk. This talk can only be adequately understood if historicised within the unique lives of individuals and the specificity of their immersion within numerous discourses. Subjectivity is constructed from this multiplicity of influences,

and not experienced and enacted by individuals as being unitary and decontextualised but contingently performed and managed.

The reader will have detected in the above description the emergence of social constructionist premises. However, the view of the subject and of the therapeutic task bears more than a passing resemblance to psychoanalytic theory. It is this conceptual insertion that begins to locate an ontology of the individual into postmodernist chimera of shifting surfaces, providing us with some riposte to Kraemar's complaint, mentioned in Chapter 2, that family therapy lacks a developmental and psychological base. In attending to the therapee's speech the therapist listens as much to what is not explicitly said as to what is. It is the tone, inflection, the lapses and hesitations that provide clues to what is being signified, and indeed, what may be outside or at the margins of discourse (see Frosh, 1999). This view of the subject is one that is not of a rational, unitary individual whose speech bears an orderly correspondence to its intended meaning. Rather the person is constituted within multiple and often conflicting discourses which are configured and uniquely sequenced in her speech. She will not be conscious of all of the possible meaning that are evoked, any more than any of the participants within the sessions analysed will have been able to give an account of the complexities to be found in each speech act.

Hollway (1989) makes use of the work of psychoanalytic writers, notably Klein and Lacan, to theorise the positions taken by interactants within her textual analysis. Her assertion of the insufficiency of Lacan's account of subjectivity alone in conceptualising her findings is based upon earlier critiques by Henriques, et al (1984) and Frosh (1987). Hollway found in her analysis, as I have found in mine, that there is some consistency in the ways that individuals position themselves in relation to others and in relation to discourses. In my analysis I found that therapists reproduced in their speech interpretive repertoires available to them in unique patterns. Therapees similarly repeated their positioning in relation to discourses of power/knowledge, gender, culture, spirituality, etc., in interactional sequences throughout the course of the therapy. For example, the positions taken by Jean and Vikram in negotiating discourses of power, gender and culture were enacted repetitively, although with variations in the resources employed. The specificity of each individual's location among many contradictory discourses that are each a product of contextually and historically bound cultural forces is not emphasised in Lacan's work. Rather:

“...the symbolic is a monolithic system. Similarly, although Lacan recognizes that subjectivity is achieved in the context of the other, this other is also an

abstract, timeless concept, not located in specific discourses and power relations. These are problems in common with all structuralist approaches.” (Hollway, 1989, p. 59).

In returning history and context to the individual’s use of language and positioning within dominant discourses, Derrida and Foucault provide a necessary post-structuralist reworking of Lacanian theories of meaning and subjectivity, which is more in accord with findings of the discursive analysis presented here. The emphasis of these writers upon contextual specificity of meaning allows for a re-interpretation of subjectivity, which is held, enacted and discovered within intersubjective relationships. The other is not always drawn from the same template, a variation upon a maternal theme, but specific to each encounter between individuals within a particular time and place. The same signifier signifies differently within each encounter, although it may be drawn from the same discourses. The history of each individual influences that person’s participation and reproduction of discourses, which can only be accorded meaning within a relational context.

In selectively positioning herself in relation to discourses of gender and culture Jean, one of the therapists in the analysis, protects herself from being in a less powerful position than Vikram. Conversely Vikram seeks to

position himself as having more power to determine the conversational formats employed within the therapy. These maneuvers could be understood in relation to both of their individual histories, specifically Jean's experiences of powerful men and Vikarm's experiences of younger women within an Indian culture and of racism in Britain, as well as the specific contingencies of the encounter set out in the analysis.

This protection of the self from vulnerability and powerlessness recurs as an organising principle for the places that interactants locate themselves in relation to others. For David to be constituted as a man who beats his wife leaves him intolerably weakened and vulnerable, and hence all participants seek to rhetorically protect him from this disgrace. Louisa and John (the therapist) both find the vulnerability of their positions as people in need of professional psychological help intolerable. These findings lead me to adopt a Foucauldian analysis of the fundamental importance of power in creating and configuring the intersubjective space within which all relationships exist and are discursively enacted.

Billig (1999) posits a dialogic model of repression that is in tune with this explanatory framework. His too is a culturally and situationally specific view of the mechanisms by which an individual learns to repress, remove from

discourse and from conscious thought, that which is shameful within a given time and place. Billig's thesis, intriguingly constructed from a textual analysis of Freud's case studies, is that each individual becomes socialised into pushing from conversation, and hence from conscious attention, those desires that are forbidden. Thus an impression of competence is maintained in relation to others and the social self is protected from vulnerability and shame. That which is repressed may be alluded to within the subject's speech and equally may be detected through lapses, omissions and errors.

We have come some way from the text and the analysis of the text that gave rise to inferences concerning the nature of a family therapy and the place of individuals within the therapeutic conversation. The point that this has led us to has been a view of the therapist's task as not dissimilar to the task of the psychoanalyst. I am reminded of Flaskas' (1997) advice (after Winnicott) that the therapist strive to create a "holding environment", and that she attend to moment by moment variations in the quality of the relationship with therapees by monitoring the transference and countertransference.

In order to theorise this congruence adequately it has been important to place the subject with an individual psyche to be analysed, within the postmodern relativity of contextualised but depersonalised talk. To return the person to the talk, situate an ontology of subjectivity within a social

constructionist epistemology. This theoretical insertion seems to me to be a necessary precursor to Flaskas' (e.g. 1996, 1997) project to assert the importance of the therapeutic relationship within the "depersonalised discourse" (Flaskas, 1997, p. 266) of systemic therapy.

The person that we discover, the agent of the talk, is a paradox. She has a strong sense of her uniqueness, conferred upon her by the sense she makes of her history. Yet she is only discoverable through encountering her, talking to her, and her talk is extraordinarily variable and subject to the specific contingencies of each situation. The multiple contradictory discourses that create and are created by her preclude the possibility of a single, unitary, rational subject, although this is the dominant Western discourse within which her subjectivity is located. For the therapist to act therapeutically she must hold these paradoxes in mind and be prepared to analyse the meanings that are signified which might be quite other than those that correspond in a simplistic fashion to the signifiers used. She must also be attuned to her own subjective experience in the therapy session in relation to others. This will give her clues as to where she is being positioned by others and the effects of her own speech upon interactants. This requires considerable skill and expertise.

Chapter 15

Summary and conclusions

What have we learnt about this thing called family therapy? Over the preceding pages through the analysis of many pages of text, what has been discovered about this activity and how it is carried out? What answers have we discovered to the questions posed at the conclusion of the introductory section and in Chapter 4? What do these answers tell us about how we theorize a psychotherapy and how we research it?

Before turning to these questions we must first pause to remind ourselves of the specificity of the phenomena studied, of the locally contingent nature of the talk produced by these individuals at this time in this place. This reminder serves as a guard against grandiosity in generalizing findings and encourages a humility in presenting conclusions. In reading conclusions the reader should hold in mind that this is what I have found in my detailed analysis of the work of three family therapists with four families within one particular setting. Further similar analyses by other researchers would demonstrate the extent to which the phenomena revealed can be found in the work of other family therapists with other families in other settings.

Theory and practice

The first conclusion to be drawn from the analysis is that family therapy theory, that predated the relativist drift of the 1980's and 1990's is alive and well. John's practice is clearly identifiable as being a version of strategic/solution-focused therapy with theoretical roots going back to the MRI group. Jean's work is easily identified as an application of Milan systemic therapy, given a post-Milan twist in its emphasis upon meaning and some regard to social context. Theoretically pigeon-holing Liz's work proves to be a more difficult task. There are elements of Milan-systemic, strategic and structural therapy in evidence, together with the application of psychoanalytic principles and a "second order" use of self. Those writers (e.g. Hoffman, 1998) who urge us to practice a version of family therapy stripped of theoretical models look as if they have some way to go in persuading practitioners of the possibility of so doing. Rather Pocock's (1999) advocacy of the inclusive use of multiple models, irrespective of their first or second order credentials, seems to be closer to representing the actual practice of family therapy. Boscolo and Bertrando (1996) similarly celebrate the "epigenesis" of theory, where new models complement rather than usurp existing frameworks. They assert that:

“...it is confining to try to be “purists” within the narrative-conversational model, which may lead to a vague and not very productive neo-Rogerism and force the therapist to wipe out all of that theoretical and practical knowledge which has, in the past, demonstrated itself to be pertinent and effective” (p. 38).

There is evidence that therapists are reluctant to adopt a position of powerful expert with therapees and will make use of rhetorical strategies to undermine the facticity of their accounts. However, a bind is presented to family members in so doing as in other ways therapists clearly act into an expert position, in controlling the structure and content of sessions and in delivering an end of session message. Therapists discursively act into an expert position in some ways but not others. With their asymmetry of institutional “knowhow” and multiple experiences of family therapy in relation to families, for whom there may be only a singular experience, therapists can create an extraordinarily stressful encounter by such actions (Heritage, 1997, p. 177, referencing Zola, 1987):

“Routine organizational contingencies which are taken for granted by one party but are unknown to the other can be a source of many...kinds of difficulty and confusion”.

Furthermore there is an expectation on the part of those who seek psychotherapeutic help within an institutional context that the therapist will be an expert who will use her power and knowledge in an expert fashion. This expectation, as has previously been remarked upon by Pocock (1999, p. 5), means that rather than responding to a question as if it were neutral with regard to the distinctions contained within it, therapees will respond to the premise contained within the question as to an expert opinion. Family therapists cannot simply theoretically and rhetorically wish away the power that inheres to their social and institutional position and attempts to naively do so will lead to confusion and resistance. More effective might be a willingness to include theoretical presuppositions including those regarding power and expertise within their conversational repertoire. If therapists find themselves being positioned as someone other than whom they believe themselves to be, or would wish to be, then a psychoanalyst's willingness to reference versions of the self that are evoked would be helpful.

My analysis has found that among the therapists whose work has been studied, and acknowledging individual differences, there is little appetite for putting into practice some important tenets of constructivism/social constructionism. The self of the therapist is not infrequently evoked by Liz,

but rarely by John and Jean. The inference that I have drawn from this finding, supported by the imprecise manner in which John attempts to talk of himself, is that this reluctance is at least in part a reflection of a theoretical ambiguity regarding the reasons for placing the self in the system. My analysis demonstrates that it can be helpful to successfully do so and to resist referring one's place in the talk is unhelpful. The reasons for this finding are varied. It may be that to resist revealing personal information, as Jean does with Vikram (Extract 16, p. 156), subverts expectations held by interactants of each other, which may be related to the influences of culture, gender, etc. If left unrepaired this will disrupt the therapeutic relationship and the therapy. More generally we find that interactants will position each other through their talk within multiple discourses. For the therapist to remark upon her perception of this positioning can both facilitate the process of therapy by shedding light upon the enactment of presuppositions that may be understood within the context of an individual's history, and reveal subjugated discourses which are repressed by the therapee but nonetheless are signified in the representations of the therapist. This theoretical rationale stands comparisons with psychoanalytic explanations.

These therapists do introduce the wider social context into the therapy room, but equally pass up many opportunities for so doing. Such missed

opportunities are regrettable as my analysis reveals that to talk of the ways in which social discourses construct the premises upon which we base our understandings of ourselves and others is helpful and “therapeutic”. To do so seems to fall within the expected conversational repertoire of a psychotherapy and social referents are frequently signified within the speech of therapees. To avoid these evocations risks weakening the therapeutic relationship and marginalising an important discursive method for understanding the individual in relation to others, and within their “lifeworld” context.

I have found, as Stancombe and White (1997) have found before me, that therapists, in common with conversational participants generally, enact persuasions. They try to convince others of their point of view. The difference between a successful and unsuccessful persuasion depends on a number of contextual and rhetorical factors. Persuasions are more successfully accomplished where the therapist makes use of the authority conferred upon her by her role, and where she has previously worked at developing a strong therapeutic relationship. The rhetorical devices employed in accomplishing a persuasion are to take care in one’s turn design, to make use of the lexical choices of therapees and to use everyday and idiomatic expressions and appeals to common sense. These rhetorical

methods do not differ significantly from those used to achieve persuasions in everyday interactions. The image of the therapist as conversational expert, attuned to the nuances of speech is hard to avoid. Equally the importance attached to the generation, maintenance, and, if necessary, repair of the relationship between therapist and therapee by writers such as Frosh and Pocock finds support.

This version of the therapist role, evoked in the work of psychoanalytic writers, is one that recurs in the analysis. The therapist must listen not only to that which is ostensibly signified in the therapist's speech but also to the hidden and disguised significations. An ear for this allusive quality to speech is not a bolt-on addition to the main task of therapy but the task itself, and in perhaps the most profound sense it is this quality of listening that separates the psychotherapist from the listener within everyday or alternative institutional interactions. Contemporary family therapy theory, whilst referring to the multiple discourses that construct subjectivity, has in general resisted taking the next step in positioning the therapist as one who listens carefully for the presence of these discourses in speech, perhaps for fear of invoking an expert role for the therapist. An exception is to be found in the theoretical perspective offered by Boscolo and Bertrando (1996, p. 40).

These writers suggest that in a family therapy:

“Particular attention is paid to gender issues, to power, to ethnicity in the history of the client, filtered through the premises, prejudices and sensibility of the therapist.”

Unsurprisingly these writers also assert that “...it is an illusion to shed the role of expert, in that this role is conferred by the context in which the therapist works”(p. 38).

A theory of the subject

The further step is a theory of the subject encountered in therapy. A post-structuralist version of subjectivity drawn from psychoanalytic theory, modified by the work of Foucault and Derrida, provides a position that is congruent with research findings. This account of the person is capable of accommodating both the variability of the talk of interactants and its consistency and is congruent with family therapy theorists’ interest in the social. As we saw in the Chapter 2, Frosh has already made reference to Lacan’s work in problematising the narrative turn in contemporary family therapy theory. My study supports Frosh’s (1997, p. 98) assertions that a reading of postmodernism in family therapy theory that posits a straightforward relationship between the therapee’s speech and “narratives” signified is flawed, as (after Lacan) the real “stands outside the symbolic

order". My findings add credence to a view of language as standing in multiple, contradictory and complex relationship to that which is signified by the subject. The therapist must listen for this complexity, for that which is subjugated, concealed, implied, within the socially sanctioned speech that emerges.

The view of individual subjectivity that the analysis has led me to is not the rational, unitary subject that cognitive theorists have proposed but a more contradictory social creature for whom interactions with others are organized within relational, institutional and cultural fields. The sense that she makes of the demands of multiple discourses is governed by her unique history, which is itself a history of immersion in cultures and subcultures. My analysis, as Hollway (1989) has discovered before me, points to the importance of power in organizing the enactment of relationships. Positioning within discourses follows Foucauldian principles of the reproduction of power relations and the protection of the self from vulnerability and anxiety. In making this last step, a theory of the self emerges that is in tune with the interest in power to be found in contemporary family therapy theory, but in proposing a protection of the self/ego from anxiety one finds an interpretation of psychic mechanisms that has some resonance within Kleinian theory. As noted in the Chapter 1

this bridge from Lacan via a Foucauldian analysis of power predicated upon a Kleinian premise of intrapsychic defences against anxiety is a juxtaposition that Lacan would surely have resisted.

In making use of a post-structuralist reading of psychoanalytic theory we have found a way of inserting an ontology of the individual within the depersonalised rhetoric of social constructionism: the individual emerges as something more than just her talk at any particular moment. But, in raiding the psychoanalytic theoretical repertoire, where does this leave us in relation to other aspects of the psychoanalytic project? Can one pick and choose, appropriating a theory of subjectivity but detaching it from aspects of its developmental foundations, or are the interconnections within a body of work resistant to this kind of selective interpretation. Ultimately this is a judgement for others to make, although, in my defence, I would point out that all theories make use of parts of other theories, and, if one were required to swear allegiance to all tenets of a particular school of thought before making use of ideas contained within it, conceptual developments would be slow indeed. Flaska (1996) addresses similar concerns.

Parker (1997) has also made use of the psychoanalytic conceptual apparatus to theorize a “complex subjectivity” which stands in contrast to quasi-

behaviourist accounts of “blank” or “uncomplicated subjectivity” commonly favoured by discourse analysts. He too makes use of Lacanian accounts in refashioning psychoanalytic frameworks into a culturally specific, textually bound, non-essentialist version of the human subject located within structures of power.

In these respects there are similarities between his conclusions, arrived at through theoretical exposition rather than empirical analysis, and those of the present study. However, whereas I have sought to construct an account of subjectivity within a post-structuralist reading of Lacanian and Kleinian psychoanalysis, Parker posits an additional theoretical device of his own, that of “discursive complexes”. These are forms of subjectivity available to individuals that adhere to cultural sites such as “...in a television interview or on the therapist’s couch” (Parker, 1997, p. 492), which carry resonances of Kristeva’s (1974) semiotic spaces or “chora”. These discursive complexes are higher order constructs than those such as interpretive repertoires already delineated by discourse analysts, themselves subject to controversy for moving the analyst too far from the text itself, as we have seen in chapter 3. It would be interesting to see Parker demonstrate the appearance of discursive complexes in speech and indicate the conditions for their analysis.

Implications for future research

Finally, let us turn to the implications of the present study for future research. A discourse analysis of the transcripts of ten family therapy sessions involving three therapists and four families has thrown up an extraordinary quantity of information. This level of analysis allows clinicians to review in detail what it is we actually do, as opposed to what it is that we think and say that we do and the effects of what we do upon those who come to us for help. This is a route into the prejudices (Cecchin's, et al's, 1994, word) and presuppositions that emerge in our practice. As such this type of analysis of the work of psychotherapists should form an important component of professional training and development engendering as it does a high level of reflexivity.

Let me illustrate this reflexivity with reference to my own work. I mentioned in Chapter 14 that the analysis of the work of three family therapists is intended to reveal the actual enactment of a psychotherapy by three competent practitioners, and that I would not expect a close examination of my own work to reveal anything other than similar gaps between theory and practice. A word then about the ways that I have experienced a change in my own practice as a consequence of undertaking this analysis.

I have become increasingly sensitized to the specifics of the dialogic encounter, the nuances and cadences of speech, the multiple discourses evoked and the significance of what is and is not taken up. I have thought increasingly of the maintenance of the therapeutic relationship as a discursive phenomenon and attended to its strength and need for repair at any specific moment. I have found myself employing greater flexibility in the use of conversational formats including advice-giving if warranted and/or requested whilst listening for the specific location of these actions within discourses related to power. My movement in and out of theoretical models, of whichever order, or none, as the basis for the organization of my thinking and actions from moment to moment within sessions, has felt easier and more comfortable. I have given thought to the issue of self-disclosure and will reveal personal information unless there are good reasons not to do so.

Just the other day I met a Greek Cypriot couple in their fifties for the first time. They asked me for advice concerning their dealings with their adult son who had been given a diagnosis of schizophrenia. Based upon those things that they had told me I gave them what advice I could. For, I think, reasons not dissimilar to Vikram's questioning of Jean, a kind of checking of my credentials in dispensing such advice that would help to fix it within the norms of his culture, the father asked of my relationship and parental status.

With less hesitation than might have been the case previously I told him. They seemed to leave the session satisfied and returned to a subsequent session with an account of the helpfulness of this initial conversation.

This is of course no more and no less than an anecdotal account, but I wanted to give the reader some sense of the effect upon my practice of the analysis that I have undertaken. I have perceived these effects following an analysis of the work of others and would expect the impact to be greater if the subject of study were taped sessions of my own practice. In studying practitioner reflexivity one could develop methodologies for analysing the effects of a greater self-awareness upon the therapy and therapees. This might include the analysis of sessions before and after the therapist has been exposed to an analysis of her own work, and/or therapee feedback regarding the session of the type described by Campbell (1997). Researchers working within an empiricist research paradigm might make use of a quantitative methodology to compare DNA rates before and after this type of exposure or make comparisons between different cohorts of therapists. Such studies would help to examine and theorize the loop between an increased reflexivity by practitioners regarding the specific effects of their talk leading to the greater likelihood of achieving and maintaining dialogically successful

interactions and the impact upon the perceived satisfaction by therapees with the therapeutic conversation and its helpfulness.

A discursive analysis has in its favour a democratisation of enquiry into the therapeutic process. All participants are viewed as interactants whose effects upon each other are accorded equal status. This is a counterweight to the tendency of researchers and clinicians to objectify therapees through research designs founded upon professionalised rhetoric that locates therapeutic participants as passively receiving a treatment rather than as agentive individuals. The research design of the present study is predicated upon a construction of all participants as individuals fully and actively engaged in the complex process of generating and negotiating meaning.

This study has added to the body of work that calls into question the adequacy of the drug metaphor as a conceptual basis for psychotherapy research. Ostensibly, within the terms of empirical outcome research, the analysis has been the work of three family therapists working within a common theoretical model. Yet when analysing their talk we find wide variations in what they actually say, and in how they say it. An assertion of the virtues of “manualising” therapists actions would not provide a solution to this variability. We find that the meaning attributed by individuals to what

is said varies enormously and that it is critical to the success of a therapy that therapists should be in a position to respond flexibly to the speech of therapees, making use of their lexical choices in organising responses.

Without this flexibility, a cornerstone of maintaining a therapeutic relationship, a therapy is unlikely to be effective. Objections to the epistemological shortcomings inherent within the philosophical framework of traditional psychotherapy research, of the kind set out by Kaye (1995) in Chapter 3, are supported by these findings.

Future research using these methods might examine work within other therapeutic models in order to tease out specific interactional coordinates of different types of psychotherapy. One might ask the question, how do psychotherapies following differing models vary in their talk along the dimensions studied? It would be interesting for my inferences concerning the nature of the subject, that has emerged from the text, to be placed under scrutiny.

Each of the dimensions along which the transcripts were analysed could be studied in more detail and with regard to the many permutations of gender, culture, religion, etc.. How is the talk differently enacted when the therapist shares the therapee's gender, culture, etc. as opposed to cases where there is a difference. Findings from such work might help to further identify the

influence of social constructs upon individuals in interaction. Researchers could examine the enactment of discourses related to other dimensions such as sexuality or social class or age.

As I remarked in the Introduction to this study and in Chapter 2, there has been a tendency for theorists to situate family therapy within a postmodernist paradigm and make use of textual and narrative metaphors in fashioning conceptual accounts of therapy. Similarly in other fields of psychotherapy, theory development makes use of multiple discourses in seeking to construct explanations of what is done by the therapist.

Discursive analyses not only hold up the possibility of more reflexive and hence more successful therapies, but also provide a rigorous method of theory testing. When, for example, a psychoanalyst is making a transference interpretation, how is this done, what effect does it have upon the analysand, and under what circumstances, individual and contextual, is such an interaction successfully achieved? When one strips such interactions of professionalised rhetoric, what actually takes place between two people one of whom, believes herself to be making a transference interpretation?

In submitting theory to rigorous appraisal one is engaged in an activity that is undeniably scientific, and ironically, given debates concerning the nature of

scientific activity, provides a methodological basis for rendering conceptual claims in a form susceptible to testable conditions under a falsificationist regime. This, we may assert with some justification, provides us with a methodology for the study of psychotherapy processes that is congruent with the actual enactment of a psychological therapy rather than an imagined and reductive version of it.

APPENDIX 1

QUESTIONNAIRE 1

THERAPIST INFORMATION QUESTIONNAIRE

In order for me to contextualize the therapy sessions studied in my research it would be helpful to have some background information concerning the participating therapists.

Although I ask for a name below in order to match therapists to sessions I want to emphasise that the identities of participating therapists will not be revealed in the research.

Name:.....

Age:.....

1. What family therapy qualification have you (will you have) attained?
2. What was/is the length of your family therapy training?
3. When did you/do you complete it?
4. How would you describe the main theoretical orientation of the training?
5. Thinking of yourself now as a couple and family therapist, what is the principal theoretical orientation(s) that informs your work?
6. How is this theoretical orientation demonstrated in what you do in your work with couples and families.

7. What values and assumptions are central to your work with couples and families?

8. How are these values and assumptions demonstrated in your work as a couple and family therapist?

9. How important do you believe values and assumptions, which do not necessarily arise from the theory of therapy, to be in your actions as a couple and family therapist?

10. How would you describe the position that you take in relation to a couple or family?

11. In what ways do you believe the context within which you work with couples and families to influence your actions as a therapist?

12. Thinking about yourself in your work as a couple and family therapist, is there anything further that you would like to add that would be important in understanding the way you take up this role?

Thank you very much for taking the time to complete this questionnaire. Please return it to me as soon as possible.

Sim Roy-Chowdhury
kdc:\karem\sim\general\ftquesti.doc

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