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Patterns of Talk: A Micro-Landscape Perspective

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Patterns of Talk: A Micro-Landscape Perspective

by
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Abstract

This paper provides a introduction to conversation analysis. CA is traced from its roots to ethnomethodology, and five features of talk are examined (turn taking procedures, adjacency pairs, presequences, formulations, and accounts). Clinical examples are provided. The relevance of CA to clinicians, researchers and supervisors is also discussed.

Introduction

Are there particular communication weaves that binds talk into patterns? While many family therapists discuss the merits of a narrative approach to therapy as well as the aesthetics of a social constructionist paradigm, typically their foci are on non-micro aspects of **what** the therapist/clients are saying and doing. Recommendations for types of clinical talk have included:

- a. types of questions posed (Penn, [1982](#), [1985](#); Tomm, [1987](#), [1988](#); White & Epston, [1992](#));
- b. adoption of a "not-knowing stance" (Anderson & Goolishian ([1988](#), [1992](#));
- c. curiosity (Hoffman, [1990](#));
- d. problem externalization (White, [1988/1989](#));
- e. conversation management (Loos & Epstein, [1989](#));
- f. word weaving (Keeney, [1990](#));
- g. utilization of solution focused talk (de Shazer, [1991](#); O'Hanlon & Weiner-Davis, [1989](#));
and
- h. narrative transformational shifts (e.g., shifts in time, space, causality, etc.) (Sluzki, [1992](#)).

While Sluzki's paper does discuss micro-practices of how the therapist does or should actually express him/herself in session, this is the exception.¹

Sluzki ([1992](#)) expresses the need for further explorations of micro-practices in order to "enrich our ability to specify further theory building, clinical practice, training, and research in narrative-based systemic therapy" (p. 229). The purpose of this paper is to further extend the discussion of micro-practices.

The **how** presented in this paper entails a micro-level focus on how participants manage their talk. These micro-actions coordinate (either through binding or unraveling) the broader moves of discourse, which leads to the construction of social narratives. The narrative form "requires the detail of connections to maintain its coherence" (Edwards & Potter, [1992](#), p. 122).²

For example, Gale and Newfield (1992) analyzed a solution-focused marital therapy case which described the therapist's procedure of frequently overlapping his talk with the couple in order to get a speaker's turn. Overlapped talk is a collaborative phenomena that can significantly impact a relationship (Nofsinger, 1991). The therapist timed his communication with the couple in a very precise and sophisticated manner. At no time did the couple act offended by the therapist's attempted overlaps. Yet, if another therapist were to follow this strategy without attending to his/her micro-actions in concert with the clients' actions, it is possible that the clients could view the therapist's actions as insensitive and unravel the therapeutic relationship.

It is these micro-procedures that help develop (or end) interactional processes. While many therapists are very skilled with these micro-actions, and are seen as highly skilled communicators, there has been little discussion in our field on these micro-practices. This paper will proceed into the micro-landscape of discourse and strive to make conversation analytical approaches user friendly to MFT clinicians and researchers.

A Social Constructionist Perspective

We are how we (inter)act. The ideas in this paper are consistent with a social constructionist paradigm (McNamee & Gergen, 1992; Shotter & Gergen, 1989). Utterances are viewed as practical activities that both create and maintain our social selves.³ This is a clear departure from the view that language is representative of an underlying core (Edwards & Potter, 1992) or as Gergen and Kaye (1992) refer to it, the modernist context of narrative. Gergen and Kaye state that "a story is not simply a story" but "is also a situated action in itself, a performance with illocutionary effects" (p. 178).

The representative view holds that words and utterances point to an inner, underlying self such that words are signs or symbols that represent a deeper reality. The emphasis here is on **what** is said, as the utterances mirror a deeper truth. Both **context** and the **interactional** domain between speakers therefore become **secondary** factors. Language is viewed as the mediator between what a speaker is experiencing and what is understood by the listener. Each word and utterance reflects objects, events and categories as pre-existing in the world.

From a social constructionist perspective, with communication regarded an interactive practice, the focus shifts. How utterances are presented and embedded within an interactive and social tapestry becomes the new focus. Words are not just descriptions,⁴ but are actions with practical consequences (Austin, 1962). For example, a therapeutic reframe includes utterances that not only describe a new and different world, but also create a new action (and thus new perception) for that world.

It is important to emphasize that utterances are not presented in isolation: conversation is fully interactive such that utterances both construct and maintain social contexts. It is also locally managed: the participants themselves, during the course of interaction, determine which people get to speak, in what order they speak, and for how long. "Psychotherapy may be thought of as a process of **semiosis** - the forging of meaning in the context of collaborative discourse" (bold in the original) (Gergen & Kaye, 1992, p. 182).

Ethnomethodology and Conversation Analysis

Ethnomethodology. In this micro-landscape exploration, ideas from other disciplines are also incorporated. Ethnomethodology, an approach developed by the sociologist Harold Garfinkel (1967), is the study of ordinary people's methods of making sense of their world. Garfinkel viewed people as having a folk methodology which comprised a "range of 'seen but unnoticed' procedures and practices that make it possible for persons to analyze, make sense of, and produce recognizable social activities" (Pomerantz & Atkinson, 1984, p. 286). This contradicts the Parsonian view that individuals are the product of a society which dictates activities and functions (and that the ordinary judgments of individuals are irrelevant). Instead, our social institutions are constructed through the managed practices of the participants themselves.⁵

From an ethnomethodological orientation, it is possible to examine the construction of such social institutions as "family therapy." Rather than viewing the practice of family therapy as an established social institution with rules and norms that dictate human behavior, ethnomethodology studies the woven communication between all the participants in terms of how each person comes to create (and re-create) an

- a. understanding and expectation of therapy,
- b. management of therapy, and
- c. desired outcomes (cf., Gale, Odell & Nagireddy, 1995).

Conversation analysis. A colleague of Garfinkel's was Harvey Sacks, who, with Gail Jefferson and Emanuel Schegloff developed the research method of conversation analysis in the late 1960's. (Heritage, 1984). Sacks and the others focused their analysis on what people **do** in conversation (their moves), rather than subjective explanation. Following the tenets of ethnomethodology, they were interested in examining the micro-practices of discourse. The primary characteristics of conversation include:

- a. interactive reciprocity; and
- b. local management by participants.

Additionally, at the same time that speakers shape their utterances specifically for the intended recipient(s), their utterances also contribute to the continuation or closing of that context.

One of the first studies that employed CA examined turn taking in conversations (Sacks, Jefferson, & Schegloff, 1974). The moment in a conversation when a transition from one speaker to another is possible was called a transition relevance place (TRP). TRP's were seen as operating in all conversations and were utilized by participants as potential ends of a turn. TRP's prevented chaos. Thus, turn taking is context free (e.g., turn taking occurs in all interactions) and also context sensitive to a variety of particular conversational happenings.

There are several ways that a TRP is typically accomplished (Sacks et al., 1974). A speaker can select the next speaker and either verbally or non-verbally convey this transition prior to the TRP. In the absence of this choice, the TRP is an opportunity for any listener to take a turn through self-selection. This can be a problem when one speaker is a quick starter and another is

slower to begin a turn. Also at the TRP, if there is no preselection and no one self-selects, then the speaker can continue. A pause of a half second or more at these TRP's could suggest avoidance of participation, mis-speaking, confusion, surprise, anger, etc..

The implications of these maneuvers are significant. As conversational turn taking is interactionally managed, what one participant does affects what the others may acceptably do. For example, when the current speaker selects the next speaker, this often effectively rules out other listeners from self-selecting. As Nofsinger (1991) notes:

Many of the conversational tendencies and orientations that we commonly attribute to participants' personalities or interpersonal relationships derive (at least in part) from the turn system. For example, other participants may listen to us not because they are interested or because we are fascinating, but because they have to. (p. 89)

These interactionally managed patterns of turn taking can influence such events as:

- a. speaker selection;
- b. number of turns;
- c. length of turns; and
- d. strength of argument (as it is easier to show the relationship of one's talk to what the current speaker is saying if one can get the very next turn) (Cobb & Rifkin, 1991).

TRP's are just one focus of study for conversation analysts. Many other conversational features have been studied (see Goodwin & Heritage, 1990). In this paper the following five communication phenomena will be discussed: TRP's, adjacency pairs, preliminaries, formulations, and accounts.⁶ Clinical recommendations regarding these micro-landscape procedures will also be provided.

Five Micro-Landscape Features of Therapeutic Discourse

1. *TRP*. As discussed above, TRP's are naturally occurring socially constructed events that marks the transition from one speaker to the next. Exemplar 1 demonstrates the significance of TRP's in a clinical setting. (See [Appendix A](#) for the transcript notation).

Exemplar 1

- 1 W: Well there once there was a little squabble between (1.0)
- 2 our daughters (.2) they:::
- 3 H: Quite a squabble=
- 4 W: = Quite a squabble they ended up in court (.) over (.) ah
- 5 (.) about some property and (.2) and some things and (1.0)
- 6 I can't say that that had anything to do with it. It could
- 7 hav:e
- 8 H: ((Clears throat)) But it was stressful=
- 9 W: =It was stressful because I couldn't take neither side (.)

10 of the family.
11 T: When was this?
12 W: This was:: ((turns to look at husband))
13 H: It's been 6 months I guess (.3) ((turns to look at wife
14 and nods)) Uh hum.
15 W: Uh hum.
16 T: Is that squabble still happening?
17 H: They they don't see each other (.3) unless it is (.)
18 ABSOLutely necessary which they did (.hh) when she was in
19 the hospital they were in the same room at one time. But
20 (.) other than that they (.3) they don't want to be in
21 each other's presence.

In the above exemplar, the husband (H) and wife (W) are discussing their daughters' squabble with the therapist (T). The wife reported complete body paralysis for periods of time ranging from 10 minutes to seven hours, and no medical explanation of the paralysis could be diagnosed. An examination of the TRP's demonstrate several features of the couple's relationship. For example, line 3 shows the husband taking a turn while the wife is stretching "they:::" in the previous line. His comment of "quite a squabble" is an upgrade of her "a little squabble" and serves to change the gist of her narrative.

She adopts his characterization and further elaborates on this theme (lines 4 -7). In line 7, where it is unclear if the wife has completed her utterance, the husband intervenes with another correction before she can continue. His interjection of a cough and comment that " But it was stressful" (line 8) moves the wife's narrative from "I can't say that had anything to do with it" (line 6) to "It was stressful because I couldn't take neither side" (line 9). On line 12 the wife turns to the husband (a TRP signal) to provide the answer to the therapist's question. Once the husband offers the narrative track, "It's been 6 months" (line 13), he then hands the turn back to the wife (line 14) as she accepts his interpretation (as seen by the matching "uh hum's" on lines 14 and 15).

This brief transaction demonstrates the interactive nature of the couple's narrative. The husband was able to influence the narrative and control key attributes. Through the use of turn taking allotments, corrections and elaborations, the husband actively participates in forging the wife's problem definition. This construction of the problem became pivotal to therapy as the focus of therapy moved from teaching the wife self-hypnosis skills to working jointly with the wife and husband on their concerns over their daughters' squabble (see Gale & Flemons, [1984](#)).

Clinical considerations of TRP's include:

- a. methods used by the therapist/client to get and hold his/her turn;
- b. competition for a turn;
- c. use of interruptions;
- d. methods used to collaboratively construct narrative accounts through the negotiation of turns;

- e. gender differences displayed in turn-taking sequences (i.e., the literature notes that males typically have more turns at speaking than females) (Wilson, [1993](#));
- f. power issues used to influence turn-taking sequences (Wilson, [1993](#)); and
- g. construction and management of narrative themes via turn preference and introduction of themes

2. *Adjacency pairs*. Adjacency pairs are sequentially paired actions which feature the production of a reciprocal response. The two actions normatively occur adjacent to each other and they are produced by different speakers. They are logically organized such that a particular first pair action must be coordinated with one of a relatively few types of second pair parts (Schegloff & Sacks, [1973](#)).

Many clinical conversational actions are organized into adjacency pairs sequences. The first action of the pair opens a slot in the conversation for the second pair part, making the occurrence of that second action expected. As such, participants will go looking for missing second pair parts or attempt to account for their absence. The function of the first pair part cannot be achieved without the matching second pair part and is a procedure through which participants constrain one another and hold one another accountable in producing coherent patterns of actions (Heritage, [1984](#)).

Exemplar 2

386 T: ... Any moments that were
 387 good, even though you knew that that was
 388 happening any moments or any evenings or
 389 any days that you thought were good?
 390 (0.9)
 391 ((Husband looks at wife))
 392 W: Not really because we really didn't=

In the above example (from Gale, [1991](#), p. 114), the therapist poses a question to the husband and wife (lines 386-389). There is a pause of .9 seconds before the wife answers (line 390). During this pause, the husband looks to the wife, as if signaling her to respond to the question. The wife completes the adjacency pair with the response on line 392. Significantly, the husband managed to avoid a problematic response (see formulations section below). This sequence suggests that the therapist has prompted the couple's response, which the couple feel compelled to provide. The husband though, at the TRP (line 391) maneuvers his actions to get the wife to respond. The husband's strategy becomes more significant to the therapeutic process when the entire session narrative is reviewed (see Gale, [1991](#) and Gale & Newfield, [1992](#)).

Exemplar 3

01 T: So what I need to know is (.2)
 02 esse:ntially: what either::brought chew

03 for help initially: for counselling or
 04 whatever it may be if (hh) you if you've
 05 done I've I specifically asked (.hhh) not
 06 to know anything about what }your situa-
 07 tion is so I can {come with a fresh vie::w
 08 and (.hhh) giveye some fresh ideas hope-
 09 fully(:) and }help you move along to where
 10 ever you want to go:(.hhh){((wife and
 11 husband nod yes)) a:n: that's: what I need
 12 to know, is (.hh) either what brings ya
 13 toda:::y whh: and more than that maybe to
 14 help me orient to where we are suppos::ed
 15 to go where you hope to go (.hhh) ho:w
 16 will you know ((swallowed)) if we've done
 17 wonderful things here ((wife nods yes)) an
 18 everything is worked out and you gotten
 19 what you came for (.hh) and your relation-
 20 ship for each other ah whatever it may be
 21 how will you know when actually (.) things
 22 are better (.hh) and ah or things are
 23 where you want them to be in your rela-
 24 tionship or whatever you've come for. So,
 25 (.hh) I want to ask each of you }how will
 26 I know {and then I may ask you some ques-
 27 tions }so I make sure I understand that {
 28 }in a pretty good way {(hh) and I want to
 29 know how you'll know ultimately and what
 30 will be the first sign to see (.) things
 31 are going in a good direction, so (.) from
 32 either of you, whoever wants to start.
 33 ((looks at both husband and wife))
 34 H: ((looks towards wife)) You made the call you
 35 could (.8) you want to talk first?

In Exemplar 3 (from Gale, [1991](#), p. 106) the therapist presented a series of piggy backed questions (lines 1 to 33). This is a non-typical adjacency pair sequence as the therapist puts off a response from the clients for about 30 lines. Careful examination of the transcript noted that the therapist pursued a particular type of response. After the opening question (lines 1-3) the therapist provided clarifying statements and a focused series of questions to engineer the couple's sequenced second action (their response). The therapist presented a number of focusing questions (lines 5-7, 11-13, 13-15, 15-19, 19-22, 22-24, 25-31, 31-32). This example illustrated how a therapist pursues an agenda: in this case, he pursued a solution focused response. This example also demonstrates a TRP (lines 34-35) in terms of how the husband shifted the response to the wife; this is another example of the husband's strategy as seen in Exemplar 2.

Recommendations for clinical examination of adjacency pairs include:

- a. method of question construction;
- b. identification of respondents;
- c. methods used to avoid questions;
- d. embedded assumptions within a question or response;
- e. implication of the question/response situation to the relationship between participants;
- f. omission of questions;
- g. identification of a goal for the first paired part;
- h. holding the first part of an adjacency pair for an extended period of time; and
- i. inserted turns before the completion of an adjacency pair.

3. *Preliminaries*. Preliminaries, which are a subcategory of the conversational phenomena presequences, are used to check out the situation before performing some action and are a strategy for communicating a no-fault response (Goodwin & Heritage, 1984). That is, preliminaries offer a way for the speaker to pose a question or scenario indirectly, in order to decide if the question should be posed directly (Levinson, 1983). "Presequences establish information relevant to how workable the projected action will be" (Nofsinger, 1991, p. 56). When multiple narratives are open, the use of preliminaries are practical micro-procedures for determining which story should be pursued.

Exemplar 4

246 T: but for the most part (.) th (.hh) I
247 assume the reason you two are here
248 together is you're saying ok: if it's pos-
249 sible to put this thing back together (.)
250 to get ((wife nods yes)) (.) to some good
251 place ((husband nods yes)) that's what we
252 would like to do we would like to (.hh)
253 get the affair behind us and get back
254 ((wife nods yes)) to: (.hh) some of
255 the things that we use to do ((husband nods yes))

In Exemplar 4 (from Gale, 1991, p. 111) the therapist is proposing a particular narrative to the clients. The therapist is not just posing a direct question, but is presequencing his request with a possible narrative. The therapist begins on lines 246-247 with a statement that suggests their motive for therapy. However, from lines 251-255 the therapist shifts the narrative from talking **about** the couple to talking **for** the couple. This is demonstrated in his use of "we" (line 251, 252, 255), and "us" (line 253). The therapist elicits non-verbal agreement from the couple via head nods that his proposed explanatory narrative is acceptable to them. The framework of the therapist's proposed narrative is built on a solution focused foundation. This presequence, which is the first part of a 75 line turn establishing a particular narrative, does eventually lead to a request for more information from the couple.

Recommendations for clinical examination of preliminaries include:

- a. methods used by the therapist to set up requests for descriptions, accounts and tasks;
- b. methods used by clients to set up issues or requests of other participants;
- c. methods used to avoid issues;
- d. methods used by the therapist to avoid negative responses (denial or refusal);
- e. selection of particular speakers;
- f. embedded assumptions used in presequenced statements that contribute to a particular narrative; and
- g. use of minimal cues (verbal and non-verbal) to convey support or rejection of a presequence.

4. *Formulations*. Formulations are a summary or gist of what another participant has said. Formulations "say-in-so-many-words-what-they-are-doing-or-talking-about" (Heritage & Watson, 1979, p. 124). They are not necessarily neutral or comprehensive summaries, but can provide an upshot or re-presentation of what was said with changes added. Thus, a formulation displays its speaker's alignment as it exhibits not only what he/she understands of a prior turn, but what is proposed as important to focus on for further talk. (Re)formulation in therapy can also constrain the client's narrative. Davis (1984) pointing out how (re)formulations can be misused, notes how a "client's initial version of her troubles in her situation as full-time housewife and mother" were transformed into a different "problem suitable for psychotherapy" (p. 69), but which was different than her lived experience.

Exemplar 5

221 T: ((therapist looks at both husband and
222 wife)) Ok I mean is the but is the contact
223 with the person::: ah in the past or is
224 that still going on?
225 H: That's ahh ((looks up and to his right))
226 (.hhh) (1.0) I would say it's ah 95 per
227 cent over (.) ((therapist nods yes)) she
228 tries to contact me at work=
229 T: =OK, so from your side you said ok I want to
230 put this thing back together ((wife and
231 husband nod yes)) do what I can to put it
232 back together (.hh) (husband nods yes))
233 she still sometimes tries to ahm get some
234 contact with ((husband nods yes)) you as
235 much as possible you (.8) (.hh) you've
236 been shoving it to the side ((gestures to
237 the right)) ((husband nods yes)).

In Exemplar 5 (from Gale, 1991, p. 111) the therapist first asked a question of the husband about his recent affair (lines 221 -224). A formulation is embedded in the question: the therapist

highlights the word "*past*," perhaps offering a possible candidate response (Pomerantz, [1988](#)). The husband, however, replies that the affair is "95 percent over" (lines 225-228). This is a problematic reply because it suggests that the affair has not ended completely. The therapist attempts to recapture a different narrative as seen in his formulation (lines 229-237).

In his formulation the therapist attributed an intention to the husband "to put this thing back together." As the therapist continued, he added that it is the other woman who "sometimes ties to ahm get some contact with you," while the husband actively has "been shoving it to the side." In this formulation, the therapist has added new information to the summary (e.g., the husband's intention to end the relationship). This suggests that the therapist has attempted to pursue a narrative that does not include the other woman in the story.

Recommendations for clinical examination of formulations include:

- a. source of the formulation;
- b. method of formulation construction;
- c. implied assumptions or suppositions;
- d. modifications or deletions from previous talk;
- e. use of formulations to change topics or maneuver the narrative;
- f. timing of formulations; and
- g. issues of power demonstrated through formulations.

5. *Accounts*. Accounts are ways that people explain actions (often unusual or unexpected types of behaviors). Accounts can be used as an excuse (when the person admits an act was wrong, but he/she was influenced by some external agency), or as a justification claim that the actions were appropriate. Additionally accounts can be used as apologies, requests and disclaimers. For example, apologies do not attempt to mitigate or justify an action, but implies that the transgression will not recur. "Requests are accounts used before the act occurs in an attempt to license what might be perceived as a violation" (Potter & Wetherell, [1988](#), p. 76). Disclaimers are pre-accounts that attempt to avoid anticipated negative comments in response to statements about to be given (e.g., "I'm very committed to my husband but...").

It is useful to consider how an account is "constructed to seem factual and external to the author" and "what is this particular account designed to accomplish" (Edwards & Potter, [1992](#), p. 133). The externalizing nature of accounts are ways of "accomplishing versions, categorizations and explanations such that they appear as simple, uninterpreted and unmotivated descriptions" (p. 90). In therapy, accounts may be used in a number of manners: the therapist may assign tasks that feature an explanation; the clients may provide accounts for compliance or resistance; and participants may offer explanation for their actions (past, present and future).

Exemplar 6

192 W: his:: affair went on it's been eight long
193 months that have hard on both of us and
194 (.hh)=

195 [

196 T: [*right*

197 W: =I think um (.5) there was a lot of lies a

198 lot of lot of just hateful things that

199 were done (.hhh) ((therapist nods yes))

200 and (.) he kinda pleads temporary insanity

201 which I think is a very poor excuse

202 ((therapist nods yes and no)) and I find

203 that hard to forgive him for that and=

204 [

205 T: [*right*

206 W: =(hhh) it's I don't think it's fair that I

207 should be asked to just forgive him and

208 pretend like that's temporary insanity

209 ((therapist nods yes)) I don't you know

210 think that's asking a lot from me (.hhh)=

211 (hhhhh)

212 []

213 T: =And he says [look at (all) you know] this

214 is craziness I went through now its so::

215 it on tha:t (.5) idea? (.) Is it done?

216 ((therapist leans forward and looks at

217 husband as he says this, uncrosses legs

218 and sits similarly to the husband's posi-

219 tion))

In Exemplar 6 (from Gale, [1991](#), p. 110), the wife's account (lines 200-203, 206-211) began with a description of her husband's account (his excuse of temporary insanity) which he used in order to palliate his offense of the affair. The wife's account is used to explain her reluctance of why she is unable to forgive him (line 203). She continued with this explanation (lines 206-211) further emphasizing the unfairness of her husband's excuse and her reluctance to change. This was a key issue in the therapy process: the therapist repeatedly returns to this problem account in order to find a new solution focused narrative for the wife.

In the following turn (lines 213-219), the therapist suggested to the husband a different account. The husband's apology was ineffective, so the therapist introduces the distinction that the affair is "*done*" and therefore no longer an issue. However, as seen in Exemplar 5, which is the following turn by the husband, his account of the affair does not mitigate his involvement. It is at that time that the therapist offers a new formulation of the husband's actions in order to elicit a solution centered narrative (Exemplar 5).

Recommendations for clinical examination of accounts include:

- a. type of account (e.g., justification, excuse, apology, etc.);
- b. use of an account to accomplish a particular function;

- c. location of the account within the sequence of activities and implication of this placement;
- d. use of accounts to avoid or accept responsibility;
- e. use of accounts to assign or carry out tasks;
- f. use of accounts to revise history; and
- g. response to accounts (e.g., acceptance or rejection).

Criticisms of CA. Two criticisms leveled against CA are that some analysts take a privileged perspective on the talk of others and that the micro-perspective on talk occludes the macro issues of power and culture. Addressing this first concern, Edwards and Potter ⁷ (1992) note that the analytic gaze is on how "events are **constructively described** in ways that, **for participants**, imply particular causal accounts" (p. 10)(bold in original). The focus therefore is on naturally occurring talk and the interactive communications used by participants themselves to both accomplish and demonstrate particular social actions and hold each other accountable. It is how the participants themselves demonstrate their understanding/usage of the talk, rather than what the researcher says what they really mean. None-the-less, no transcript can convey the richness and complexities of actual discourse and there is the hermeneutic limitation that transcriber, researcher and reader naturally respond from their own paradigmatic lenses.

Secondly, the starting point of discursive analysis is not of events per se, but rather of a "descriptive account" of events. "It is a discursive construction, already loaded with causal formulations and attributional concerns" (Edwards & Potter, 1992, p. 98). Consequently, issues of power and culture are presented and performed in the actual talk and can therefore be accounted for from that talk. Also, as clinical talk is embedded within larger contexts and systems, the conversational micro-procedures presented in this paper are considered from more encompassing frames of participants' actions (that is, comparing examples from across a range of their clinical discourse).⁸

Clinical Implications

Obviously not all clinical conversations are meaningful nor do new histories always develop. The micro-landscape procedures presented in this paper are meant to provide a window (Gale & Morris, 1991) to examine how conversation emerges during the session. These recommendations are presented for clinicians to use in examining their own sessions to discern how they construct and maintain therapeutic narratives. It is suggested that clinicians tape and transcribe short segments of their therapy. The transcription process is very important as it is both a constructive and conventional activity. In examining the talk (transcripts) it is important to survey and challenge one's assumptions. We often "repair the indexicality" of talk in that we reconstruct it to make sense to us and not necessarily the participants (Garfinkel, 1967).

The following recommendations facilitate examination of one's own therapy session:

- a. search for patterns, while considering consistency and variability; and
- b. contemplate the function and consequence of the talk.

People's talk fulfills many functions and has varying effects on the surrounding talk. It is useful to form hypotheses about these functions and effects and look for linguistic evidence. Also, review methods employed that display and account for the function of the talk, and how one person's talk is woven into the tapestry of everyone's talk. This approach is not just a technique. This discursive analysis enhances an understanding of language and interaction in a more sensitive and heightened manner. Through repeated practice, one can develop an appreciation of the creative, interactive and performative functions of talk.

The five CA features described in this paper are communication micro-weaves of a developing narrative. TRP's, adjacency pairs, preliminaries, formulations and accounts enable clinicians to explore the effectiveness of clinical talk. The approach described in this paper is a qualitative research method. In its pure form it is a type of research that "researchers" spend their careers employing. However, this paper presents a variation of CA that is practitioner orientated and user friendly.

Practitioner generated research helps clinicians inquire and investigate their own clinical work and allows them to get to know their data in a systematic and rigorous manner. An issue for therapy and clinicians is how to get the said and the not-yet-said to come together in a creative process (Anderson & Goolishian, [1992](#)). As seen in Exemplar 1, in the case of a woman experiencing paralysis, a detailed analysis of the discourse reveals how the not-yet-said of the family squabble emerges into the narrative.

Generally, therapeutic conversation passes by quickly. It is recommended that clinicians take the time to slow down this talk, via transcribing segments of sessions, in order to examine the communication weave. This procedure, and through considering various phenomenon of talk (as described in this paper) facilitates a mindfulness of one's rhetorical practices and to key transitional moments that occur in therapy.⁹

In a class assignment, six doctoral students transcribed and analyzed ten minutes segments of their own therapy (Gale, Dotson, Lindsey, Nagireddy, & Wilson, [1993](#)). Each reported that the analysis enhanced understanding of the particular case, and helped each person refine and hone his/her clinical skills in other cases. The attention to these micro-actions does not preclude a macro-perspective of processes and relationships, as one view is not advocated over another. It is important to attend to a multiplicity of perspectives simultaneously.¹⁰

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Appendix A Transcription Notation

(.)	A pause which is noticeable but too short to measure.
(.5)	A pause timed in tenths of a second.
=	There is no discernible pause between the end of a speaker's utterance and the start of the next utterance.
:	One or more colons indicate an extension of the preceding vowel sound.
<u>Under</u>	Underlying indicates words that were uttered with added emphasis.
CAPITAL	Words in capital are uttered louder than the surrounding talk.
(.hhh)	Exhale of breath.
(hhh)	Inhale of breath.
()	Material in parentheses are inaudible or there is doubt of accuracy.
(())	Double parentheses indicate clarifying information, e.g., ((laughter)).
?	Indicates a rising inflection.
.	Indicates a stopping fall in tone.
* *Talk	is quieter than surrounding talk.
Between* *	is quicker than surrounding talk.
} {Talk	The bracket between turns indicate overlapped talk and are placed by the
Between} {	words overlapped.
[

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Footnotes

¹While NLP also focuses on micro-practices of talk, that discussion is beyond the scope of this paper.

²As an analogy, consider the activity of walking. Performing a single step is the coordinated management of one's balance (eyes and ears), muscles, and other activities (i.e. talking, eating, etc.) all maneuvered simultaneously. This is not a trivial action.

³This **does not** deny or ignore that prior history (and activities) influence participants's actions. However, we can say that these prior actions are embedded within other conversational domains. Hence, through our continuous interactions with family of origin, friends, others and self-reflection, each person comes to (re)create his/her coherent self identity. As R. D. Laing (1975) stated, "one's self-identity is the story one tells one's self of who one is" (p. 93).

⁴This not imply that words do not (re)present other experiences, but rather, disagrees with the notion that there is a correspondence between word and world event. Accounts of people and events are "studied and theorized primarily in terms of how those versions are constructed in an occasioned manner to accomplish social actions" (Edwards & Potter, 1992, p. 8).

⁵Garfinkel had his students do "breaching exercises" to demonstrate this point. He would have his students challenge mundane taken-for-granted rules of social interaction, such as asking a cashier if they could bargain on the price of an item. Or he would ask students to respond to the question, "How are you?" by asking the questioner "How am I in regard to what? My health, my finances, my emotions, right now, in general?" etc.. These exercises are reminiscent of tasks designed by Milton Erickson.

⁶While the five conversational phenomena are presented one-at-a-time, no conversation is an instance of only one phenomenon and no conversational phenomenon regularly does a single interactional job.

⁷Edwards and Potter (1992) refer to their work as discursive psychology rather than conversation analysis.

⁸Indeed, no conversation is completely collaborative and power free. Each participant demonstrates his/her own rhetorical style and agenda. In concert with the actions of co-participants, these rhetorical accomplishments can lead to very different narratives.

⁹While learning to do CA may seem like a daunting task, it is not unlike learning to walk or ride a bicycle. Initially it is time consuming and awkward, but with practice, one develops a sensitivity to the many procedures involved in the micro-landscape.

¹⁰The five CA features discussed in this paper are just a few of many actions that serve to help bind narrative structures into meaningful patterns. Other micro-landscape to consider include:

- a. aligning actions (Stokes & Hewitt, 1976);
- b. collaborative completions (Nofsinger, 1991);
- c. repairs of talk (Schegloff, Jefferson, & Sacks, 1977);
- d. recipient design (Drew, 1984);
- e. hedging (Chenail, Zellick & Bonneau, 1992); and
- f. repetition (Tannen, 1989).

Additionally, the works of Buttny ([1990](#)); Gubrium and Holstein ([1993](#)); Moerman, [1988](#); Morris and Chenail ([1995](#)); Stamp ([1991](#)); and Rambo, Heath, & Chenail ([1993](#)) may also be useful in developing skills in navigating this micro-landscape.