

Innovative studies in organized helping: Transforming relations, emotions and referents through sequentially structured practices

Edited by

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Innovative studies in organized helping: Transforming relations, emotions and referents through sequentially structured practices

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Editorial: Innovative studies in organized helping: transforming relations, emotions and referents through sequentially structured practices

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Editorial on the Research Topic

Innovative studies in organized helping: transforming relations, emotions and referents through sequentially structured practices

Communication is central to solving (inter-)personal problems in the helping professions (psychotherapy, counseling, coaching, helplines, mediation etc.). Peräkylä's (2019) paper on "transformative sequences" in psychotherapy has argued that important change events occur in three dimensions that are grounded in conversational practice: relations, referents and emotions. For example, a "good" relationship between the help provider and the client bears a significant, positive relation to the outcome of the process (Norcross and Lambert, 2018). However, the majority of the existing research mainly relies on quantitative methods, rather than a detailed examination of the specifics of communicative events and how this can develop an in-depth understanding of how transformative sequences are achieved through the talk and conduct of help-providers and clients. The 13 contributions to this Research Topic rely on qualitative, interaction-focused methods to describe and understand transformative sequences as an organized societal practice. These works examine transformative sequences in relation to four partly overlapping themes, namely emotion, relationships, referents and communicative practices.

Emotions

The display, processing and transformation of emotions is a core aspect of many helping professions (Muntigl, 2023). Working toward "emotionography" – "a comprehensive study of emotions as they occur naturally" – Hepburn and Potter documented child protection helpline cases of callers displaying emotion, such as crying or laughing. They discuss how participants orient to emotions as stance displays and how emotions contribute to interactive practices, such as laughing to manage resistance

to advice. Emotions are thus presented as emerging in interaction and contributing to a transformation of the initial interactive situation that makes this situation manageable for both participants. Telephone data were also investigated by [Slembrouck et al.](#) The authors analyzed COVID-19 contact-tracing calls and focused on the fact that contact tracers need to transform their clients' emotions during the call. Their data illustrate that telephone agents use humor and other mitigating strategies to be able to communicate with their clients in a productive way, which creates the basis for providing advice about future behavior. [Yu et al.](#) investigated the usage of words and emojis in Hong Kong discussion forums during the pandemic to express concern, ask for information, and engage with others. They argue that, while they do serve to communicate emotions, emojis also carry pragmatic meanings and illocutionary force and can alter the illocutionary force of the preceding text.

Relationships

Many contributions to this Research Topic also demonstrated how the relationship between the participants is managed and transformed, as the relationship is one of the principal factors contributing to change in the client. Investigating psychoanalytic individual therapy, [Herrera et al.](#) relied on the concept of “moments of meeting” ([Stern, 2009](#)) and discussed how such an interactive moment that transforms the relationship between therapist and client is sequentially accomplished through a practice that the authors term “co-animation.” In this interactive sequence, the client expressed and exercised her own agency and assumed an active role that is ratified and supported in the therapist's response. Such moments of meeting thus transformed the participants' relationship as well as the patient's perspective on herself and her agency. [Muntigl and Scarvaglieri](#) provided an overview of the linguistic research on the relationship in psychotherapy, discussing affiliation and alignment between therapist and patient as well as empathy and sequences intended to repair a strained relationship. Adding to this, [Muntigl and Horvath](#) analyzed *observer-perspective* questions in couples therapy that elicit the clients' perspectives on the thoughts and intents of the partners present. The authors identified four kinds of changes that questions in this setting can promote, which include the introduction of new relational options and progress toward relational optimism. Relationship management is also at the center of [Kabatnik's](#) contribution, which focused on communication in messenger-supported group therapy. The author's study demonstrates how participants build and manage relationships both in-group and with people outside of the group. In [Kabatnik's](#) data, the therapist acts as an important agent of change, first making clients aware of their current state and establishing a comparison with a target state, which then makes it possible to record change. Many studies have discussed communicative practices that not only manage relationships but also solve them. [Jautz et al.](#), for example, investigated agenda-setting in coaching as one of the core activities designed to structure the entire ensuing coaching process. They show that this activity is often conducted at the start of a coaching dyad and is crucial for establishing a working relationship between the participants and

that both coach and client frequently orient themselves toward the importance of the relationship while setting the agenda.

Referents

[Wahlström](#) investigated the varied usage of pronoun references in the first sessions of psychotherapy at a university training clinic. This author's work shows that therapists in initiative turns usually use the second person singular when addressing the patient, while patients often react using “zero-person” constructions that do not identify a subject of an action and instead portray experiences as common to people in general. Reacting to this, therapists regularly use a combination of zero and active person references to show empathy toward the client while at the same time inviting them to take an agentic position toward their own experience.

Communicative practices

Analyzing transformative communicative practices is another major theme of the contributions to this Research Topic. [Dionne et al.](#) investigated conversational data from business coaching and focused on practices in which clients resist the interactional constraints placed by wh-questions. By examining various resistance practices, the researchers demonstrate that clients use these to transform the course of action projected by wh-questions and thereby steer the interactional process in a different direction more suitable to their current needs. In a related study, [Moos and Spranz-Fogasy](#) examined questions asked by coaches immediately after a rephrasing or relocating action. As the data show, such questions not only prompt the client to respond in an explicit or implicit way, but also support self-reflection, which the authors consider one of the factors supporting change and transformation in the client. Based on data from psychoanalytic psychotherapy, [Franzen et al.](#) focused on the recording situation and how patients orient to being recorded. They argue for the need for a deeper theoretical understanding of the observer paradox in therapy (cf. [Labov, 1972](#)) and show that therapists can use patients' orientation to the recording situation to initiate and support patients' self-exploration and to support change (cf. [Pawelczyk and Graf, 2019](#); [Scarvaglieri, 2020](#)). [Tauroginski et al.](#) worked with data from psychoanalytic couples therapy and focused on complaints, which in this setting is a frequently recurring activity. The authors describe in detail how complaints are composed and delivered and they argue that the specific way of formulating complaints can be used to glean information about the nature of the spouses' quarrels and about their personality structure.

The articles in this Research Topic thus demonstrate how emotions, relations and referents are transformed in the different helping professions investigated and what communicative practices are frequently employed to achieve this aim. This Research Topic can provide important insights into transformative communication that are of relevance to researchers from a variety of academic backgrounds (including linguistics, psychology, and sociology) and to practitioners from the institutional settings examined.

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Discursive angles on the relationship in psychotherapy

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Research on the psychotherapy relationship has been dominated by quantitative-statistical paradigms that focus on relationship elements and their (evidence-based) effectiveness regarding the psychotherapy process. In this mini review, we complement this existing line of research with a discursive-interactional view that focuses on how the relationship is *accomplished* between therapists and clients. Our review highlights some of the main studies that use micro-analytic, interactional methods to explore relationship construction of the following elements: Affiliation, cooperation (Alignment), empathy and Disaffiliation-Repair. We not only provide a summary of important discursive work that provides a unique lens on how the relationship may be established and maintained, but also suggest that this kind of micro-analytic approach can offer more nuanced conceptualizations of the relationship by showing how different elements work together in a synergistic manner.

KEYWORDS

therapeutic relationship, conversation analysis, discourse analysis, the alliance in therapy, affiliation, alignment, empathy, ruptures

1. Introduction

There is overwhelming agreement that the therapeutic relationship is one of the essential ingredients for making therapy effective and promoting a healing context between the client and therapist. Over the past decades, vast amounts of research have offered support for this claim (Norcross, 2002; Norcross, 2011; Wiseman and Tishby, 2015; Norcross and Lambert, 2018). In psychotherapy research, the relationship is mostly characterized in affectual terms, as “the feelings and attitudes that counseling participants have toward one another” (Gelso and Carter, 1985: 159), and is seen as composed of a variety of elements such as empathy, collaboration, the alliance, rupture repair and others (see Norcross and Lambert, 2018). Further, relationship elements are often assessed in terms of subjective measures, behavioral observations or feedback questionnaires. *Interaction-focussed* research, on the other hand, views the relationship as a discursive accomplishment, constantly negotiated between participants, turn-by-turn (Pomerantz and Mandelbaum, 2005). Whereas psychotherapy research tends to be directed at *what works* (regarding evidence-based measures of effectiveness), interaction research is interested instead on *how*, for instance, a certain intervention is discursively performed in a given conversational context (Strong and Smoliak, 2018).

Psychotherapy researchers have argued that close interactional analysis can promise “to fill the gaps in psychotherapy theory by conceptualizing and describing the moment-by-moment exchange between therapist and client” (Stiles, 2008: 1). In this mini review, we offer a discussion of “how” discursive research may be able to fulfill this promise, by summarizing past studies on relationship construction and the discursive ways in which relationships are established and managed (e.g., as ‘close’ vs. ‘distant’). Rather than competing with psychotherapy research aims,

interactional studies, should be viewed as complementary (Stiles, 2008). Thus, a discursive lens may “elaborate psychotherapeutic abstractions” such as the relationship (or a given aspect of theory) and, as a result, may also have the potential to demonstrate how and why different aspects of therapy and the therapeutic relationship contribute to helpful therapy. Qualitative, discursive approaches may also allow for insights into how different aspects of the therapeutic relationship combine and work together [e.g., alliance and collaboration/self-disclosure and emotional expression (Norcross and Lambert, 2018)], in contrast to quantitative research approaches that often treat them as separate, stand-alone practices (Norcross and Lambert, 2018, 311), although in real-time interaction neither therapist nor patient experiences or produces them separately.

2. The relationship in psychotherapy research

The therapeutic relationship is generally considered an – if not *the most* – important factor for successful therapy and much research has focused on its conceptualization and description. Drawing from psychodynamic research paradigms, Gelso and Carter (1985) have characterized the relationship in therapy as comprising three different components. First, therapy largely consists of actions that are geared towards getting therapeutic work accomplished, which includes setting goals and agreeing on tasks. This, according to Gelso and Carter, is the *working alliance* component of the relationship. Second, it is argued that aspects of the therapist-client relationship may largely involve projections “based on his or her own wishes and fears stemming from unresolved issues in the past” (Gelso, 2009, p. 255), known as a *transference-countertransference configuration*. Third, the *real relationship*, is defined “as the personal relationship existing between two or more people as reflected in the degree to which each is genuine with the other and perceives and experiences the other in ways that benefit the other” (Gelso, 2009: 254–55). A major challenge to this relationship model, as Gelso (2009) himself acknowledges, is that it generally does not find much support in postmodern circles, as it invites critique in terms of defining ‘reality’, who may act as arbiters of ‘reality’ and also whether ‘what is real’ can actually be known. Putting questions of reality aside, however, we find that the model is important due to its emphasis on the ‘task-based’ component of the therapeutic relationship. As Kozart (2002, p. 220) argues, “the clinical relationship is not merely a means to define clinical goals and implementing tasks; rather, the goals and tasks are the means to strengthen a relationship that has an intrinsically therapeutic effect.”; that is, in Kozart (2002) *ethnomethodological* view, relationships in the therapy setting are not so much accomplished as an explicit topic in interaction, but rather through clients’ and therapists’ joint, ‘common sense’ attention on working towards the achievement of therapeutic goals.

Alongside – and in certain respects diverging from – Gelso’s tripartite relationship model, quantitative-statistical paradigms have developed concepts and categories to differentiate aspects of the relationship and to assess them quantitatively in terms of being *demonstrably* or *probably* effective. Some of these elements include empathy, collaboration, the alliance and dealing with alliance ruptures (for a full list, see Norcross and Lambert, 2018). Whereas those approaches have been able to demonstrate that these aspects contribute significantly to good therapy outcomes, they have not shown *how* these elements are instantiated or even relate to each other

(Horvath, 2006). To understand the process and the inner workings of relationship construction, we refer to studies that investigate interaction in therapy. Proceeding in this manner allows us to connect two approaches that have so far in general been treated as separate, one as stemming from a *quantitative*, the other from a *qualitative*-interactional paradigm.

For the remainder of this review, we provide a summary of the “discursive turn” in psychotherapy relationship research. For reasons of space, we restrict ourselves to studies on individual therapy (for interactional studies on the relationship in couple or family therapy see Muntigl and Horvath, 2016; Kykryi et al., 2019; Nyman-Salonen et al., 2021; for interpreter-mediated therapy Scarvaglieri and Muntigl, 2022).

3. The discursive turn in relationship research

It has long been recognized by linguistic scholars that language has a social, relational component (Malinowski, 1923; Bühler, 1934; Jakobson, 1960). Brown and Gilman (1960) influential paper on *power* and *solidarity* showed how certain language selections (e.g., *tu* and *vous*) may constitute relationships between speakers along those dimensions. Drawing from Goffman (1967) work on *face*, Brown and Levinson (1987) built extensively on Brown and Gilman’s initial observations, illustrating how speakers’ linguistic selections, which comprise *facework*, orient to various relationship dimensions (power, social distance and imposition of the face-threatening action). Scholars of social interaction have argued that talk itself is organized along relational terms, for example, to promote social solidarity and avoid conflict (Goffman, 1967; Davidson, 1984; Heritage, 1984; Sacks, 1987). This kind of (pro-social) organization, according to Enfield (2006: 399–400) goes even further to suggest that the (pro-social) organization recurrently found in talk, indexes an *affiliation imperative* that “compels interlocutors to maintain a common degree of interpersonal affiliation (trust, commitment, intimacy), proper to the status of the relationship, and again mutually calibrated at each step of an interaction’s progression.”

The psychotherapy relationship has become a Central topic in discourse studies (see Scarvaglieri et al., 2022). In this section, we briefly review some of the burgeoning areas of discursive research by focussing on aspects of the relationship pertaining to what conversation analysts have termed *affiliation* and *alignment* (Stivers, 2008; Steensig, 2020). According to Steensig (2020), these concepts represent different types of cooperative responses, with affiliation referring to the affectual level and alignment to the structural, task/goal-oriented level – the counterparts to these concepts, *disaffiliation* and *disalignment*, generally index a certain quality of *non-cooperativeness*. These concepts may be seen as ‘loosely connected’ to the alliance, with affiliation related to ‘interpersonal bonds’ (but also to Gelso’s *real relationship*) and alignment to tasks/goals. Our discussion will also address two other areas import for relationship accomplishment: empathy and disaffiliation-repair (or rupture-repair) sequences.

3.1. Affiliation

The therapeutic relationship has been called the “infrastructure of therapy” (Peräkylä, 2019: 273) that facilitates therapeutic work. From

an interactional perspective, a central element of a functioning therapeutic relationship consists of affiliative actions by therapist and client. Following Stivers (2008), Stivers et al. (2011), p. 20, and Muntigl et al. (2013), affiliative actions orient towards the prior utterance in an agreeing, pro-social way. Affiliation can be understood as trust, commitment and intimacy (Enfield, 2006) and is related to the emotional agreement and the bond (Lindstrom and Sorjonen, 2013) created in interaction. Affiliative actions are “maximally pro-social when they match the prior speaker’s evaluative stance” (Stivers et al., 2011, 21).

Interactional research on affiliation in psychotherapy has discussed different methods by which therapists and patients (re-) establish affiliation. Affiliative actions in general orient towards the other person, by expressing and displaying agreement, understanding, support and positive feelings. In therapy, this can take the form of therapist’s relating to client’s narratives (Muntigl et al., 2014; Muntigl, 2022; Pawelczyk and Faccio, 2022) and expressing agreement. Frequently they will also reformulate the client’s experience to demonstrate understanding (Muntigl et al., 2012; Scarvaglieri, 2013) or point out specific aspects in the client’s behavior, narrative or expression that show them to be attentive and listening closely (Muntigl et al., 2020). Therapists may also use specific techniques, like solution-oriented questions (Kabatnik et al., 2022) to demonstrate that they are perceptive towards the client’s problems and reflective concerning possible solutions. Another way of relating to the client more closely is by using role referrals that address the client in a more personal way and thereby affiliate with them (Muntigl, 2022).

Overall, interactional research on affiliation has demonstrated the emphasis that therapists and clients put on affiliating with each other – as becomes especially clear by the numerous ways they work to ‘repair’ any previous disaffiliate moves (see below, 3.4). Through their actions, the participants thus express themselves in ways shown by traditional outcome oriented research: that a functioning therapeutic relationship is (seen as, treated as) vital for a therapeutic process that leads to good results.

3.2. Alignment

In interactional psychotherapy research, alignment has often been discussed in relation to affiliation, as referring to the organizational and sequential aspect of interaction. Alignment characterizes the participants’ mutual willingness and intention to cooperate, to pursue a common goal, and to work together in the same cooperative process. Therefore, when asking whether therapists and clients are aligning, we are in essence asking whether they are participating in the same activity, whether they are orienting to the same ‘task at hand’. Different from affiliation (or empathy, see below), alignment is thus not related to emotional aspects of interaction, but to the structural, task-based organization of interaction.

Research has shown that therapists frequently disalign with patients to pursue interactional goals related to the purpose of therapy. They for instance refuse to answer patients’ questions and instead point out the patient’s right and responsibility to decide on the direction of the session (Scarvaglieri, 2020). In other cases, therapists will change the projected interactive path – and thereby disalign with the patient – to present interpretations (Vehviläinen, 2003; Peräkylä, 2005, 2011), formulations (Muntigl et al., 2013) or explanations of the

patients’ experience. Disalignment can also come about through longer passages of silence, i.e., one of the participants refusing to accept the turn and thereby not partaking in the projected activity. In those cases, just continuing the conversation can be a way of realigning on a formal, organizational level of interaction (Scarvaglieri, 2020).

Research has also shown that disaligning carries risks of weakening or jeopardizing the therapeutic relationship. Therapists therefore use a variety of measures to weaken the impact of disaligning actions in a variety of ways: framing disaligning utterances as statements not about facts but about their imagination (Muntigl and Horvath, 2014: 331); using hedges or “epistemic downgraders” (Muntigl and Horvath, 2014: 332) to weaken the contents of their proposition (Vehviläinen, 2003; Weiste et al., 2016); expanding the topic to facilitate agreement: or formulate suggestions in the form of a question (Scarvaglieri, 2020). Patients on the other hand, will also do considerable interactional work when disaligning with therapists (Guxholli et al., 2022), thereby showing the importance they also put on a functioning relationship.

3.3. Empathy

Empathy is considered to be a key relational element (Norcross and Lambert, 2018). In interactional terms, empathy is a social accomplishment between speakers in which one person tells of their troubles and another speaker goes ‘on record’ to display an understanding of the trouble. Going *on record* means that the understanding is demonstrated in an explicit fashion that usually references an emotional/cognitive state (Hepburn and Potter, 2007). Consistent with person-centered tenets, understanding targets the client’s frame of reference, thus preserving the client’s expert status regarding own experience and personal knowledge. The most common social actions that do empathic work are *formulations* that summarize or provide an upshot of client experience (Antaki, 2008; Muntigl et al., 2014). Actions that interpret, counter or sympathize with client troubles are generally not viewed as empathic (Hepburn and Potter, 2007; Muntigl, 2023). Empathy is achieved as a sequence of moves (Frankel, 2009; Muntigl et al., 2014; Ford and Hepburn, 2021). The first two moves, troubles telling + empathic response, have already been briefly discussed. The 3rd move, client feedback, shows how clients have understood the therapist’s understanding, generally via some form of assessment or dis/confirmation (Muntigl, 2023). Empathic sequences, when they unfold in an affiliative manner, are important sites for doing relationship work because they can produce what has been termed *empathic moments* (Heritage, 2011). For these empathic moments to occur, two conditions should be met. First, the therapist affiliates with the client’s troubles telling stance by displaying understanding and, second, the client ratifies this understanding through further affiliative displays. There is a growing body of discursive work on empathic responses in psychotherapy, (Voutilainen, 2012; Muntigl et al., 2014; Weiste and Peräkylä, 2014; Voutilainen et al., 2018; Nissen Schriver et al., 2019, 2022).

3.4. Disaffiliation-repair-sequences

Repairing disaffiliation (commonly known as ‘rupture-repair’ in psychotherapy research) is also considered to be a key relationship

element (Norcross and Lambert, 2018). Forms of tension, reluctance, resistance, conflict, lack of trust, etc. are of course in no way unusual in psychotherapy and, in fact, tension ('alliance rupture') is even argued to play a pivotal role in doing productive therapeutic work (Bordin, 1994; Safran and Muran, 1996). Social actions that oppose or disagree with other's points of view or in some way withdraw or disengage from certain interactional constraints may be viewed as potentially damaging social relations. This is because of the various implications that may arise from resistance or opposition: Recipients (i.e., persons to whom the resistance, opposition, etc. is directed at) may no longer feel supported, liked or appreciated [e.g., Goffman (1967) concept of *face* or Brown and Levinson (1987) *positive face*], thus leading to increased social distance. Thus, repairing these problematic moments will generally be seen as having relationship benefits, as trust, emotional support, 'closeness' can be restored in the process.

There is a growing number of discursive studies examining the relationship repair process from an interactional lens. For example, some studies have examined sequences involving client disagreement and the various practices therapists use to regain affiliation (Muntigl et al., 2013; Cardoso et al., 2020; Guxholli et al., 2021). Further, studies on emotion-focused therapy showed how therapist re-affiliation practices operated multi-modally, through various vocal (mirroring repeats, joint completions, second formulations) and non-vocal resources (e.g., nodding; Muntigl et al., 2013). Other studies have examined initial reluctance or opposition to engage in an in-session task (i.e., chair work), the interactional strategies emotion-focused therapists would use to get clients to comply with the proposal (Muntigl et al., 2020) and statements that incorporate the patient's perspective into the therapist's argumentation (Scarvaglieri, 2013; Pawelczyk and Faccio, 2022).

4. Discussion

Our mini review has briefly outlined some important discursive, interactional studies that have focussed on how various relationship elements are realized, *in situ*, at the micro-level of conversation. This research is also beginning to shed light on how different elements are achieved within the same interventions. For example, some research has begun to explore connections (similarities and differences) between affiliation and alignment/cooperation (Muntigl and Horvath,

2014; Scarvaglieri, 2020) or affiliation and empathy (Muntigl, 2023). More work is needed to identify and explain how these elements are jointly realized, discursively, and how a certain relationship quality is achieved and maintained in the process.

Another area of interactional research that is still in its infancy pertains to the non-vocal level and its importance for negotiating relationships. For example, it has also been argued that nonverbal synchrony can be a marker of 'well-being' (Nyman-Salonen et al., 2021) – see also Streeck (2009) for related discussions on the topic of synchrony. A recent study by Peräkylä et al. (2023) has begun to address this gap by showing how non-vocal resources such as body position and gaze direction work to display engagement or disengagement, thus providing a poignant picture of the relationship quality between persons at a given moment in time. To conclude, discursive studies not only provide an important lens on the multi-faceted ways in which relationships are achieved, they also provide a complement to existing work in psychotherapy research, showing how relationship elements form an integral part of talk and work together in a synergistic fashion.

Author contributions

All authors listed have made a substantial, direct, and intellectual contribution to the work, and approved it for publication.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Person references, change in footing, and agency positioning in psychotherapeutic conversations

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This study contributes to the research on agency positioning in psychotherapy by looking at how clients and therapists, when discussing the client's difficulties, made use of two specific conversational practices, i.e., different grammatical forms of person reference and changes in footing, and what the consequences of this were for how the clients were positioned in relation to their problematic experiences. A data corpus of the first sessions of nine psychotherapies at a university training clinic in Finland was utilized. The uses of person references and changes in footing in therapists' initiative turns, clients' responses, and therapists' third position (recipient) actions were examined. The analysis showed that in initiative turns therapists usually used the second-person singular, as an invitation for the client to respond from his/her personal point of view, thus ascribing active agency to the client. When telling their problematic experiences, clients typically used so-called zero-person constructions, presenting such experiences as common to people in general, thus lessening their agency and inviting the therapist to share their experiential position. In recipient actions, therapists could use a combination of zero and active person reference which served to communicate an empathic stance and an invitation to the client to take an agentic observer position. Almost exclusively, only therapists used changes in footing. This could happen rapidly within single utterances and serve to express affiliation with the client's emotional experience and to invite or challenge the client to take an observer position. The study supplemented the CA change model with the DA and DSA notions of changes in agency positions as core elements in therapy talk and showed how variations in person references and changes in footing had a decisive influence on how different types of turns functioned within the overall conversational structure of the psychotherapy institution.

KEYWORDS

psychotherapy, conversation analysis, person reference, footing, agency positioning

1. Introduction

According to Peräkylä (2019), conversation analysis (CA) can contribute in two ways to the understanding of how psychotherapy as a helping institution works. First, CA shows how the typical sequential organization of psychotherapeutic interaction is outlined. Second, CA can depict how the psychotherapeutic process, the realization of psychotherapeutic projects, occurs through those sequential structures. The recurring sequences involve basically a target action, i.e., any conversational entity under scrutiny, prior actions which make the target action relevant, (the therapist's) initiatory actions, (the client's) response, and finally a response to the response, the so-called (therapist's) third position action. It is through such repeated sequences that the fundamental psychotherapeutic process, Peräkylä (2019; p. 266) calls "the experience-under-transformation in psychotherapy interaction", takes place. In the CA model, this transformation is considered to happen in three overlapping realms—referents, emotions, and relations.

This study investigated how clients and therapists, when discussing clients' problematic experiences, made use of two specific conversational practices, i.e., different grammatical forms of person reference and changes in footing, and what the consequences of these were for how the client was positioned in relation to that experience, with a specific interest in how the client was ascribed agentic or non-agentic positions. Following the CA approach (Peräkylä et al., 2008; Peräkylä, 2019), the uses of person references and changes in footing in therapists' initiative turns, clients' responses, and therapists' third position (recipient) actions (formulations, extensions, and reinterpretative statements) were examined.

Looking at person references and changes in footing, the present study seeks to show how those conversational practices contribute to the ascription of agency positions in the conversational sequences identified by CA. Person reference and footing are both related to the ascription of perspectives: in the case of person reference ascription to actor role and in the case of footing ascription to a source. A point of departure for the present study is the observation that the therapist's response, the third position action, involves a double function, i.e., on one hand showing an empathic understanding of the client's problematic experience, while on the other hand offering new positions in respect to it (Etelämäki et al., 2021). To do this, the therapist needs to communicate his/her appreciation of the client's emotional position toward the experience, and then also challenge whatever non-agentic position the client takes toward it. At best, the combination of these communicative actions affords the therapist and client to jointly construct a shared observational position (Leiman, 2012) with respect to the issues at hand.

1.1. Agency positioning in psychotherapy

Restoring clients' disturbed sense of agency has, from different theoretical and methodological perspectives, been seen as a core goal of psychotherapy (Wahlström, 2006a; Williams and Levitt, 2007; Mackrill, 2009; Adler, 2012; Wahlström and Seilonen, 2016; Gorlin and Békés, 2021). Two generic models of psychotherapeutic change processes, the Assimilation of Problematic Experiences Sequence (Stiles, 2001, 2011; APES) and the Innovative Moments Coding System (IMCS; Gonçalves et al., 2011), present clients as entering therapy somehow restricted in their capacity to act. APES attributes this incapacity to experiences that are psychologically avoided or unclearly defined, subjugated to dominant voices, and yet not integrated to previous experiences. IMCS presents clients as initially restricted by a problem-saturated self-narrative. The models suggest that the therapeutic process helps the client to move from a non-agentic position, bound by a silenced problematic experience or immersed in a problematic narrative, to an agentic one (Toivonen et al., 2020).

From the perspectives of discourse analysis (DA) and dialogical sequence analysis (DSA), again, the essential task in psychotherapeutic conversations is seen as to afford the client new positions in relation to his/her problematic experiences (Avdi and Georgaca, 2007; Leiman, 2012). In DSA, the client is pictured as being in an object position where he/she feels beleaguered by a

problem or acted upon by it (Leiman, 2012). During the course of therapy, the object position is supposed to evolve, assisted by a mediating process where the client adopts an observer position, into an altered, empowered relationship to the problem, namely, a subject position.

Positioning is a discursive process where speakers situate themselves and others in different ways with regard to their experiences, relations, and life situations (Davies and Harré, 1990; Kurri and Wahlström, 2007; Avdi, 2012; Wahlström, 2016). In psychotherapeutic conversations, specifically, clients position themselves and are positioned by the therapists with respect to presented problems, relationships with close others, and their own "self"—their own understanding of their actions and their ways of portraying themselves. Therapeutic change, then, as it appears in sequences of interaction, can be depicted as changes in discursive positions, evolving throughout the therapy process (Kurri and Wahlström, 2005, 2007; Suoninen and Wahlström, 2009; Avdi, 2012, 2016; Deppermann et al., 2020).

Toivonen et al. (2019) have shown how discursive positions can be agentic or non-agentic. A non-agentic position entails a client's expression that he/she does not initiate actions he/she wishes to or is expected to assume or undertakes actions that are unwished for or not expected (Wahlström, 2006b). Such an expressed stance of limited action possibilities constitutes the discursive display of loss of one's sense of agency, the non-agentic self-ascription. When taking an agentic position, again, the speaker ascribes to himself or herself an active and responsible stance.

Ascriptions of agency and non-agency positions can be self-ascriptions (the client ascribes agency or non-agency to him- or herself) or other ascriptions (the therapist ascribes agency or non-agency to the client) (Toivonen et al., 2019). The ascriptions are usually not conscious or intentional discursive deeds. Rather they are side products of the participants' discursive navigation within the institution of psychotherapy. The ascriptions are thus talked into being moment by moment in the therapy conversation.

Noteworthy, recent approaches to the research on human agency (Enfield and Kockelman, 2017) accentuate its quality not only—and perhaps not even primarily—of an individual capacity but as distributed between actors. When looking into the relations between key elements of agency, such as intentionality, causality, flexibility, and accountability, it is asked how such relations are distributed among individuals, and also across other entities, for instance, bodies, minds, things, spaces, and times. The distributed agency is approached as embedded in a variety of human-specific modes of shared action, from causality, intentionality, and personhood to ethics, punishment, and accountability.

1.2. Person reference and change in footing in therapy talk

The use of different forms of person references in psychotherapy talk has been shown to contribute to the ascription of agency positions either to the client or other instances, or to the avoidance of agentic positions (Kurri and Wahlström, 2007; Toivonen et al., 2019; Etelämäki et al., 2021). Analyzing person reference, this study looks at the syntactic subject of clauses, not

at the person in the object position. What is examined is whether the syntactic subject is filled by naming a specific person, by only implicitly referring to a specific person using an impersonal expression, or by a non-person entity, like for instance an emotion.

An interesting case in this respect is Finnish, since in addition to the first, second, and third-person singular and plural forms, it features a personal passive and a so-called zero person. The zero-person construction has no overt subject, and the predicate verb appears in the third-person singular form (Laitinen, 1995).

Active: *niissä tilanteissa hän nauraa/in those situations she laughs.*

Passive: *niissä tilanteissa nauretaan/in those situations one laughs.*

Zero: *niissä tilanteissa nauraa.*

Literally, the zero construction translates into English as * *in those situations laughs*. In this presentation, the notation Ø will be used for the zero person: *in those situations Ø laughs*.

The Finnish zero person is different from the use of an impersonal subject or the use of the generic “you” as syntactical subject of sentences in English, since, as the term implies, no syntactic subject appears in the clause. It could be looked at as one form of ellipsis (leaving out the syntactic subject like in “just hit him” instead of “I just hit him”), although no mention of this is found in the literature (Laitinen, 1995). Habermas (2006) has shown how such elliptic expressions in autobiographical narratives render an impression of the speaker’s avoidance of a responsible agentic position.

Using the zero, the speaker creates as if an open space for an undefined actor or experiencer (Etelämäki et al., 2021; Suomalainen et al., 2023). When used by clients, the zero has been seen as a means to take a weak agentic position and reduce one’s responsibility for problematic or untoward action (Kurri and Wahlström, 2007; Toivonen et al., 2019). When used by therapists, the zero has been seen as a means to take an empathic position toward the client’s problematic experience or to sensitively invite the client to take an observer position with respect to his/her own experience or action (Etelämäki et al., 2021). In the present study, it will be shown how, in dialogue, clients and therapists can use zero as a means to create an impression of a shared agency or experience.

In conversations, interlocutors express their utterances from some point of view. This was by Goffman (1971, 1979) coined footing. Briefly defined, the footing of an expression delineates in whose interest (the principal), with whose words (the author), and with whose voice (the animator) what is said is said. Changing footing speakers display various degrees of distance from or closeness to what they are reporting. According to Goffman (1981, 128) “a change of footing implies a change in the alignment we take up to ourselves and to the others present as expressed in the way we manage the production and reception of an utterance”[SIC]. The linguistic means used for change in footing is mainly quoting someone and thereby attributing a statement to someone other than the speaker, or in the case of self-quoting to oneself from an observer’s perspective.

When formulating his or her utterances, a speaker can take up the different roles of production of talk—the principal whose position the talk is meant to represent, the author who does the scripting, and the animator who is the speaker of the words—in various ways and this has different implications for

the accountability of him or her (Potter, 1996). Thus, changing the participation framework of the conversation (Goodwin, 2007), the speaker, when reporting or commenting on an event, not only reports the perceived locus of causality but also the locus from which the reporting or commenting is being done. As a consequence of this, persons’ rights, obligations, and possibilities to act change with the floating variance of footing. In the present study, it will be shown how changes in footing are used by therapists to modify their stance of either closeness or distance to the clients’ expressions, thus taking up different positions of alignment and affiliation (Steensig, 2013).

The CA change model offers a comprehensive account of the overall conversational structure of the psychotherapy institution. The DA and DSA notions of psychotherapeutic change, again, highlight changes in the client’s agency positions as core elements in therapy talk. The aim of this study was to show how variations in person references and changes in footing had a decisive influence on how different types of turns, as identified by the CA model, functioned in naturally occurring therapy conversations with respect to how the client was ascribed to different agentic positions.

2. Materials and methods

This study used a data corpus from nine individual psychotherapies, conducted by five therapists, that took place at a university training clinic in Finland. The sessions were conducted in Finnish. Videotaping and the use of the sessions for research purposes took place with the informed and documented consent of clients and therapists. From all therapies, the first sessions were completely transcribed and constitute the database of this study. A verbatim transcription was considered to be sufficient for the study. In this study, data extracts are shown both in the Finnish original and translated into English.

Four (all female) of the therapists were licensed psychologists, with at least 2 years of clinical practice (but usually more), who participated in a specialization program in integrative psychotherapy. One therapist was an experienced male psychotherapy trainer, who was conducting the session with one female trainee as co-therapist. Eight of the clients were female and one was male. The age range of the clients was from 19 to 45. They were all self-referred, and their presenting problems included depression, fatigue, social anxiety, stress, panic attacks, coping with divorce, and bingeing and purging.

Episodes, where clients and therapists discussed clients’ presenting problems, were identified in the data corpus. Following a conversation analytical approach, the uses of person references and changes in footing in therapists’ initiative turns, clients’ responses, and therapists’ third position (recipient) actions (formulations, extensions, and reinterpretative statements) were examined.

3. Results

3.1. Variations in person references

In this section, five extracts from the data are shown, exemplifying the corollaries of different uses of person references

in therapeutic dialogues for agency positioning. In Extract 1, the therapist, in his initiating turn, uses active second-person reference inviting the client to observe her inner experience, but the client responds with a zero construction and an externalization of the agency.

Extract 1: Mitigating and distributing agency

- 01 T: if you pursue that situation in your mind, so what were you afraid of
jos sä sitä tavoittelet mielessä sitä tilannetta että mitä sä pelkäsit
- 02 what was the feeling what did it tell you
että mikä se tunne oli että mitä se kertoi sulle
- 03 C: well really something like that ø cannot control oneself
no sitä ois oikeestaan että varmaa jotai että ei pysty hallitsemaan itteään
- 04 that ø just trembles awfully then ø freaked then all I reckon I felt
sillai että tärisee vaa kauheesti sit säikähti sitä sillon iha että varmaa must tuntu
- 05 that the bo- like when I in the seventh grade started to drink coffee
että se ru- niinku ku mä seittämännellä luokalla alotin juomaan kahvia
- 06 and my body reacted just terribly easily to something like that
ja mun ruumis reagoi iha älyttömän herkästi semmoseen

In his question (lines 01 and 02), the therapist, using the second-person singular you, positions the client as an active agent both in the session (“if you pursue”) and with reference to her problematic experience (“what were you afraid of”). He also gives her the feeling of an agentic position (“what did it tell you”). In her response, the client first (lines 03 and 04) gives an account of her experience using zero person (“ø cannot”; “ø just trembles”; “ø freaked”), giving it a sense of generality. She then (lines 04 and 05), using the first person singular, assumes a more active position as observer and actor (“I felt”; “I started”), and then again (line 06) receding to a more non-agentic stance, gives the agentic force to her body (“my body reacted”).

In Extract 2, the therapist, in a preceding turn (prior action not shown), has described how socially anxious people often accommodate to the expectations they assume others have of them. The client, responding to this in a third position type of turn, uses zero to describe her experience as an anxious person. The therapist initially affiliates with this and then moves to the second person when formulating a goal for change.

Extract 2: Affiliating and encouraging

- 01 C: yeah on the other hand it's a little bit kind of one type of talent
joo kyl toisaaltahan se on vähä niiku lahjakkuuden lajiki sitte omalla tavallaan
- 02 that ø knows how, well it depends on how ø uses it, does it have any other use than
että osaa no miten sitä sitten käyttää et onks sille mitään muuta käyttöä ku se
- 03 that ø self gets even more anxious
että ahdistuu ite entistä enemmän
- 04 T: well yeas of course at that level ø can always say that when ø gets anxious then it is

niinpä et tietenki siin vaiheessa voi aina sanoo että ku ahdistuu ni sithän se on

- 05 that kind of too extreme, of course it is also a kind of social skill that ø knows how
semmosta liiallista et tokihan se on semmosta sosiaalista taitookin et osaa
- 06 an important skill, but so that it wouldn't happen at the expense of oneself
ihan tärkeä taito mutta ettei se tulis niinku itsen kustannuksella
- 07 in your case I would see [...] that you would be so much at turns with yourself
et kyl mä näkisin niinku sun kanssa [...] et pääsisit itses kanssa sen verran sinuiks
- 08 that you would dare to be yourself in those situations
että et uskaltaisit niiku olla omana itsenä niissä tilanteissa

In her turn (lines 01 and 03), the client, using zero person (“ø knows”; “ø uses”; “ø gets”) in a generalizing way of speaking, ponders the pros and cons of such an inclination, naming it “a type of talent”. The therapist responds to this (lines 04 and 05), continuing the use of zero person (“ø can”; “ø gets”; “ø knows”), by first joining the client's point of view but then (lines 07 and 08), when proceeding to pose a target for change for the client, changes in the use of an active person reference (“I would see”; “you would be”; “you would dare”).

Before Extract 3, in a preceding turn (prior action not shown), the client has described how she has sought her father's acceptance through achievements in school and in work. In the extract, she tells how her sister was quite different and what the impact of this was on her. In her turn, the client moves from using the active first person when referring to her self-positioning in childhood to zero when pondering its effects on her conduct in adulthood. The therapist responds with an interpretative formulation using second-person reference.

Extract 3: Co-constructing an interpretation

- 01 C: and then as my older sister again is that kind of a strong and crackling person
ja sitte kun mun isosisko on semmonen taas voimakas räiskähtelevä persoona
- 02 then it was she who objected and slammed doors and was snappy then I felt
ni se oli niinku se joka pisti hanttiin ja paisko ovia ja kiukutteli ni sitte must tuntu
- 03 that I even less dared to lift my head up when I saw that I did not want
et mä vielä vähemmän niiku uskalsin nostaa sieltä päätäni että ku mä näin että mä en halua
- 04 those kind of quarrels so ø kind of conformed and ø conceded
tommosia kahnauksia että sitä sit niinku sopeutu ja jousti
- 05 and ø always took the chores that my sister left undone and probably
että otti aina ne hommat mitä siskolta jäi ja silleen
- 06 somehow ø adapted the role of a nice girl quite strongly
jotenki semmosen kiltin tytön roolin omaksunu varmaa aika vahvasti

07 t: mm have you now then by falling ill with not-doing by revolting here then

mm oot sää nyt sitten sairastumalla eisuorittamiseen ni kapinoimalla tässä nyt sitte

08 like i do not want to be like this anymore

että mä en enää halua tällainen olla

When she refers to what happened in the past (lines 01 and 03), the client uses active person reference (“I felt”; “I dared”; “I didn’t want”). When she then in the latter part of the turn (lines 04 and 06), on a more general note, describes the impact of this relational setting on her personal dispositions she resorts to the use of the zero construction (“Ø conformed”; “Ø conceded”; “Ø took”; “Ø adapted”). The therapist’s response (lines 07 and 08), using the metaphor “falling ill with not-doing”, is a challenging and interpretative formulation of the client’s initial presenting problem of not being able to perform professionally and privately as before. The therapist gives force to this (re)formulation by using active person reference (“have you now”; “I don’t want”), introducing the word “revolt”, and changing the footing of speech (line 08), using the client’s voice (“I don’t want to be like this anymore”).

In Extract 4, the therapist, in her third position turn, offers a formulation of the client’s present problematic situation in life and a desirable way of action. When doing so, she makes use of plenty of discursive means to mitigate her own agency position and any allusion that her suggestion could be seen as a demand or challenge.

Extract 4: Offering a solution delicately

01 T: that is what I also actually listen to that there has been an awful lot of things

sitä mäki tässä oikeestaan niinku kuuntelen että et hirveen paljon ollu niitä asioita

02 somehow in a short time and somehow that it comes like that kind of a feeling

tavallaan lyhyessä ajassa ja ja tota jotenki se että et se tulee niinku semmonen tunne

03 right that that y- kind of you yourself said s- defined somehow that you would wish

justiin että että s- niinku sä itekki sitä sanoit s- määrittelit jotenki niin että et sä toivoisit

04 that everything somehow would become clear and would be somehow solved that

että kaikki jotenki kirkastuis ja olis jotenki selvää et

05 somehow the wish that that ø could somehow like make some kind of decision on

jotenki se toive siitä että että pystyis jotenki niinku tekemään jonkinlaisen päätöksen siitä

06 what direction ø now really is like going

et mihin suuntaan nyt tosiaan on niinku menossa

The therapist’s turn is loaded with delicacy markers. She uses frequently the expressions “somehow” and “kind of”, repeats words and seems to hesitate in choosing words and avoids giving an impression of taking a strong personal stand. By using the expressions “I also” (line 01) and “you yourself” (line 03), the therapist constructs a shared agency position with the client. Moreover, she mitigates her own agency by attributing agentic force to the impersonal “feeling” (line 02 “it comes like that kind of a feeling”). The active “you” in the formulation (lines 03 and 04) is

softened to a zero construction (line 05 “that Ø could . . . make some kind of decision”) in the offering of the potential solution to the client’s predicament.

Extract 5 shows another instance where the therapist mitigates her own agentic position in favor of strengthening that of the client’s. The therapist offers a rephrasing formulation, aiming at giving additional force and partly new meaning to the client’s expression of a wish for change given earlier in the conversation. In the therapist’s turn, the actual formulation is given a rather elaborate ground.

Extract 5: Rephrasing and strengthening a wish for change

01 T: yeah somehow it co- comes such a feeling that even if now there is no alcohol

nii jotenki tu- tulee semmonen tunne että et siitä huolimatta et vaikka nyt ei oo alkoholia

02 or drugs otherwise involved even then it somehow sounds as if you were

eikä eikä päihteitä muuten mukana niin tavallaan siis kuulostaa siltä niinku sä

03 afraid somehow of being going back to something of the same as before

pelkäisit jotenki sitä että että sä oot menossa johonki semmoseen samaan mihin aikasemmin

04 C: yeah

joo

05 T: that the same kind of treadmill just wants to go on

et se sama ikäänku oravanpyörä (2.0) tahtoo aina vaan pyöriä

06 C: yes

kyllä

07 T: so you would want to get somehow off it

ni sä haluaisit siitä jotenki pois

As in Extract 4, this same therapist, here with another client, uses at the beginning of her turn (line 01) the phrase “it comes such a feeling”, thus mitigating her agentic position as the author of the statement to come. The expression is further softened by referring both to the client’s problematic behavior (lines 01 and 02 “now there is no alcohol or drugs involved”) and her own stance (line 02 “it somehow sounds”) in an impersonal manner. Then, when preceding to give the actual formulation, the therapist changes to active person reference (lines 02 and 03 “as if you were afraid”). Thus, the emotion as the motivational force for change is attributed to the person of the client, while, as the formulation continues, using the treadmill metaphor (line 05) the agency of resisting change is offered to an impersonal force. The client’s minimal responses give the impression of a positive uptake.

3.2. Change in footing

In Extract 3, it was shown how the therapist, when delivering a rather challenging interpretative formulation (“have you now then by falling ill with not-doing by revolting”), at the end of her turn swiftly changed the footing of her talk by animating the client’s supposed private thought (“I don’t want to be like this

anymore”). In the present data, such rapid and brief changes in footing appeared fairly frequently as discursive means used by the therapists. They were usually utilized, as in Extract 3, as a part of a formulation and served, by presenting the therapist as having access to the client’s experience and sharing the client’s position, with the intent to make the formulation more appealing to the client.

In Extract 6, the therapist first uses change in footing when wording a rephrasing formulation as part of a specifying question. Later she gives another formulation, again using change in footing, now serving to open a possibility to extend the scope of the conversation. The client has gone through a divorce and sought therapy due to her difficulty to let go of her feelings for her ex-husband. Earlier in the conversation (prior action not shown), she has pondered whether her feelings are “her true own feelings” or if she is only selfishly manipulating others. Now in her turn, the therapist explores whether this negative self-concept is due to the divorce or a more long-lasting experience.

Extract 6: Exploring the client’s experience and broadening the scope of discussion

- 01 T: has this kind of experience that that somehow that I am not good or that
onks tää tämmönen kokemus siitä että et et jotenkin et mä en oookkaan hyvä tai et
- 02 I would be somehow selfish then have you had that kind of already earlier
mä olisin jotenki itsekäs ni onks sulla ollu sellasta jo aiemmin
- 03 or is it something that has now with the divorce kind of come up
vai onks se semmonen asia mikä on nyt eron myötä niinku noussu
- 04 C: it has been earlier too quite sure but
on sitä ollu aiemminki ihan ihan varmasti joo mut
- 05 T: what it really is how I am
mitä se oikeesti on millanen mä oon

In her question (lines 01 and 02), the therapist animates the client’s thought (“I am not good”; “I would be somehow selfish”), using change in footing to give a rephrasing formulation. The client’s response (line 04) is affirmative, still including the qualifying “but”. Disregarding this, the therapist continues (line 05) with another formulation in a rather challenging way (“what it really is how I am”), thus offering a broader topic, the client’s self-understanding at large, to be discussed.

Typically, as in Extract 6 and usually, in the present data, change in footing appeared as part of different types of therapists’ third position turns. Extract 7 shows a quite untypical case where the client changes footing when quoting her own inner dialogue and the therapist follows suit in her response. The client is reflecting on a new understanding of how her problematic experience in group situations develops.

Extract 7: Aligning, affiliating, extending, and interpreting

- 01 C: does it go like this that when i get anxious and there comes those physical symptoms
meneekö se nyt niin että kun minua jännittää ja siihen tulee niitä fyysisiä oireita

- 02 then i start to be one hundred times more anxious that now I’m there somewhere
niin minua alkaa jännittää sata kertaa enemmän että nyt olen jossain tuolla
- 03 in front talking that this won’t work that I’ll get lost of breath and then
edessä puhumassa että tästä ei tule mitään että mulla loppuu hengitys ja sitten
- 04 from that comes that kind of terrible panic that I won’t make it that I can’t handle
siitä tulee semmoinen kauhea paniikki että mä en selviä että mä en pystyc
- 05 this that if i can’t then this job will suck
tähän että jos mä en pysty niin tämä homma menee pilalle
- 06 that I haven’t been able to do my own
että en ole pystynyt hoitamaan omiani
- 07 T: now you start to describe the inner process what starts to happen in your mind
nyt sinä alat kuvaamaan sisäistä prosessia että mitä sinun mielessä alkaa tapahtua
- 08 when you are, for instance, in some seminar and it is your turn to present your own work
kun sä oot esimerkiksi jossain seminaarissa ja sinulla on oma vuoro esittää sitä omaa työtä
- 09 then you start to notice physical symptoms and you start to have those kind of thoughts
niin sä alat huomaamaan fyysisiä oireita ja sinulle alkaa tulla tuon tyyppisiä ajatuksia
- 10 in your mind that what now how do I survive this and if I don’t survive then terrible
mieleen että mitä nyt sitten miten mä selviän tästä ja jos mä en selviä niin kauheata
- 11 then this will totally suck
niin sitten tämä menee ihan pilalle

At the beginning of her turn (lines 01 and 02), the client ponders on how her anxiousness rises when she notices her physical reactions, and then in line 03, she, in the form of a self-quotation, animates her own inner dialogue (“this won’t work”). Furthermore, in lines 04 and 05, she uses the same kind of change in footing (“I can’t handle this ... if I can’t then this job will suck”) to enliven the psychological cumulation of her panicking experience. The therapist responds with a rather elaborated third position turn, designed partly as an extension of the client’s account (line 07 “you ... describe the inner process”; line 08 “you are for instance in some seminar and it is your turn to present your own work”) and partly as an interpretation linking the physical experience to the psychological one (line 09 “you start to notice physical symptoms and you start to have those kind of thoughts”). She finishes the turn with a change in footing quoting the supposed thought (lines 10 and 11 “what now how do I survive this and if I don’t survive then terrible then this will totally suck”). With the use of the word “mind” (lines 07 and 10), the therapist constructs a shared object for inspection with its own agentic position in the formation of the client’s problematic experience—an experience to which both client and therapist can have access.

4. Discussion

The CA model of psychotherapeutic conversational order and change process, as presented by Peräkylä (2019), delineates a specific sequential organization and an outline of how transformations of the client's experience with regard to issues (referents), emotions, and relations are realized through the typified conversational sequences. The therapist's so-called third position actions, i.e., responses to the client's expositions of his/her problematic experiences, are given particular attention in the model.

The aim of the present study was 2-fold. First, to supplement the CA change model with the DA and DSA notions of changes in agency positions as core elements in therapy talk, and, second, to show how therapists and clients in dialogue made use of variations in person references and changes in footing as discursive means to handle subtle modifications of agency ascriptions. It was shown that such changes in discursive practices had a decisive influence on how different types of turns, as identified by the CA model, functioned within the overall structure of the psychotherapy institution.

The analysis showed that in initiative turns, for instance, questions, therapists usually used the second-person singular, which marked the turn as an invitation for the client to respond from his/her personal point of view, thus ascribing active agency to the client. When telling their problematic experiences, clients typically used the so-called zero-person constructions, a particular grammatical form of person reference in spoken Finnish. This form of expression functioned to present the client's experience as common to people in general. Such a presentation, again, served both to lessen the client's agency and invite the therapist to share the client's experiential position. In recipient actions, such as formulations, extensions, and reinterpretative statements, therapists could use a combination of zero and active person reference which served to communicate, on one hand, an empathic stance and, on the other hand, an invitation to the client to take an agentic observer position.

Almost exclusively, only therapists used changes in footing. This could happen rapidly within single utterances and served to express affiliation with the client's emotional experience—when changing footing to the client as principal and animator—and to invite or challenge the client to take an observer position—when changing back to self as principal and animator. Change in footing, as used by clients, was rare. When occurring, it usually had the form of self-quotations and served to animate the client's private dialogue, thus helping the speaker to adopt an observer position with respect to his/her own emotional relation to a problematic experience.

By showing how therapists and clients apply subtle variations in language use, this study contributes to a large body of discursively oriented research on the actual accomplishment of therapeutic actions (Strong and Smoliak, 2018). Interactional research has explicated the particularities of how clients and therapists in conversation perform, among others, empathic understanding (Voutilainen, 2012; Weiste and Peräkylä, 2014), building of working alliance (Muntigl et al., 2012; Muntigl and Horvath, 2014), challenging of

beliefs (Weiste et al., 2016), and production of new meanings (Vehviläinen, 2003; Kykyri et al., 2017). In the present data, therapists conveyed empathic understanding by echoing clients' impersonal expressions, built working alliances by shifting rapidly between zero and active person reference, challenged beliefs with interpretative formulations, and used changes in footing to animate new meanings in clients' private dialogue under transformation.

One particular point of view of the present study was to show how therapists, using the observed microscale changes in linguistic expression, achieved therapeutic responsiveness (Stiles et al., 1998; Leiman and Stiles, 2001; Penttinen et al., 2017) toward clients' self-positionings and emotional expressions, as these were embedded in their presentations of their problematic experiences. Such responsiveness could also pave the way for possible new agency positionings. The analysis opens up a new perspective on therapist responsiveness, looking at it as the discursive achievement of distributing and sharing experience, as well as an agency (Etelämäki et al., 2021), between the interlocutors. This point of view could also be adopted in the study of how operating within the client's so-called therapeutic zone of proximal development (Leiman and Stiles, 2001) is performed.

The findings of the study are mainly reported as different incidences of person references and changes in footing, and their connections to ascriptions of agentic or non-agentic positions. Some of the claims made, like the suggestion in Extract 2 that the illustrated conversational interaction, suggests a pattern of "affiliating and encouraging" should preferably have been backed up by a more extended sequential analysis. Space being restricted, the intention is not to claim that it is merely the choice of personal preference and/or footing which accomplishes an affiliative interaction between the therapist and the client. The reporting of the findings as a somehow fragmented picture of various, different patterns without a coherent, connecting thread, suggestive of the broader picture, may undoubtedly be seen as a limitation of the study. Then, on the other hand, this may also reflect the genuine character of therapeutic dialogues, as represented in the current data.

Evidently, the variations in the uses of linguistic expressions shown in the data were rather spontaneous than deliberate. They appeared, in speech acts by clients and therapists alike, as natural utilizations of linguistic resources. Even then were the consequences of these variants of conversational practices for agency ascriptions and therapeutic collaboration significant. From the point of view of clinical relevance, the question arises whether such diversity in linguistic performance could be incorporated deliberately into therapist skills and repertoires. Leaving that question open, this study can contribute to clinical practice by making therapists more sensitive toward the meaningfulness of even small nuances in linguistic presentations.

The zero-person reference as a grammatical construction is unique to Finnish and commonly used in spoken language. This study showed how speakers in psychotherapeutic dialogue used this linguistic resource to achieve discursive and conversational ends. It is, of course, conceivable, and even plausible, that such interactional functions are operating in therapeutic conversations conducted

in other languages too. Comparative studies of therapy talk in different languages should shed light on the different linguistic means toward such ends.

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Ethics statement

Ethical review and approval was not required for the study on human participants in accordance with the local legislation and institutional requirements. The patients/participants provided their written informed consent to participate in this study. Written informed consent was obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

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The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Speech acts and the communicative functions of emojis in LIHKG online discussion forum amid COVID-19

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Since the beginning of 2022, the Hong Kong government has imposed strict social distancing measures and changed its stance on various regional policies with the aim to contain the so-called 'fifth wave' of COVID-19. In these pandemic and 'infodemic' times filled with uncertainty and fear, Hong Kong netizens used local online discussion forums as a resource to establish an innovative form of 'helping network.' This study is based on 230 posts from a popular local online discussion forum 'LIHKG' in February 2022 when the pandemic was regarded as most critical by the Department of Health. Speech Acts theoretic approach was adopted to explore how forum users employed speech acts to perform various communicative practices such as expressing concerns, asking for information, and engaging with others in a CMC environment amid a global health crisis. Representatives were found to be the most dominant text-based speech acts, followed by directives, expressives and commissives. Speech acts provide forum users a context in which emoji usage occurs. Forum users not only make use of words to 'do' things in the online self-help forum, but they also employ emojis to either supplement or complement speech acts. This study also shows that emojis perform multiple functions in the discussion posts and argues that they do not merely function as emotion indicators of their textual company, but also carry significant pragmatic meanings by illustrating how they can also carry illocutionary force and in some cases, even alter the illocutionary force of their preceding texts. The findings of this study enhance our understanding of how forum users communicate via verbal and nonverbal means within the underexplored 'helping domain' of online discussion forums. It also suggests that online discussion forum interactions need to be approached differently than other better understood alternatives.

KEYWORDS

speech acts, emojis, computer-mediated communication, online discussion forum, self-help, COVID-19, LIHKG forum

1. Introduction

Computer-mediated self-help forums have become increasingly common over the last two decades due to easier access to the internet. Users of self-help forums tend to seek information, advice and psychosocial support through computer-mediated communication (CMC) (Malik and Coulson, 2010). Although different CMC channels offer a wide variety of semiotic resources for individuals to construct and convey meanings, most of the communication in online

discussion forums occurs via text-based messages. These messages are often accompanied by emojis, which can be regarded as a compensation for the lack of nonverbal communication cues in CMC settings. Taking a pragmatic perspective, this study examines how Hong Kong netizens made use of a local online discussion forum LIHKG as a resource to establish a 'helping network' in which they performed various communicative practices such as sharing personal experiences, expressing concerns, providing information, giving advice and establishing social networks amid COVID-19. Speech acts theory was adopted in this study to uncover and explain the different 'acts' performed by forum users via texts. We also investigated the communicative functions of emojis in these messages inductively since LIHKG users were observed to use emojis extensively in their message constructions. By analyzing the speech acts and the emoji usage in these messages, this study investigates how LIHKG forum users made use of these semiotic resources to construct their experiences and achieved social functions in a COVID-19-related thread.

Previous studies have identified some of the advantages that online self-help forums can offer: they allow a greater degree of anonymity as compared to offline support groups, which encourages users to express their thoughts and emotions more freely. The anonymous nature of online support groups especially benefits people with stigmatizing illnesses (i.e., AIDS, breast cancer, prostate cancer) as the online environments were perceived by patients as an easier and safer haven for discussing private or potentially taboo topics (Finn, 1999; White and Dorman, 2001; Coursaris and Liu, 2009). The readily available online self-help groups also allow users easier access which minimizes time and location constraints. Online support groups also have the potential to elicit more information and more varied perspectives from a greater number of users who share similar experiences (Wright, 2000; Walther and Boyd, 2002).

Apart from the advantages offered by online self-help groups, researchers have also been interested in different types of self-help mechanisms and social support that occur in online support group exchanges. A number of studies have adopted content analysis to identify the different types of self-help mechanisms in various online support groups (Finn, 1999; Perron, 2002; Haker et al., 2005). Some important functions of online self-help discussion groups include information sharing, emotional support, advice, social connection, and a sense of community (Klemm et al., 2003; Wicks et al., 2013; Pereira et al., 2021). Members can share information about their conditions, treatments and experiences with others as well as sharing practical advice and tips for coping with their conditions (Bender et al., 2011). Moreover, members can offer emotional support and gain validations by expressing their feelings to others who also go through the same issue, on a platform where they feel safe. Establishing social connections and sense of belonging in online-self-help groups can help reduce isolation and loneliness (Utz and Breuer, 2017). In general, information support and emotional support are found to be the most prominent types of social support provided in computer-mediated self-help groups (Winzelberg, 1997; Braithwaite et al., 1999; Loader et al., 2002; Coulson, 2005).

Overall, participation in computer-mediated self-help groups is associated with positive outcomes including enhanced problem-solving skills, better coping with alienation and isolation (Utz and Breuer, 2017), reduced stress levels (King and Moreggi, 1998) and the establishment of social networks (Finn, 1993; Elstad, 1998). Since

most of the communication practices in online discussion forums are text-based, this raises a question: How do people achieve these social functions via their words? We believe speech acts analysis can provide an answer to the question.

Speech Acts Theory (SAT) (Austin, 1962; Searle, 1969) is a relevant theoretical perspective and analytical approach in the present study because it helps us understand how members of online self-help groups create meanings through text, which is the primary semiotic resource for meaning construction in online discussion forums. By analyzing the speech acts performed by members, the intents and purposes behind these constructions can be observed. The application of SAT to analyze speech acts in the LIHKG posts can provide insights and explanations on how LIHKG users share information, express their feelings, gain emotional support and establish a sense of community in online self-help groups during a global health crisis.

Speech Acts Theory was first proposed by the philosopher Austin (1962) in order to explain how people do things with words. This influential theory has since been one of the main streams of study within the field of pragmatics. Austin proposed that all utterances contain both contrastive (descriptive statements which can be either true or false) and performative (utterances which realize social action) elements and the action performed by producing an utterance consists of three related acts: (1) Locutions (the acts of saying something); (2) Illocutions (what is done in saying something) and (3) Perlocutions (the effect of an utterance upon hearers). He proposed classifying the many illocutionary speech acts into five major groups, namely verdictives, exercitives, commissives, behabitives and expositives (Austin, 1962, p. 150). Searle (1976) criticized Austin's classification of speech acts as 'defective' (p. 1) by saying 'Austin advances his five categories very tentatively, more as a basis for discussion than as a set of established results' (p. 7). His most prevailing criticism is that there is no consistent principle of classification in Austin's classification.

Searle revised the speech acts classification and claimed that all speech acts fall into five categories: (1) Representative/Assertive: Speech act that expresses speaker's belief and that commits the speaker to the truth of what is asserted (i.e., words fit the world. Example: Statements); (2) Directive: Speech act that expresses speaker's wish and making an attempt to get the hearer to do something (i.e., world fits the words. Example: Requests); (3) Commissive: Speech act that expresses speaker's intention and marking the commitment for the speaker to engage in future action (i.e., world fits the words. Example: Promise); (4) Expressive: Speech act that expresses speaker's psychological states which has no direction of fit between the world and words (Example: Apologies) and (5) Declaration: Speech act that brings change in (institutional) reality and has bilateral fit between world and words (Example: Baptizing).

A number of studies have applied speech acts analysis in CMC environments. Vásquez (2011) studied complaints on the travel website TripAdvisor and concluded that complaints co-occurred more frequently with advice and recommendations and they were considered mostly indirect in nature. Other studies focused on users' self-representation in CMC environments. By examining away messages in Instant Messenger (IM), Nastri et al. (2006) found that they were constructed primarily with assertives, followed by expressives and commissives, but seldom with directives. The authors concluded that away messages tended to reflect both informational and entertainment goals. Similarly, Carr et al. (2012) investigated self-presentation in Facebook status messages and found that they were mostly constructed with expressives, followed by assertives.

Their findings demonstrated differences in how users expressed themselves in alternate media. Given that text-based speech acts often co-occur with emoticons and emojis in CMC, some studies have investigated the relationship between speech acts and emoticon usage in message construction. Dresner and Herring (2010) examined the pragmatic function of emoticons and argued that the primary function of emoticon was not to convey emotion but to indicate an illocutionary force, which is the intended effect of the utterance. While their study provided a more nuanced understanding of the functions of emoticons, their study was not situated in a particular CMC setting. In light of this, Skovholt et al. (2014) investigated the communicative functions of emoticons in workplace emails by adopting speech act theory and politeness theory. Through identification of speech acts followed by emoticons in workplace emails, they found that emoticons contributed to modifying the propositional content and the illocutionary force of speech acts, which corresponded with Dresner and Herring's results (2010). More recently, the popularity of emoji use have attracted scholars' interests. Ge-Štadnyk (2021) examined and compared how social media influencers on Weibo (a Chinese Microblogging site) and Twitter used emoji sequences when engaging in self-presentation. The study identified a variety of text-based speech acts, emoji functions, and functional relations by conducting speech act and pragmatic function analyses and claimed that emoji sequences functioning as 'emphasis on text' was most employed in connection with accompanying texts in both Weibo and Twitter data (p. 378). To our best knowledge, studies on speech acts with emoji usage in self-help online discussion forums is sparse. This study expands the current research scope by examining the text-based speech acts and the communicative functions of emoji in an online self-help discussion forum related to COVID-19, with the aim to investigate how Hong Kong forum users framed their COVID-19 experiences, expressed their emotions and seek socioemotional support from others amid a global health crisis.

As mentioned previously, people employ other nonverbal communication cues to compensate for the lack of facial expressions, bodily moments, intonations and gestures in CMC settings (Walther and D'addario, 2001; Wall et al., 2016; Aldunate and González-Ibáñez, 2017; Esposito et al., 2017). Some of the most widely used nonverbal communication cues in CMC are graphic signs that indicate emotional states in the form of emoticons, and pictographs, in the forms of emojis and stickers (Table 1). The term 'emoticons' (a blend of 'emotion' and 'icon') refers to the graphic representation of facial expressions that are often used alongside the text in computer-mediated communication (CMC). Emoticon was first proposed by the computer scientist Scott Fahlman at Carnegie Mellon University, who used a rotated smiley face: :) and the frowny face: :(to signal his messages were intended as a joke (or not) in a computer science discussion forum in 1982 (Krohn, 2004). Since then, a large number of similar signs have been created. Emoticons are produced with ASCII symbols and are often used at the end of a sentence (Sakai, 2013). Emotions are generally perceived by scholars as paralinguistic elements (Lee and Wagner, 2002; Jibril and Abdullah, 2013) that indicate emotional states (Raymond, 1996; Rezabek and Cochenour, 1998; Wolf, 2000; Derks et al., 2008a,b) since nonverbal communication cues such as facial expressions, intonation, gestures and other bodily movements are missing in CMC settings (Kiesler et al., 1984; Sproull and Kiesler, 1986; Krohn, 2004). The use of emoticons, therefore, serves as a compensation for such valuable yet missing non-verbal cues in CMC (Walther and D'addario, 2001; Wall et al., 2016; Aldunate and González-Ibáñez, 2017; Esposito et al., 2017). Research on emoticon

functions have shown that they help to clarify intentions in ambiguous messages (Derks et al., 2008a; Thompson et al., 2016) and to accentuate or emphasize textual messages during CMC interactions (Derks et al., 2008b). The overall aim is to improve the efficiency of CMC communication (Dunlap et al., 2016).

In 1999, the Japanese interface designer Shigetaka Kurita and his team released the first set of emojis that contained 176 pictograms for NTT DoCoMo, a Japanese mobile phone operator. The term 'Emoji' is of Japanese origin, meaning e (絵, 'picture') + moji (文字, 'character') (Bai et al., 2019). Unlike emoticons which are produced by ASCII symbols, emojis are pictograms represented as The Universal Coded Character Set (Unicode) and were initially created for the use on Japanese pager, which then grew its popularity in textual messaging worldwide. In terms of content richness, not only emojis can represent more varied facial expressions as compared to conventional emoticons, they can also represent more abstract emotions and concepts, activities, objects such as animals, plants, body parts etc. (Rodrigues et al., 2018). Given that emojis are 'the most widely used and standardized symbolic language' (Bai et al., 2019, p. 4), it has attracted much scholarly attention on diverse research topics including use motivation (Kaye et al., 2016; Gibson et al., 2018), the multiple functions of emoji [see Kralj Novak et al. (2015), Cheng (2017), and Jaeger and Ares (2017) for emotional functions and Na'aman et al. (2017) for semantic function], individual (Herring and Dainas, 2018) and cultural (Derks et al., 2008b) diversity on emoji use. For instance, a recent study conducted by Alharbi and Mahzari (2023) investigated the commonly used emojis, their pragmatic functions and possible gender influences on Arabic tweets and they found that repetition patterns and the tendencies of using certain emojis were influenced by gender differences. The authors stressed that emojis are extremely dependent on context and highlighted the importance of context in studying emojis. Taking a computational approach, other studies investigated the sentiment values of the most commonly used emojis. Kralj Novak et al. (2015) analyzed and formalized the sentiment properties of 751 most commonly used emojis in tweets and constructed the Emoji Sentiment Ranking for automated sentiment analysis. Similarly, Was and Hamrick (2021) established norms for common emoji interpretations by studying young adults' interpretation of 105 common emojis on Apple OS. While these studies offer valuable resources for sentiment analysis and automated annotation, they are only applicable to a specific emoji set (Apple OS emoji) and the interplay between the emojis and their textual company (i.e., how emojis amplify and modify the overall message meaning together with the textual context) is unknown.

Since the 21st century, the use of stickers has grown its popularity on various instant mobile messaging apps/platforms (i.e., LINE, WeChat, WhatsApp, Kakao Talk). The cartoon-like oversized stickers can be presented in static or animated form and they are usually sent separately without needing to be inserted in text messages (Zhou et al., 2017). Lim (2015) commented that the visual richness of stickers can help users express their feelings more explicitly that cannot be articulated with words, thus attaining what he called 'communicative fluidity', (p. 2) i.e., smoother and more seamless CMC communication. Wang (2016) also found that stickers can enhance users' socioemotional experience since they are more elaborate and expressive than emoticons and emojis and suggested that the combination of text and sticker response can achieve higher level of intimacy.

Emoticons, emojis and stickers have been widely used across different platforms and favored in different periods of time. While these expression



words (SD=129.4). The original posts were written in colloquial Cantonese, the language spoken in Hong Kong, and were translated into English for the present study. Permission to illustrate LIHKG emojis in this article has been granted by [LIHKG.com](https://www.lihkg.com). The nature of support offered by this ‘helping network’ is also reflected in the title of the thread “RAT +ve/初步確診/確診圍爐區” (Rapid Antigen Tests (RAT) +ve/ Preliminary Confirmed/Confirmed support group).

The analysis consisted of two steps: (1) identification of text-based speech acts in 230 continuous posts under the same

1 <https://linkq.com/robots.txt>

TABLE 2 Total number of reported and death cases in different waves of COVID-19 in Hong Kong.

Waves of COVID-19	Period	Total number of reported cases (by nucleic acid tests and rapid antigen tests)	Death cases (Fatality rate)
1st	23 January 2020 to 14 March 2020	142	4 (2.8%)
2nd	15 March 2020 to 30 June 2020	1,064	4 (0.38%)
3rd	1 July 2020 to 31 October 2020	4,118	103 (2.5%)
4th	1 November 2020 to 30 April 2021	6,451	101 (1.6%)
5th	31 December 2021 to 29 January 2023	2,863,475	13,120 (0.46%)

Data adapted from Wong et al. (2022) and Centre for Health Protection of the Department of Health and the Hospital Authority (2023).

TABLE 3 Speech acts distributions.

Speech acts	N	Standardized residuals
Representative	156 (59.5%)	+14.31
Directive	69 (26.3%)	+2.29
Expressive	30 (11.5%)	-3.09
Commissive	7 (2.7%)	-6.27
Declaration	0	-7.24

discussion thread and (2) interpretation of emoji functions with their accompanying texts. We adopted Searle's speech acts taxonomies (1969) in the speech acts identification process. They include Representative/Assertive, Directive, Commissive, Expressive, and Declaration. During communication, speakers/writers may use multiple clauses to perform the same illocutionary act. In this study, we concur with Garcia's (2004) claim that 'a unit of analysis that takes illocutionary meaning into account, beyond solely grammatical or intonational boundaries, was deemed most appropriate' (p. 52) and adopted speech act as the basic unit of analysis. We then analyzed the communicative functions of the emojis inductively and interpreted them alongside the speech acts they accompany. Since speech acts and emoji are highly context-dependent, identifying and interpreting them require researchers' close reading of the texts and their contextual environments. To ensure consistency, the first author, who is a native Cantonese speaker, compared and rechecked the coding and interpretations periodically along the analytical processes. To increase reliability, the data was coded independently by the first and third authors. Peer checking was also carried out after the identification and interpretation processes. Percentage agreement between the two coders on speech acts identification was 79.6%. Continuous discussions were carried out among all authors to resolve disagreements until consensus was reached and agreed upon.

3. Results

3.1. Speech acts identification and distribution

A total of 262 speech acts were found in our data of 230 posts within the same discussion thread. A post may contain zero (no text,

only emoji) to multiple speech acts (user can share personal experience, express emotion and ask for advice in the same post). Table 3 summarizes the speech act distributions in our data (Table 3).

Representatives was found to be the most dominant speech act (59.5%, $N = 156$), followed by directives (26.3%, $N = 69$), expressives (11.5%, $N = 30$), and commissives (2.7%, $N = 7$). No declaration was found. A Chi-Square Goodness of Fit Test was performed to determine whether the speech acts were equally distributed among the five categories. The results [$X^2(4, N = 262) = 311.4, p = 0.0001$] show significant differences in the distribution between all five categories (see Table 3), with each category occurring significantly more common than the next. In order to gain a better understanding of such speech act distributions, further identification of each speech act type was carried out, respectively.

3.1.1. Representatives

Representatives are speech acts that express speaker's belief and that commit the speaker to the truth of what is asserted (Searle, 1969). By employing representatives, LIHKG users represented the world as they believe to be the case (or not). Representatives comprised of five speech acts in our data: Sharing personal experience, sharing personal opinion/belief, providing information, joking and correcting. Table 4 shows the number of counts, percentage and example for each act. Sharing personal experience was found to be the most prominent speech act under representatives. By sharing their experiences during the COVID-19 'fifth-wave' on LIHKG forum, users could gain support and empathy from each other who went through similar situations (Post 54). Moreover, sharing personal experience was found to occur with requesting information (directives) in a number of posts and functioned as providing contextual information that foregrounded a request. As shown in Post 46, the user detailed his/her grandparents' infected situations via representatives before asking for opinions (directives).

TABLE 4 Representative speech acts.

Representatives		N	%
Sharing personal experience	Post 54:隔離咗10日都仲positive 🤒 (Still positive after 10 days quarantine 🤒)	68	43.6%
Sharing personal opinion/belief	Post 170: 玩完 你成條T線直沖出黎 🤒 應該準備發燒 [It is over. The whole 'T' line is showing 🤒 (You) ready to have fever.]	50	32.1%
Providing information	Post 53:快測有amplification核酸少少病毒都度到 (There is no amplification in RAT test. Even tiny amount of virus can be detected with PCR test.)	31	19.9%
Joking	Post 56: 有得放長假 🤒 (Can have long vacation 🤒)	5	3.2%
Correcting	Post 137:係喉嚨呀 🤒 (It is throat 🤒) [typo correction]	2	1.2%

Post 46 (Original post)	Post 46 (Translation)
<p>阿公阿婆兩個都80歲以上，有長期病患 今日快測發現中咗 阿婆乜事都冇，阿公見感冒，兼且撞鼻 🤒 結果唔係好溝通到，淨係知佢好似唔嚴重 而家叫佢食住panadol先，叫阿婆睇住佢，如果好唔妥就直接999 目前係咪咁處理係最好 🤒</p>	<p>My grandparents are both over 80 without any chronic illnesses. They were tested positive today. My grandmother is fine but my grandfather has flu symptoms, and has hearing problem 🤒 So I cannot really communication with him. I only know he does not seem to be seriously ill. I told him to take Panadol for now and asked my grandmother to take care of him. Will call 999 [emergency hotline] if he falls very sick Is this the best way to handle the situation for now? 🤒</p>

Apart from sharing their personal experiences, users were also found to share their opinions and beliefs toward the COVID-19 symptoms, RAT test results (Post 170) and government policies. As this LIHKG thread was a convenient and popular site for users to exchange information about COVID-19, providing information was also a common speech act (Post 53), accounting for almost 20% of representatives.

3.1.2. Directives

Directives are speech acts that speakers use in order to get the hearers to do something (Searle, 1969). Directives found in our data can be categorized as: requesting information/opinion, giving advice, giving order/command, wishing and demanding. As Table 5 shows, requesting information/opinion makes up the majority of directives, suggesting that users made use of LIHKG forum to obtain COVID-19-related information was a common practice (Post 9). Not only users used directives for requests, they also used them as a means to give advice and suggestions to other users (Posts 109 and 133).

While advice can sometimes appear in imperatives (e.g., Post 109), which is conventionally used in acts of command and order, there is a fundamental difference between advice and command. Searle (1969) stated that giving advice is a speech act that the speaker believes what he/she says will benefit the hearer and according to Brown and Levinson (1987), advice is to tell what is best for someone. In this sense, giving advice is considered to

be beneficial to the hearer, rather than the speaker. However, giving advice is also regarded as a potentially face-threatening act (FTA) (Brown and Levinson, 1987) since it places the hearers in the position of doing something that has been advised, thus limiting the freedom of the hearer. Therefore, Hinkle (1997) warned that giving advice must be performed with caution and the speech act of advice should be softened so as to not offend the hearer. This may explain why writer of Post 109 made use of the crying LIHKG pig emoji to soften the speech act of advice (more detailed discussion of emoji functioning as a marker to attend to the addressee's face needs in Section 3.2.5).

Despite its low frequency, giving order/command was also observed as one of the directive speech acts in our data. Interestingly, they were only found in chit-chat, i.e., discussion topics that deviated and had nothing to do with COVID-19 and RAT test. Examples of such deviated topics included food preferences, physique, showering habits and sexual topics (see Post 145 as an example). A possible explanation of such a phenomenon is that the act of giving order/command is inherently face-threatening (Brown and Levinson, 1987) and they might not have been taken as seriously in more light-hearted discussion topics such as the ones stated above as compared to more serious topics related to COVID-19. Moreover, giving commands requires the preparatory condition that the speaker having some kind of authority over the hearer (Searle, 1969). Given the anonymous nature of LIHKG forum, such information was not available to the users. So essentially, no one would be regarded as having the authority nor the legitimacy to give order and command on medical topics to other users.


3.1.3. Expressives

Expressives speech acts are acts that express the psychological states of the speakers (Searle, 1969). Speakers use them to express how they feel. In our data, expressives include the following speech acts: expressing emotional/psychological state, expressing desire, complaint, sarcasm, appraisal and greeting. Table 6 illustrates that expressing emotional state takes up the majority of expressives (60%). They were typically used to state how the users felt with issues related to COVID-19 (Posts 59 and 122). Users also used expressives to express their desires, as seen in Post 128 in which the writer expressed his/her desire to get out of the house during the quarantine. Complaint was also identified as expressives as it helped the writer to

TABLE 5 Directive speech acts.

Directives		N	%
Requesting info/opinion	Post 9: 收到初步確診訊息，但係冇收到手帶，咁算唔算隔離人士  (Received preliminary confirmed diagnosis but have not received the wristband. Am I regarded as a quarantine case )	53	76.8%
Giving advice	Post 109: 拎醫生紙先啦  (Get medical certificate first  Post 133: 有病徵都休息多啲  (Take more rest even if you do not have symptoms )	8	11.6%
Giving order/command	Post 145: 得咁就唔好放出黎啦 冇晒食慾  (Do not post it here if that's all you have got. I've lost my appetite  [In response to another user who posted his half-naked picture])	5	7.2%
Wishing	Post 42: 唔好中其他野啦 (Do not get infected with other things)	2	2.8%
Demanding	Post 122: 清唔好嚇我  (Brother do not scare me )	1	1.4%

TABLE 6 Expressive speech acts.

Expressives		N	%
Expressing emotional/psychological state	Post 59: 好慘  (So pitiful  [in response to another user who stated he/she did not take a shower due to infection] Post 122: 我屋企人中招已經好擔心慌 但又無打針  (My family member is infected and that made me so scared. He/she is not vaccinated )	18	60%
Expressing desire	Post 128: 好想出街  (Really want to go out )	7	23.3%
Complaint	Post 182: 真係吾知佢地做乜搵野  (Really do not know what the hell they [Department of Health] are doing )	2	6.7%
Sarcasm	Post 160: 歡迎加入 (Welcome to the club [as confirmed COVID case])	1	3.3%
Appraisal	Post 184: 正  (Cool ) [Appraised the loosened quarantine measures]	1	3.3%
Greeting	Post 201: 康文巴  ([another LIHKG user ID] 	1	3.3%

state their discontent and dissatisfaction toward someone/something. Post 182 illustrates the resentment of the user toward the Department of Health and their confusing quarantine policies.

3.1.4. Commissives

Speakers use commissives to state their intends. In other words, they are used to state speakers' commitments to future action. Only seven commissives were found in our data and they all signaled users' intentions to commit to some future actions (Posts 137 and 142) (Table 7).

3.1.5. Declarations

No declaration was found in our data and, given the function of this speech act, this is not surprising. In order to perform declaratives, speakers need to have some kind of institutional or authoritative role in a specific context so that his/her utterances can induce change in the world/reality. LIHKG as an online discussion platform does not

have such institutional power. Furthermore, as mentioned previously, the anonymous identity of LIHKG users prohibits the exhibition of institutional roles, thus restraining the legitimization of performing declarative speech acts.

3.2. Communicative functions of LIHKG emojis

A total of 290 emojis were found in 173 posts in our data. Fifty seven posts (24.8%) were found to contain no emoji. For posts that employed emojis, users made use of as little as one to as many as 18 emojis within a post. The heavy use of emojis suggests that they are an integral element for meaning construal in LIHKG forums. This section accounts for their typical communicative functions in the discussion thread.

TABLE 7 Commissive speech acts.

Commissives		N	%
Committing to future action	Post 137: 可以買定喉糖 ([I] can buy some throat lozenge in advance) Post 142: 都係測多幾次隱陣啲 ([I am] Going to take a few more [RAT] tests just to be sure)	7	100%

3.2.1. Emphasizing textual content

This type of emoji represents the propositional content conveyed by the text in a message and their use are dependent on their textual environments. They emphasize textual content by repeating it (Ge-Stadnyk, 2021). A direct mapping of textual meaning and graphical signs can be deduced. They do not contribute, modulate nor alter the propositional meaning of the texts. In our opinion, they serve as a graphical representation of the textual message with the aim to emphasize textual content and potentially enhance the visually attractiveness of the message. An example of this use is illustrated in Post 211. The user made an evaluative comment on the latest quarantine measures released by the Hong Kong government in February 2022, criticizing them as illogical. The laughing LIHKG dog that appears in the beginning of the message mimics the word 'laugh' in the phrase 'I fucking laugh' that follows.

Post 211:  笑撚㗎 其實幾有logic	 [I] fucking laugh. This is in fact illogical
---	--



3.2.2. Intensification




Emojis can also be used to intensify propositional content and modulate the intensity of an already identifiable act (Dresner and Herring, 2010). In response to an earlier message posted by another LIHKG user who claimed that he/she had not taken a shower for a day due to infection, the writer of Post 59 made an expressive speech act 'so pitiful' '好慘' to express his/her sympathy toward the person. The crying LIHKG pig emoji in this post can be interpreted as intensifying the affective value expressed in its textual counterpart and altogether, the whole message containing both text and emoji helped the writer express his/her sympathy toward the other user.





Post 59: 好慘 	So pitiful 
---	--

3.2.3. Marker of negative attitudes






One of the main functions of emojis found in our data is that they acted as contextualization cues (Gumperz, 1982) by providing extra information to help readers understand and interpret the intended meanings expressed in the texts. More specifically, our findings show that LIHKG users often employed emojis to express negative attitudes which were not explicitly stated in the texts when framing their COVID-19 experiences, as shown in posts 72 and 92 below:

Post 72: 填緊張申報form  好驚入亞博	Filling in declaration form [for RAT + ve]  I'm scared that I may need to get into Asia-Expo [quarantine venue]
--	--

The representative statement of 'Filling in the declaration form' does not actually contain any affective elements. The negative emotion is only made explicit with the frowning emoji  that follows, which frames the act of form-filling as a saddening procedure. This negative emotion is then confirmed by the expressive act 'I'm scared that I may need to get into Asia-Expo' that comes after. Without the frowning emoji, the readers might have interpreted the writer as being scared only. The use of frowning emoji here can be seen as providing cues to the readers by making the implicitly implied negative emotion explicit. Thus helped them interpret the whole event as not only a scary but also a saddening one. Similar usage can also be observed in the example below. The writer made a hypothetical commissive act via words 'I'm going to ignore it if I do not have any symptoms, even if I got tested positive 7 days in a row' without stating his emotion and psychological state explicitly. His/her negative attitude can only be inferred in the second phrase 'Need to make a living'. The writer made use of the crying  emoji after the first phrase and the frowning  emoji after the second phrase to help him/her express negative attitudes and framing the event as a negative one.

Post 92: 如果7日都仲係陽 冇病徵想唔理算  要搵食呀大佬 	I'm going to ignore it if I do not have any symptoms, even if I got tested positive 7 days in a row  Need to make a living 
--	---

The above examples show how emojis function as negative attitude markers that complement the implicit affective meanings made in texts explicitly. In some other cases, no affective meanings nor implicit affective attitudes can be found in the texts and emojis in such cases serve as independent expressive act that complete the overall meaning of the messages, providing cues to readers as to how they should interpret and understand the overall meaning of the messages. The writer of Post 159 responded to a previous post that requested information on sick leave application procedure since he/she was confused by the boss's ambiguous reaction toward his/her infection. Writer of post 159 then responded with directive acts (requesting information and giving advice), followed by a representative act of sharing his/her own experience:

Post 159: 你收到sms確診未  收到就book診所先  我嗰時都有同我講係sl定乜 我自己係屋企等衛生署call  後尾覺得唔撚對路都係去診所拎醫生紙 	Have you received the sms confirmation message  If you have, then book a clinic first  They also did not tell me whether I got any sl [sick leave] or whatever. I waited at home for Department of Health's phone call  Then I thought something was not right so I went to the clinic and got a medical certificate 
--	---

The writer did not express any of his/her emotion through the texts. However, this was achieved through the use of multiple crying pig emojis. These emojis then function as independent expressive act that served the writer's intention of framing his/her experience as a negative one through negative emotion expression. Together with the directive and expressive acts realized via verbal means, the expressive act carried out by the emojis completed the meanings intended by the writer.

3.2.4. Marker of sarcasm

Emojis can also function as marker of sarcasm. In Post 233, the writer raised a question about quarantine policies:

Post 233: 如果有嘅密切接觸者要14日 但確診者7日? 🤡🤡	<i>If no close contact [with infected person] then 14 days [quarantine] But confirmed cases 7 days [quarantine]? 🤡🤡</i>
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He/she first pointed out the quarantine policy using representative act, which was then followed by a directive (question – requesting an answer). This message should not be taken literally as a question though as this was hinted by the use of the clown smiley emoji 🤡. This emoji is conventionally known as a ridicule on the LIHKG platform and is usually used to signal something or someone as nonsensical and ridiculous. By using this emoji, the writer implied that the quarantine policy was ridiculous instead of genuinely asking for an answer. This smiley thus conveyed the writer's epistemological stance in the utterance by framing the question with a sarcastic note which turned it into an assertion of writer's opinion. As a result, the pragmatic meaning and the illocutionary force of this utterance were altered by the insertion of the clown smiley emoji 🤡. After giving out this interpretation clue to the readers, the writer then used a crying emoji that expressed his/her sadness for the need to comply to the policy even though it was deemed ridiculous to him/her.

3.2.5. Marker to attend to addressee's face needs

Some emojis were used to attend to the readers' face need. The notion of 'face' (Goffman, 1967) is situated within the frame of politeness theory (Brown and Levinson, 1987) and refers to a person's public self-image when participating in interaction. During social interactions, people generally expect their public self-image, or their face wants, to be respected. 'Face' is further categorized as (1) negative face: the need to be independent and not to be imposed by others and (2) positive face: the need to be accepted and approved of. Examples below illustrate how emojis attend to readers' face needs through mitigating the illocutionary force of face-threatening acts (FTAs):

Post 65 is a reply to a previous post that offered suggestions on medicine and grocery stocking. The writer asserted that he/she had enough of both and told his/her interlocutor not to worry, with an animated kneeling and bowing emoji 🙇 at the end of the sentence. This emoji performs multiple functions in this post. On one hand, it expressed the writer's gratitude via the expressive act of thanking which was not expressed in the verbal means. Therefore, functions as a contextualization cue to the reader to interpret the message as an expression of thanks which oriented to the addressee's positive face need of being appreciated. On the other hand, it softens the

illocutionary force of its preceding directive 'No need to worry' which could have been interpreted as an FTA of command. This emoji thus serves as a face-threatening mitigation device that directed to addressee's negative face want.

Post 65: 藥同食物都好夠, 呢樣唔駛 擔心 🙇	<i>Medicine and food are sufficient. No need to worry 🙇</i>
--------------------------------	---

This emoji usage can also be found in the example below:

Post215: 有冇人知道打咗兩針但確 診咗之後係咪未有延遲打第三針嘅 安排? 想要source 🤡	<i>Does anyone know if the third injection arrangement would be delayed after receiving two injections but infected? Want source 🤡</i>
---	--

The crying LIHKG pig emoji in the example above not only functions as an expressive act of writer's affective state but also serves as a FTA mitigation device to soften the force of requesting information source.

In some cases, the FTA is so overt that without any mitigation devices, the message would have been taken as offensive.

Post103: 屌你 🐮 呢度有人填左?	<i>Fuck you 🐮 Has anyone here filled it [RAT + ve declaration form]?</i>
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After stating the fact that he/she was filling in the RAT test +ve declaration form and that he/she was worried to be quarantined in an earlier post, another user made a sarcastic reply and told him/her to be ready for quarantine. The writer in post 103 then replied with an expressive act 'Fuck you' to express his/her discontent toward that reply. In fact, swearing is not uncommon on LIHKG discussion platforms and social swearing can be regarded as a social cohesive device signaling group membership (Montagu, 2001) within the LIHKG community. Nevertheless, the writer opted for inserting a crying LIHKG cow emoji as an expressive act to (1) express his/her affective state when facing the uncertainties and worries and (2) mitigating the overt FTA and soften its illocutionary force by inviting and eliciting empathy using the crying emoji.

3.2.6. Approximation strategy device

Within the theory of communication accommodation (Giles and Ogay, 2007), approximation strategy is concerned with communication production via adjusting one's speech to be more like his/her interlocutor through any salient communication features such as accent, speech rate, word choices and other nonverbal behaviours that aims to gain social liking and approval (Gallois et al., 2005). The strategy, stemming from Similarity-Attraction Paradigm (Byrne, 1971), predicts that similarity on attributes such as attitudes, values and beliefs can facilitate interpersonal attraction. Approximation strategy posits that one person's speech style becomes more similar to the other during interactions which increases social liking from one's interlocutor. In a similar vein, emojis also serve as nonverbal approximation device in CMC settings. Users can make use of the

same emojis in replies to make their messages more 'similar' to the ones of their interactants:



The example above shows how interactants made use of the same crying LIHKG pig emojis over the exchange. There are in fact a variety of crying emojis available on LIHKG so the fact that the respondent chose to use the same emoji in his/her reply may be interpreted as an approximation tactic achieved by collective effort that aimed for rapport building.

4. Discussion

As suggested by group work theory (Rose, 1977), a well-functioning group should be able to satisfy both the task and socioemotional needs of its members. The findings of the current study show that this specific LIHKG discussion thread provided a venue for its users not only limited to COVID-19 information exchange, but also socioemotional expressions which supports previous studies that investigated online group functions (Finn, 1999; Malik and Coulson, 2010).

In this study, we took a pragmatic perspective and adopted speech acts theory as our theoretical approach to analyze the LIHKG posts and their intended meanings through speech acts identification and investigation on the communicative functions of emojis. Our analysis of text-based speech acts in the LIHKG thread shows that representatives dominate in the overall speech acts distribution. LIHKG users mainly made use of representatives to share their personal experience and opinions and to provide information on COVID-19 related issues. This is followed by the use of directives which users used to request information and opinions, give advice, command and order. The third most employed speech act was expressive that helped users express their emotional/psychological states and their desires. In several cases, LIHKG users also used expressives to complain about, to make sarcastic remarks on and to appraise government quarantine policies. Commissive speech acts that indicated LIHKG users future action commitments ranked fourth in the distribution. No declaratives had been found.

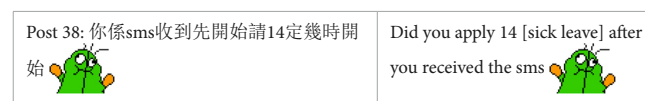
Although expressive speech acts ranked third in the overall speech acts distribution, it does not necessarily mean that LIHKG users did not prioritize their emotion and psychological states in the discussion posts. In fact, our analysis of emojis' communicative functions shows that users made extensive use of emojis as negative attitudinal markers to reveal their emotional and psychological states, with and without

their accompany text. This suggests LIHKG users' preference of employing multiple semiotic resources to express their inner states and explains the reason why text-based expressive speech acts only ranked third in the overall text-based speech acts distribution.

The abundant use of emojis found in our data shows that it is an integral meaning making component for LIHKG users. In general, they serve as contextualization cues (Gumperz, 1982) that provide extra information to readers as to how a message should be understood, interpreted and responded to which is in contrast to Walther and D'Addario (2001) earlier study on emoticons, the precursor of emojis, in which they concluded that 'emoticons had few impacts on message interpretation' (p. 341). In the current study, they were employed as attitudinal markers to help users express their emotion and psychological states, which has been well researched and proven to be an important function of emoji usage (Gülşen, 2016; Kaye et al., 2016). Our analysis on emojis' communicative functions in a specific LIHKG thread shows that they also performed other communicative functions. They can emphasize textual meanings, intensify the propositional content of a message, and even alter the illocutionary force of its preceding texts (as in the case of sarcasm) which supports Dresner and Herring (2010) observation on the illocutionary force of emoticons. They also serve the function of attending to addressees' face needs. While the same emoji appeared in a string of replying posts, they acted as approximation devices with the aim to gain social connectedness which can enhance group cohesion in CMC which is one of the important functions of online self-help discussion group.

The large number of emojis which signal negative emotional and psychological states in this COVID-19 related thread also confirms that situational factor, i.e., the topic of discussion in our case, appears to influence emoji choices. Previous research has suggested that demographics such as age, gender, cultural backgrounds and individual psychological differences can affect emoji use (Herring, 2007; Alharbi and Mahzari, 2023). However, given that identities is a highly sensitive issue in the LIHKG forum, such information was not available in the current study and thus could not be verified.

During the analysis, we also came across some cases in which emoji usage was ambiguous, making it difficult to determine the rationale behind emoji use (Jaeger and Ares, 2017). For instance, the animated 'chewing' emoji in the example below does not support the ideational meaning conveyed by the text, nor does it express a certain emotion/psychological inner state.



For what reason then, the user chose this particular emoji and incorporated it in this post? This raises a fundamental question on the motivation and interpretation issues of emoji usage. Unlike face-to-face communication in which speaker's inner thoughts, emotion and psychological state may be 'given off' via unintentional facial expressions (Dresner and Herring, 2010), the employment of emojis in CMC is an intentional construal of meaning, but is the choice of emoji always rational and therefore, can be appropriately interpreted? Answering this question would

require conducting interviews with the writers to find out the motivations behind emoji usage.

The present study fills the research gap of the lack of meaning construction research in online self-help groups and addresses the issue of how group members realize the information and emotional support functions of online support group via meaning construction in the discussion posts using the multimodal semiotic resources (i.e., text and emojis) afforded by LIHKG. The nuances of speech acts and emoji usage suggest that one needs to consider the multimodal and situated nature of the messages to better understand the content richness in the online discussion posts.

5. Limitations and future research

One limitation of the study is that we only analyzed a very small sample size. The identification of speech acts and the highly context-dependent communicative functions of emojis required extensive close reading which inherently limited the data size for qualitative analysis. The speech acts identification of this study are not meant to be representative nor generalizable in other online discussion forums. Likewise, the communicative functions of emojis presented in this study are by no mean exhaustive. Nevertheless, we have presented how LIHKG users employed speech acts to perform ideational-based and socioemotional-based tasks and some typical usage of emojis in the COVID-related discussion thread. With a larger sample and more robust coding scheme, a more quantitative approach could also be taken to identify recurrent discourse form-function pairings in such online discussion forums (Tay, 2015).

Another limitation concerns with the issue of interpretation as discussed earlier. The heavy reliance on the judgment and intuition of the researcher is an inherent limitation of discourse analysis (Powers, 2001). Our analysis oriented to investigate the writers' communicative intentions and their use of emoji in the exchanges but their motivations are unknown. It would have been ideal to conduct interviews with the writers and ask questions about their motivations and message interpretation to triangulate and validate our findings. However, as LIHKG forum is anonymous in nature, conducting interviews with them may not be feasible. Anonymity also prohibited us to study how demographic variables may influence emoji use and interpretations within the LIHKG community.

Since exchanges occurring in LIHKG threads are loosely structured and rather spontaneous (Lee, 2020), it would be useful to compare the speech acts use patterns found in this study to a more structured f2f setting to explore if and how people make use of speech acts differently in discussing COVID/health-related issues in different settings. As topic of discussion can influence the choice and patterns of emoji use, future studies may also gain better insights on emojis by investigating their usage and functions in other LIHKG threads. Additionally, it may also be feasible to conduct comparable studies on Western discussion forums with English as medium to explore how cultural and linguistic factors play their roles in speech acts and emoji usages while discussing COVID-related issues.

Although not within the current research scope, we observed that non-task based chit-chatting that deviated from main discussion topics, contributed to a substantial amount of posts in the thread. In his research on the helping processes in online

self-help group focusing on disability issues, Finn (1999) suggested that the discussion of everyday life events in online self-help groups could provide normalizing experience to its members and thus carried therapeutic value. Whether this is the case within the LIHKG thread would require further studies. Swearing and sex chat were also found to be ubiquitous within our samples. This observation resonates Jacobs et al.'s (2022) identification of the LIHKG forum as an embodiment of 'lad culture' and share similarities to western manosphere. The potential of these issues to serve as socialization processes among LIHKG members, help them create a sense of community and establishment of LIHKG subculture are worth further investigation on.

The strict social-distancing and large-scale quarantine measures implemented by the Hong Kong government to combat the fifth-wave COVID-19 pandemic has resulted in the social media and online social networks to becoming essential sources of information and socialization in times of fear and uncertainties. They are, however, also potentially serve as a fertile ground for misinformation and disinformation which can adversely impact healthy behaviours, including lesser adhesion to safety rules, lessening risk perception and preventive practices, refusal of expert information and hostility toward vaccines (Scardigno et al., 2023) during the pandemic. Studies on the constructions of misinformation and disinformation related to COVID-19 on LIHKG forum and how they impact users' health perceptions and behaviours would shed light on our understanding of the impact of infodemic amid a global health crisis.

Data availability statement

The datasets presented in this study can be found in online repositories. The names of the repository/repositories and accession number(s) can be found at: <https://lihkg.com/thread/2905207/page/1>.

Ethics statement

Ethical review and approval was not required for the study on human participants in accordance with the local legislation and institutional requirements. Written informed consent for participation was not required for this study in accordance with the national legislation and the institutional requirements.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Author contributions

CY was responsible for conceptualization, data acquisition, qualitative and quantitative analysis, and writing of the manuscript. DT and YJ were responsible for qualitative and quantitative analysis. XY was responsible for data acquisition. All authors reviewed and approved the final manuscript.

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Transformative practice and its interactional challenges in COVID-19 telephone contact tracing in Flanders

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This article focuses on transformative interactional practice in COVID-19 contact tracing telephone calls in Flanders (Belgium). It is based on a large corpus of recorded telephone conversations conducted by COVID-19 contact tracers with index patients in the period mid-2020 to mid-2022. The calls were conducted through government-contracted commercial call centers. For nearly 2 years and applied country-wide, this was the most prominent strategy in Belgium for breaking transmission chains. COVID-19 telephone contact tracing with infected patients counts as transformative professional work in two ways. First, in addition to the registration of recent contacts in a relevant time window, the work is oriented to awareness-raising about how patients and their co-dwellers can and should adjust their behavior by attending actively to critical aspects of the pandemic during an individual period of (potential) infection. This is the terrain of advice, interdictions and recommendations about quarantine, isolation, personal hygiene, etc. In addition, the focus on interactional attention indexes patients' affect and emotions (e.g., anxiety, worry, or anger) in a period of health uncertainty and social isolation. The transformative work thus depends on successfully established rapport and empathetic, responsive behavior. Our analysis of the recorded conversational sequences focuses on the complexities of client-sensitive and responsive transformative sequences and highlights the constraints and affordances which surround the interactional task of 'instructional awareness raising' which is central to telephone contact tracing. Specifically, we detail the following dimensions of transformative sequences: (i) how do contact tracers deal with the knowledge status of clients, (ii) their use of upgrading/downgrading formulations, (iii) the use of humor and other mitigating strategies, and (iv) how contact tracers attend to interactional displays of affect and emotion. In a final section, we tie together our observations about the communication of particularized advice in a context of general measures through the twin notions of categorization/particularization-work. The findings in this paper are limited to the first step in the chain of contact tracing, i.e., telephone calls with tested and infected citizens.

KEYWORDS

transformative sequence, telephone contact tracing, COVID-19, knowledge status clients, upgrading/downgrading strategy, use of humor, categorization work, emotional work engagement

1. Introduction

According to the World Health Organisation, contact tracing can be defined as a public health practice for identifying, assessing, and monitoring individuals who have been exposed to an infectious disease, so as to prevent its further spread amongst a community or population.¹ Alongside mass testing and, if available, vaccination, contact tracing is undoubtedly a crucial practice to contain infectious disease outbreaks. Dar et al. (2020, p. 2) remind us how “containment is a primary roadmap to quickly halt an outbreak, which may become an epidemic and then in the worst case, turn into a pandemic, which is exactly what happened in the case of COVID-19.” Unlike symptom-based detection, contact tracing is preventive; its success ultimately depends on how fast the contacts of index patients are traced and quarantined (Juneau et al., 2020). Index patients are individuals who have been tested and diagnosed as infected; the term *index* signals that the information which they provide *points to* other individuals who need to be contacted, because they are at risk, need to quarantine, etc. At the same time, the practice of contact tracing allows “individuals (...) to relieve distress from a community’s containment measures,² as it gives the infected individuals a chance to quarantine themselves voluntarily.” Contact tracing can also be expected “to increase sensitivity (...) followed by readiness for an emerging pandemic” (Dar et al., 2020, p. 2).

Typically, contact tracing combines interview-based techniques and tracing technology to identify the recent contacts of an individual who has tested positive for a disease, to evaluate the contacts’ risk of infection due to exposure, and to monitor their health and possible illness. The latter function, even though it is prevalent in contact tracing practice, is poorly captured by the label *contact tracing*, which primarily suggests data collection, processing and alerting, more than an individually tailored interactional engagement with an infected index patient. Contact tracing has been adopted as a public health practice since the 19th century. It has been used for the containment of syphilis, tuberculosis, measles, smallpox, HIV/AIDS and Ebola (Gyselen, 1994; Samoff et al., 2007; Lin et al., 2012; Greiner et al., 2015; Mbvinjo et al., 2021). It was adopted on a large scale around the world during the recent outbreak of COVID-19. Given its critical significance for the quick and efficient identification and isolation of (potential) new cases, it was intended to enable early containment and intervention and ultimately reduce the further transmission of Covid-19 by temporarily intervening in the lives of affected individuals. Mapping aspects of contact tracing’s history, Brandt (2022) notes an important shift in contact tracing from a public health approach of surveillance to one which emphasizes community engagement and support by “centering attention on informing individuals of their infections; educating them on best practices to avoid transmission; assuring that they had resources to isolate; and providing social support” (2022: 1099).

Before we continue our discussion of telephone contact tracing in terms of the transformative purpose that can thus be identified, we first provide a brief overview of the different types of contact tracing that were adopted in Flanders, Belgium during the COVID-19

pandemic. In doing so, we particularly want to highlight the sense of novelty which accompanied their introduction for the population at large. Unlike earlier practice in contexts of HIV/AIDS and tuberculosis, in the case of COVID-19, contact tracing had relevance for everyone across the country and it became a major long-term topic in news coverage (Bafort et al., 2023).

2. COVID-19 contact tracing in Flanders

One of the most immediate actions taken by the Belgian government during the first months of the COVID-19 outbreak in the Spring of 2020 was the roll-out of a three-tier contact tracing system to break transmission chains. Contact tracing enabled the government to document citizens who had tested positive for COVID-19, as well as the individuals who they had recently been in (close) contact with and who needed to be alerted about their exposure and possible infection. In line with WHO-recommendations and the *European Centre for Disease Prevention and Control*, this system involved two types of personalized contact tracing, with differing degrees of anonymity. Their implementation involved multiple levels of governance in the Belgian federal state (see Slembrouck, 2023 on COVID-19 as a multi-scalar engagement).

The first type was the development of automated contact tracing through a digital proximity tracing app. A smartphone app, *Coronalert*, was developed by a consortium of experts and scientists for the federal government and rolled out at a national scale (Jacob and Lawarée, 2021). At its launch in September 2020, the app was believed to be an important supportive factor in the fight against COVID-19 as “[s]uch a technological solution allows to track, in real-time, a massive number of (potentially) infected individuals within a given population (...) to isolate cases of COVID-19 and reduce the basic reproduction number (...)” (Jacob & Lawarée, 2021, p. 45). *Coronalert*, when it is installed on two smartphones, registers a cell phone carrier’s proximity to other users, and this allows, when infection occurs on either side, the tracing and alerting of contacts, without having to rely on the smart phone users’ memory or their awareness of and familiarity with specific individuals who were at some point in their vicinity. The alert app offers an anonymous form of contact tracing, as the app tracks individual proximity *via* Bluetooth. Upon infection, people (unknown to the infected individual) are alerted of the duration and distance of exposure to the virus-transmitting body (Proesmans et al., 2022). Despite its usefulness to alert people who may be strangers to one another or who were unaware of others’ proximity, this type of COVID-19 contact tracing was criticized as an instrument of mass surveillance. Low adoption rates by end-users were especially noted as detrimental to its effectiveness, as the success of automated contact tracing depends on high population uptake (Raus et al., 2021; Vogt et al., 2022; Bafort et al., 2023). Braithwaite et al. (2020, p. e607) conclude that “large-scale *manual* contact tracing is therefore still key in most contexts” (our emphasis).

The second type of contact tracing was more traditional and drew on pre-existing models. The tracing is done in the form of one-on-one interviews with index patients, with follow-up phone calls to their recent contacts (Barrat et al., 2021). In Belgium, this type occurred during the pandemic in two formats: (i) as locally-organized initiatives taken by general practitioners, health care and community workers, and

1 See <https://www.who.int/news-room/questions-and-answers/item/contact-tracing>.

2 E.g., a collective lockdown.

(ii) as regionally-organized call center operations which were mandated by the official health agencies. The first form was anchored in several (sub)urban contexts and was highly variable in its practical organization: general practitioners engaged in contact tracing during frontline consultations with patients; local authorities set up a system of phone calls; home visits were conducted by field agents; etc. In contrast with this, the second form, organized through call centers, was applied consistently in each of the Belgian regions (Proesmans et al., 2022, p. 2).

In this paper, we specifically focus on regionally-organized telephone contact tracing in Flanders. This task was mandated by the federal and Flemish governments to a consortium of commercially run call centers, national health organizations and a consultancy firm. During the initial lockdown of early 2020, the call centers expanded their workforce of helpline operators and trained a large group of telephone contact tracers. They were not required to have any (para) medical training or professional medical background. Most lacked experience with contact tracing. The call centers recruited to a large extent amongst workers with experience in the service and communication industry who had become unemployed due to the COVID-19 lockdown (e.g., flight attendants, hotel and catering staff, stage directors, actors, etc.). Recruited workers received on the job training which covered the use of the technology, the contact tracing script as well as communication skills.

Call center contact tracing made use of a centralized IT platform in which index patients were listed as case files in a call queue. Following entry into the system, a contact tracer would call the index patient within the next 24 hours and ask about the nature and identity of recent contacts in the relevant, infection-prone time window. After this initial call, the reported contacts received secondary calls by contact tracers notifying them of the risk and possible exposure, and when applicable, the outcome of these secondary calls led to subsequent testing and measures of quarantine. The case file for each index patient on the platform contained a long list of sections with categories and items of information for which the index patient's answers were recorded as well as a list of categories and items to be communicated. This list functioned as a script for the contact tracer to conduct their interviews. Previous research on this type of Covid-19 contact tracing call center conversation (De Timmerman et al., 2023) has documented how the script informed the episodic structure for the encounter. As detailed in Figure 1 below, two major stages of information exchange can be discerned: one in which the contact tracer provides information and instructions on prevention/safety measures as well as explaining isolation, quarantine and incubation periods (section II in Figure 1) and one in which the index patient provides relevant information about recent contacts, alongside information about infection and symptoms (sections III and IV). The script also promoted the use of the *Coronalert* app (section V).

The research reported in this paper concentrates on episodes II and III. It is limited to telephone calls with index patients.

2.1. Telephone contact tracing as interactional work in an evolving context

COVID-19 telephone contact tracing can be understood in terms of goal-oriented interactional work in an evolving institutional context of public health management. First, it is oriented to awareness-raising about how patients and their co-dwellers can and should attend to

various aspects of the pandemic during a critical, individual period of actual/potential infection. This is the instrumental terrain of advice, interdictions and recommendations about a range of relevant categories: quarantine, isolation, personal hygiene, preparation of food, and so on. This stage of the call is mostly centered around directing behavior and rendering it instrumental to containing the disease (e.g., wear a mouth mask while you are in the room with others in the house; the infected person uses a separate toilet, if available; etc.). The purpose here is to secure safe conduct in the house and outside (items raised include shopping, taking the dog for a walk, etc.). Secondly, the contact tracer's focus lies on the interactional management of a particular relationship with the index patient, one which preferably not only guarantees successful uptake of instruction and advice, but also attends to the potential challenges and pitfalls inherent in the task of having to inform and instruct your interlocutor. In part, the challenges stem from the contact tracer's need to impose on others' freedom to act by performing a number of face threatening acts (Brown and Levinson, 1987), especially 'representatives' (to inform and remind people of rules, measures and state of affairs which apply) and 'directives' (to tell people what to do and what not). On top of its largely behavior-constraining orientation to prohibition and prevention, a major difference with telephone helpline interactions (Bloch and Leydon 2019) must be noted: the index patient is not actively seeking help. Instead, the contact tracing call is initiated by the institution. Arguably, this adds to the odds against the contact tracer: their callers at the other end of the line may already be well-informed *via* others; they may be quite ill at the time of the phone call; they may be annoyed by the unannounced intrusion into their private lives; they may be distressed or anxious upon receiving the news of a positive test result and reluctant to interact; etc. In the specific case of COVID-19, the contact tracing calls had to be done in a field of social practice which was imbued with a heightened sense of personal and collective risk, a context of distress, uncertainty and quickly evolving circumstances. As noted earlier, the Flemish telephone contact tracers were instructed to adopt an empathetic and supportive stance during their phone calls. Attention to index patients' voiced concerns, moments of panic and distress, emotional responses, etc. was part and parcel of this. As a result, doing contact tracing in the period 2020–2022 meant that the talk was often also about the current stage of the pandemic, the introduction of 'new' measures (incl. tightened measures, as well as relaxed ones and suspensions; the likely development of vaccines; the timing of their availability; risks attached to vaccination, etc.).

Given the unfamiliar nature of COVID-19, especially in the early stages of the pandemic, the interactional challenges for the contact tracer may have appeared huge. In this respect, it is important to attend to the state of play at the point in time the cited interactions were recorded.³ While telephone contact tracing in Flanders started

³ Measures and advice evolved over time. E.g., the first lockdown had stages where walking in public parks was forbidden, while the second lockdown allowed people to meet and move around in 'safe bubbles' in open air. At one point in the first lockdown, advice was added about necessary distances while running or cycling when sporting outside. This was later retracted. Similarly, in the course of 2022, the importance of infection by touch of spoiled objects was toned down, while the avoidance of airborne transmission and the need for ventilation was absolutely prioritized.

EPISODIC STRUCTURE

- I. CT introduces the call
 - Explain contact tracing
 - Discuss the Covid-19 test result
- II. CT provides information to IP on
 - Prevention/safety measures
 - Isolation, quarantine & incubation
- III. CT receives information from IP
 - Address
 - Symptoms
 - Contacts
 - Participation in collectivities, organisations & other social gatherings
- IV. CT inquires into source of infection
- V. CT concludes the call
 - Draw attention to *Coronalert* app
 - Any questions?
 - Thank IP & end the conversation

FIGURE 1
Episodic structure of the CT call.

in May 2020, the recorded data corpus on which this article is based is mostly situated in the period December 2020–January 2021, by which time Flanders had gone through two periods of lockdown, the one in the Spring of 2020 stricter than the second lockdown which followed in the Autumn of 2022 (the Summer of 2021 was characterized by a partial/temporary relaxation of the measures). It is best to assume that by the time the data was collected, a lot of information about how to quarantine and self-isolate, about hand hygiene and mask wearing, etc. was already well-established in the public mind. At that time, the country was also gearing up for an expected start of vaccination in the Spring of 2021.

3. Contact tracing as transformative work

Contact tracing talk can be understood as transformative work. This invites analytical attention to transformative sequences of talk. Transformative work pertains particularly to the sections where index patients are given advice and instructed what to do. Peräkylä (2019) observes with reference to psychotherapy that sequentially accomplished contributions to talk and interaction can enable a process of transformation of experience, which pertains to the referents talked about, the client's emotions and the momentary relations which occur between therapist and client. This highlights how professional intervention work through interaction with clients is oriented to awareness transformation in the client and how the face-to-face rapport between client and professional is vitally attended to as part of this. Following Peräkylä (2019) and others (e.g., Muntigl et al., 2017; Knol et al., 2020), sequential analysis of talk has the capacity to show how interaction unfolds in the service of institutional

and professional tasks; it can also show how processes of cognitive and affective change take place as part of that. In short, detailed interactional analysis can demonstrate how an intervention took place and show attempted transformation at work by detailing how transformative sequences of talk are organized.

Important qualifications must be added when we situate the work of the Flemish contact tracers among the various forms of transformative work that one may come across in different professional and occupational contexts.

(i) Unlike the social worker or the psychotherapist, the (Flemish) telephone contact tracer was not a qualified professional. The contact tracers were occupational workers, who received training on the job, with no specific (medical, paramedical or psychological) pre-qualification being required.

(ii) In contrast with work done over the span of successive face-to-face engagements (as is mostly the case in social work or therapy), the tracer's contact with the index patient consisted of just one phone call with a strategic timing (the index patient had just been diagnosed as infected by COVID-19). Nor was the call scheduled at a time of convenience for the patient. The brevity of the intervention, the one-off nature of the phone calls and their possible unexpectedness have implications for the scope of the work that can be accomplished. How much can be accomplished in a short telephone call with a client you have not talked to or met earlier, and whom you know virtually nothing about before dialing their number? At the same time, the contact was neither *in situ*, nor face-to-face, but instead: over the phone, with interlocutors who do not share a visual field of perception.

(iii) Thirdly, the question must be raised about the specific focus on the transformation which was envisaged in the contact tracing call. We prefer to characterize contact tracing as oriented primarily to instrumental transformative work which ideally brings about

clarity and decisiveness about how to act and behave during a critical but short period of time following infection. The prevailing instrumental orientation of the contact tracing work was also informed by considerations that acting low key but doing so decisively offered the best chances at a successful accomplishment of a set of preferred client behaviors. Nevertheless, the tracers were briefed to embrace a (frontline medical) model of interaction rooted in empathetic response and patient-centeredness, in which the caller can also determine what is being talked about. Emotion, affect and a certain degree of topical leeway were viewed as part and parcel of the occupational brief (Bafort et al., 2023). While affect undoubtedly fundamentally frames an interaction in contexts of therapy, in practice, this turns out much less the case in contact tracing.

Transformative work is also associated with a pivotal intervention. Discussed at length in Noakes (2014, p. 179), who writes on social work in the field of criminal justice, the author defines transformative work more loosely, while stressing timing and assistance: “the social worker essentially advises the client about the possibility of change for the client and looks at this opportunity to assist the client with [...] a transformative process. [...] the social worker might tell the client they are ‘at a fork in the road’ and remind the client that it is an opportunity to possibly take a different path.” Similarly, the COVID-19 contact tracing call, as it is occasioned by the infection diagnosis, comes at a critical moment of tightened restrictions on and instructions for how to behave, doing so in the interest of people around the infected persons, at their home and beyond. Needless to add, formulations of risk and moral responsibility are never far away [see De Timmerman et al. (2023) for an analysis of contact tracing calls in relation to the construction of risk and responsibility].

(iv) Finally, in our analysis, we do not wish to make any claims about transformation being successfully accomplished, other than pointing out how particular responses may hint at (un)successful uptake. Our mainstay is with the analysis of transformative interactional sequences.

4. Data materials and methods

This article draws on a corpus of 220 contact tracing calls which were collected over a period of 14 months (from December 2020 until February 2022) within the context of a one-year inter-university research project funded by the Flemish Research Council (FWO).⁴ The project was carried out by a transdisciplinary team of (socio) linguists, epidemiologists, medical experts, sociologists and moral scientists; the team included a representative of the Flemish Agency of Health and Care and one of the private call center companies that employed contact tracers. The primary focus of the project was an interactional map of current contact tracing practice, and to develop empirically based recommendations which could be implemented

through in-service coaching and updated recruitment procedures (cf. Hepburn et al., 2014, p. 252).

To carry out this twofold research agenda, the project was divided into three distinct phases. In a first phase, we collected 100 contact tracing calls (in Dutch) between contact tracers and index patients. Based on our analysis of the phase 1 corpus, we formulated a number of practical recommendations which were implemented in a training module for a small number of contact tracers. We subsequently recorded 70 Dutch calls with a control group and a pilot group to measure the impact of our recommendations and training on actual practice, while registering evolutions in metapragmatic awareness (pre- and post-measurements). In a third and final phase of the project, we recorded 50 contact tracing calls in languages other than Dutch. This sub-corpus features interactions in English, French, Arabic and Turkish. All recorded interactions hinged on written consent from the contact tracers, and two-fold oral consent from the index patients, which was obtained before and confirmed after the contact tracing call.

To analyze the interactional data across the project's three phases, a combination of interactional sociolinguistic and conversation analytic methods was used (Antaki, 2011; Rampton, 2019). Specifically, qualitative data analysis software was used to code and analyze the data in terms of its turn-taking dynamics, topic management, face work and specific aspects of formulation. For the specific focus of the present article, we conducted a complementary analysis using the same software tools to capture transformative sequences in our corpus. More precisely, we scanned relevant previously coded interactional episodes for any manifestations of transformative interaction. While analyzing the ways in which transformative sequences were accomplished in identified episodes, we systematically mapped the affordances (possibilities and constraints) of instrumental awareness raising which is pertinent to the specifically transformative nature of the contact tracing call. Precisely the ascertained tensions informed our analysis written out below. Interactions which exemplify the interactional strategies and identified pitfalls were examined for common or divergent elements, which enabled us to ultimately demonstrate the complexity of attempted transformative work in contact tracing telephone interactions.

5. Results and discussion

Our primary goal in this article is to demonstrate the complexity of transformative work in contact tracing calls. We do so by identifying the various tensions and pitfalls which surround the accomplishment of the envisaged cognitive instrumental awareness raising about relevant categories, which is central to the public health task of contact tracing. Specifically, we highlight the following dimensions: (i) how contact tracers deal with the fact that clients may already be quite knowledgeable about what is expected of them in relation to COVID-19 related categories, (ii) what use the contact tracers make of jokes, humorous comments and other mitigating strategies in the delivery of unpleasant messages which come with particular directives which limit behavioral leeway, (iii) what use contact tracers make of formulations which upgrade or downgrade the relevance of particular categorical instructions, and (iv) how contact tracers attend to both anticipated and actual interactional displays of affect and emotion as relevant to their institutional brief of offering support and securing

⁴ The project's title is “Effective information exchange and care orientation in COVID-19-related contact tracing phone calls. An applied sociolinguistic and conversation analytic enquiry into optimizing interactional dynamics and pragmatic awareness” (Project number GOG6120N). All data were securely stored and processed in line with ethical and GDPR-related guidelines.

compliance with regulations. In a fifth and final section, we concentrate on how these four dimensions can be discussed together in relation to categorization/particularization work.

5.1. Knowledgeable clients

While instructing patients about the public health measures was an essential and obligatory part of the contact tracer's brief, and hence the script in front of them, in practice, many index patients displayed awareness of the prevention measures, as references to these measures were omnipresent in the media and society at large.⁵ This was especially the case as the pandemic progressed; then, many patients had become quite familiar with concepts that may have been relatively novel to them before Covid. This inevitably intensified by the possibly face-threatening nature of the information exchange, as patients could interpret the repetition of instructions as redundant, or possibly even as insulting or infantilizing. Throughout our corpus, we notice numerous instances in which tracers deal with displays which index knowledgeable clients.

Excerpt 1 ⁶		
36	CT	now uhm I wanted to share one more thing with you [FIRST NAME IP] now you are a nurse yourself right?
37	IP	. yes
38	CT	yes=
39	IP	=yes
40	CT	now you know that there are uhm isolation measures=and also prevention measures?
41	IP	... (1) yes
42	CT	and you know how the virus works of course right?
43	IP	[yes]
44	CT	. it [survives] on dead surfaces=right like tables cabinets it survives on [glossy surfaces]
45	IP	[yes . yes]
46	CT	screens . right? [tablets]
47	IP	[yes]
48	CT	smartphones <i>et cetera</i> = =so then you really should be careful in that regard with your partner . right? . so that you [do] adopt uh
49	IP	[yes]

⁵ It must be noted that public information campaigns were not restricted to media channels. Included must be warning signs and posters in public places, stickers on the ground to manage the circulation of people, stewards in busy places, outreach by civil society intermediaries to inform hard-to-reach populations, etc.

⁶ See section 7 for the transcription conventions used in the data excerpts. All cited excerpts concern contact tracing calls that were conducted in Dutch. The transcribed excerpts are quoted in English translation.

50	CT	a certain carefulness an&
51	IP	well just now . I have uh have opened everything to air because I have also been told to air often and I have uh . well put all the sheets in the washer and uh . [refreshed everything]
52	CT	no okay [great]

In Excerpt 1, the contact tracer repeats information obtained earlier in turn 36 when referring to the index patient's professional occupation as a nurse, thus voicing reasonable assumptions regarding the caller's familiarity with the virus' inner workings. In addition to employing this strategy to initiate the list of prevention measures, the contact tracer makes a more individualized attempt at securing compliance. Rather than relying on the familiar strategy of listing information, i.e., the strategy commonly used by contact tracers in this part of the scripted conversation, the contact tracer shifts to a question format which implies that the patient is presumably already aware of most of this. Put briefly, the contact tracer draws upon the patient's perceived status as a knowledgeable client to provide what they presume to be already known instructions about isolation. Note how the tracer's questions are followed directly by – albeit short – confirmation checks (“right?” in turns 42, 46 and 48), but the tracer does not wait for the patient's response to these checks. This is noticeable through the amount of overlap in the speakers' turns. In other words, the tracer does not signal a wish to co-establish information step-by-step together with the index patient, but instead goes through a list of quasi-rhetorical questions in one fell swoop. Perhaps the tracer took the answers to these confirmation checks to be redundant precisely because of the patient's status as a knowledgeable client. Knowledge display by the client is conversely exemplified in turn 51, when the patient in her turn lists the adoption of very specific prevention measures, to which the tracer responds affirmatively (turn 52, “great”). The details about changing sheets and venting the room in turn 51 equally mark the patient's keenness to display knowledgeability. There is complexity in the rapport.

Of course, contact tracers will not always be aware of an index patient's occupational background in health care, especially early on in the interaction. Additionally, even when a contact tracer knows, it will be difficult for them to waive the instruction stage on the basis of patient familiarity with it, because the script demands that tracers provide the same information in every call. An example of such an instance can be found in excerpt 2 below.

Excerpt 2		
26	CT	her . partner your step dad . has he been tested already? or . is that going to happen on the seventh day?=or . how?
27	IP	((adamantly)) he only needs to be tested . day seven after xxx the-the index patient has been positive right
28	CT	((hesitantly)) ah yes . uh= =but he also has no symptoms then [at the moment?]
29	IP	[no]
30	CT	no . okay

In this excerpt, the contact tracer is conversing with the index patient's daughter-in-law, who acts as a spokesperson for the elderly woman who has just tested positive. The daughter-in-law is a general practitioner, and signaled reluctance to cooperate during the call. From the start, she limited her contributions to very short and matter-of-fact replies. In the turns directly preceding the cited extract, the contact tracer mechanically read out loud the list of prevention measures mentioned in the script. This seemed to further annoy the daughter-in-law. In the extract, the tracer quizzes the daughter-in-law to get a better view of the living conditions of the index patient – i.e., who else lives with them, who has already been tested positive, who still needs to be tested, etc. In response, the daughter-in-law corrects her interlocutor (an instance of other-initiated repair with an added qualification; Kendrick, 2017, p. 174: the question about a second test for the index patient's co-dwellers is received as misleading: “he only needs to be tested on day seven after the index patient has been positive, right”). Turn 27 indexes a well-informed caller who cites the rule which applies to the situation of her in-laws. This case clearly shows how a collaborative rapport between the contact tracer and the index patient may be jeopardized when tracers fail to account for their interlocutors' pre-existing knowledge. In turn 28, the contact tracer, albeit hesitantly, yields to the authority of the index patient, who, unlike the contact tracer, has been trained medically. The contact tracer's introduction of yet another detail within a framework of relevant expertise in the second part of turn 28 (“symptoms at this moment”) signals competition.

To prevent friction, such as that illustrated in Excerpt 2 above, some tracers in our corpus hedge their instructions by prefacing them with the observation that the index patient is likely to be a knowledgeable client, as is the case in the opening turn of Excerpt 3.

Excerpt 3		
5	CT	hopefully you are already aware of the necessary prevention measures so that is definitely right because today you did in fact come in as positive which [is why]
6	IP	[yes]
7	CT	that for 7 days ... (1) at least you will go into isolation right
8	IP	yes
9	CT	you know this right so definitely stay home so the virus uh diminishes or its spread at least uh stay as far away as possible from your family definitely cover your nose and mouth at all times should you couze=uh cough or sneeze correct use of the bathroom what do we mean by that uh do you live alone or not?
10	IP	... (1) uh yes I live together with my boyfriend but we have two homes so we have just uh [decided]
11	CT	[oh]

12	IP	that I will go to mine and he to his
13	CT	@ there we go that's great right
[.]		
25	CT	but uh separate uh u-uh use of the toilets is really great and always uh put the lid down disinfect properly always disinfect the surfaces properly and that's very important=and always proper ventilated air in your home so air properly
26	IP	yes
27	CT	and [obviously]
29	IP	[yes]
30	CT	also keep washing your hands and obviously keep disinfecting right

In this excerpt, the tracer suggests that the patient is probably already aware of some of the government's recommended prevention measures by expressing the hope that most of the information has already reached the patient. Note that this sequence comes at the very start of the telephone conversation. The tracer's use of the term “hopefully” (turn 5) can be interpreted as carrying moral overtones. Moreover, the tracer continues the information supply by implying that the index patient will already know what is expected (“you already know this” in turn 9), while nevertheless explicitly going through the listed measures of the contact tracing script. For instance, turn 25 not only details the rule “appropriate use of the toilet,” the contact tracer here also engages in a brief clarification sequence which is first announced (cf. “what do we mean by that?” turn 9) and is then subsequently initiated by a query (“do you live alone, or not?” turn 9). In the turns that follow, the rule for safe toilet use is applied to the patient's home context.

The onset of the above sequence is in some respects different from the approach which many contact tracers take. Quite often in our corpus, a contact tracer introduces the long list of measures mentioned in the script by stating the likelihood of the patient's awareness, adding that the tracer nevertheless “must go through them” for the sake of thoroughness. This is reminiscent of Brown and Levinson's (1987, pp. 122–125) ‘presupposition manipulations,’ in which speakers invoke presumed shared knowledge with the hearer in an attempt to redress a face threatening act, as in the request: “I know you cannot bear parties, but this one will be really good – do come!” However, in Excerpt 3, the stance is somewhat different, precisely because of the arguably moralizing replacement of ‘likely’ or ‘probably’ by ‘hopefully’ in turn 5. One can imagine an index patient who is not that in tune with the Covid-19 measures to be potentially insulted by the strategic appeal to pre-existing knowledge. In other words, interactional strategies of positive redress may backfire, and an assumption of ‘likely’ familiarity is probably less risky than one of an expressed ‘hope’ of familiarity.

5.2. Upgrading and downgrading formulations

While the display of sensitivity to the patient's knowledge status provides one way of dealing with clients one has not met before, which may contribute to successful awareness raising, contact tracers may also seek to secure compliance by upgrading (and in some cases, downgrading) the relevance or importance of specific prevention measures (Bilmes, 2018). Excerpt 4 illustrates how the specific rule “wear a face mask” is nuanced and negotiated interactionally.

Excerpt 4		
269	CT	... (0.8) uh so [for]
270	IP	[yes]
271	CT	you yourself it really is important that you uh remain careful if you are close to him do you wear a mask when you are close=[close]
272	IP	[yes]
273	CT	to him in the same room or?
274	IP	... (2) ((hesitantly)) uh I have not when we-we do when we are taking care of him but=but when we are just in the same room then not
275	CT	no? ok but you do keep enough distance then?
276	IP	... (1.8) yea w-well yes of course
277	CT	yes well uh do in fact try to keep that distance as much as possible wear a mask when you have to be in close proximity to your husband uh additionally make sure to regularly uh ventilate the room right= if you are in the same room with distance but y- if you keep the windows shut then the virus can actually start to expand so it really is important to ventilate enough so those virus particles are uh well yea ventilated

When the contact tracer asks the index patient (in turn 271) whether she wears a protective mask when in the same room as her partner, who was recovering from surgery, the index patient initially responds hesitantly, and reports that this varies: she wears a mask when she takes care of her partner, but not when they are simply together in the same room. In response, the contact tracer seeks further clarification (turns 273 and 275), apparently preparing the ground for a justification of the index patient's reported tendency to not always wear a mask. The contact tracer provides context-sensitive advice, which is tailored to the index patient's specific situation, and,

in doing so, downgrades the public health appeal to constantly wear a mask indoors to prevent further spread of the virus when in the co-presence of a fellow dweller. Instead of affirming the rule, the contact tracer focuses on the complementary advice of ensuring proper ventilation of the room, which is not a prevention measure that is mentioned explicitly in the contact tracing script.

A contact tracer may also upgrade the gravity of the situation, as exemplified in Excerpt 5 below. Immediately before this excerpt, the index patient asked the contact tracer why he is being called a second time. The tracer briefly explains that new case files are now made for each member of the family, and stresses how important it is that the index patient cooperates.

Excerpt 5		
138	CT	=that's why you uh have been contacted these past few days . right to take a [look at]
139	IP	[yes]
140	CT	uh to protect the people around you . right protect [your family=]
141	IP	[yes=]
142	CT	=protect your co-dwellers since uh. yea it's a disease= it's really not something to laugh at mister=uh [FIRST NAME] it's uh very uh
143	IP	[yes ok]
144	CT	[very] dangerous of course right we really should uh [instill]
145	IP	[yes]
146	CT	some carefulness right that's why we do this . right this is purely for your [safety]
147	IP	[xxx]
148	CT	for your protection too right
149	IP	okay

In a series of categorical classifications (“it's a disease” in turn 142, “very dangerous of course” in turn 144, “purely for your safety” in turn 146, “your protection too” in turn 148), the contact tracer in this excerpt scales up the risk associated with a Covid infection. Quite likely, this forms part of an attempt to secure compliance with the measures that apply. Notice the additional references to responsibility for the “the people around you” (turn 140) and “your co-dwellers” (turn 142), as well as the use of a formulation which underlines the seriousness of the situation: “it's not something to laugh at” (turn 142).

5.3. Joking and the use of humor

In addition to displaying sensitivity to patient knowledge and the calibration of formulations (up- or downscaled), contact tracers often draw upon the use of humor to alleviate the inevitably face-threatening character of the contact tracing call. Humor can aid the contact tracer in diffusing certain perceived or anticipated tensions.

It can also backfire and result in friction between the tracer and the patient.

In Excerpt 6 below, the contact tracer relies on a joking move to mitigate certain sensitive questions about the patient's private living conditions. The relevance of this in terms of awareness raising is that this bears on the application of the category of 'self-isolation', that is, the extent to which the patient can effectively self-isolate at home.

Excerpt 6		
52	CT	[yes] exactly right ... (1) uhm . now it is the case that the-the chance is . well the-the-what is being asked is definitely to stay as far away from your family as possible right . [uhm but it's] difficult of course
53	IP	[yes but . the&]
54	CT	you uh-probably do not live in a villa where everyone has a separate wing . right? @@
55	IP	no . @ unfortunately not . [no]
56	CT	[yes] most people I talk to . do not either= =they really do not . believe [me]
57	IP	[yes] I would think so
58	CT	but it's definitely very difficult and if you indeed cannot . uh-go in self-isolation . uh ... (1) [and definitely=]
60	IP	[yes=]
61	CT	=also with-how old are the kids by the way?

Following an upgraded formulation of the recommended measure (i.e., “definitely to stay as far away from your family as possible,” in turn 52), the contact tracer expands on the application of the rule with a pessimistic assessment of the size of the patient's home. Humor resides in the exaggerated comparison (in turn 54) with the ‘COVID-19 optimal’ condition of a house in which each dweller occupies a separate wing: “you probably do not live in a villa where everyone has a separate wing.” As can be seen in the excerpt, the contact tracer's joke is appreciated by the patient, who replies with laughter and responds jokingly with regrettable agreement (“unfortunately not no,” turn 55). Interestingly, even though the patient's positive response suggests affiliation and hence a successfully accomplished joke, the contact tracer nevertheless continues with an explicit justification of the patient's answer; the contact tracer reports that most people who are contacted do not live like that, and that self-isolation is a challenge (turns 56 and 58). In doing so, the tracer downsizes the effect of the joke, which was – perhaps somewhat ironically – already an attempt to mitigate the tracer's initial question regarding isolation. Humor is risky, and a Covid-infection is a serious matter. A patient could take offense at the joke, which is precisely what contact tracers may want to avoid in the first place. The transition from the joking turn pair to its justification marks a shift in tone: now the contact tracer is being serious and the topic shift in turn 61 functions as a clear segue into the next item of the script.

The contact tracer in Excerpt 7 below also uses humor to mitigate the instructions about isolation, compared to quarantine.

The joking turn occurs in turn 628. The index patient reciprocates.

Excerpt 7		
617	IP	@ so my husband is positive he has to go in isolation [right]?
618	CT	[yes] that's right and you [have]
619	IP	[yes]
620	CT	not yet [tested]
621	IP	[I]
622	CT	positive so you are just in quarantine so you can still complete essential activities . should [you still test positive]
623	IP	[ah so I can]
624	CT	tonight then you also have to go into isolation which means that you also you cannot go out anymore and that someone else will have to get groceries and that's how it works [actually]
625	IP	[okay so this afternoon] I can still&
626	CT	yes
627	IP	get groceries in a safe [way]
628	Ct	[yes] you can still go to the bakery=you can to the butcher . uh if you have torn pants then you are also allowed to get a new pair of pants now of course we do ask people to avoid this because I think you @ still have @ enough @ pants @ in your wardrobe @
629	IP	@ @
630	CT	to survive @ @
631	IP	@ @ @

The joke is that the patient can still go out to replace an imagined pair of torn trousers. In passing, note what is perhaps an unexpected formulation in turns 622–624: while awaiting a formal test result, the patient can go out to do shopping. This is a rather unusual piece of advice, as most other tracers in our corpus would urge citizens to stay inside while awaiting their formal test results. The “stay-at-home”-rule is being downgraded (see section 5.2 above). In any case, Excerpt 7 shows how, in a contact tracing call, humor can be used as a dynamic strategy, in this case to mitigate the imposition of an instruction. Humor, it is hoped, contributes to securing compliance.

A similar example can be found in Excerpt 8.

Excerpt 8		
286	CT	[yes] no exactly as soon as we have one uh symptom right like coughing a throat ache uh a sore feeling in the throat then a test really is [in order]
287	IP	[I did in fact] have

288	CT	yea no it's [really quite uh]
289	IP	[yea . yea] yes well I=will=tell=him-I=will=tell yes ok and then I have to @ go into a room and they have to bring my food- like they have to take care of me then right and I can only use one- like I can only use my own toilet [and uh . am I also allowed to]
290	CT	[yes they are obliged to treat you] they really are obliged to treat you like a princess right so that's really mandatory uh @ no but uhm [it really is uh]&
291	IP	[yes yea yea]
292	CT	the idea is [that they bring]&
293	IP	[@]
294	CT	food <i>et cetera</i> yes so uhm you can also see it as a positive thing right
295	IP	yes ok yes exactly I will let them spoil me
296	CT	[yes like that @]

In Excerpt 8, the patient demonstrates her knowledge of the instructions (*cf.* “then I have to go into a room ...”). Compliance is secured and arguably sealed with the contact tracer’s humorous comment: “they are obliged to treat you like a princess, right” (turn 290). The humor not only serves to soften the blow of the index patient’s isolation, but also reformulates an imposition (*cf.* the infected patient should not be doing things around the house) metaphorically and positively in terms of ‘treating someone like a princess’. Notice especially the joking, yet slightly risky formulation “they are obliged to” (turn 290). In this case, the index patient again appreciates the joke. Following the positive reception (laughter in turn 293), the tracer adds on to the humoristic comment, prompting the index patient to express agreement with the advice (“yes exactly”) and adopt the contact tracer’s suggested stance (“I will let them spoil me”). Although in this particular situation the joking has resulted in a display of reciprocity, one can certainly imagine how the humor could backfire as the tracer’s joke for instance implies that the patient is otherwise ‘not treated as a princess’. The use of humor as a mitigation strategy arguably is a delicate matter.

Humor also occurs as a mitigation strategy in the stages of the call where information is being obtained from the index patient. This can result in a relatively intrusive experience for index patients. Interestingly, responses which suggest failed mitigation tend to occur most of all when humor is directed at the person rather than situational humor. Excerpt 9 exemplifies the former.

Excerpt 9		
292	IP	xxx ((they were just now?)) it's all the same he said
293	CT	is it all the same are you sure? yea?

294	IP	well yea so well yes=yes=yes well yea xxx ((because we have already been))
295	CT	@@@ you are twins in all respects really&
296	IP	well yea
297	CT	even that is the same @@@
298	IP	y-yea that-that is all-all the same=
299	CT	=all the same your brother has not seen anyone else?
300	IP	. no . well no because we are always xxx ((together / but here))

Here, the contact tracer is discussing the contacts of the index patient’s twin brother. In turn 293, the contact tracer seeks additional confirmation for the information shared in the previous turn. In doing so, a potential face threat is manifested in the specific formulation of this question for confirmation: “is it all the same/are you sure?” (turn 293). At this point, the contact tracer makes a more person-directed joke, laughingly stating that the index patient and his brother are “twins in all respects really” (turn 295). Even though humor, and shared laughter specifically, can indeed be a valuable tool for generating and ensuring rapport between interlocutors (Jefferson et al., 1987), without a laughing ‘second’ as a response, this mitigation strategy can be considered unsuccessful (Jørgensen, 2019). The contact tracer’s attempted repetition of the joke in turn 297 offers the index patient another opportunity to show appreciation of the joke (Jørgensen, 2019, p. 391). The attempt fails (there is no laughter from the index patient). This again shows how the use of humor is not without risk. While it can take on a valuable transformative function and alleviate friction or predicted ill-perception, when it is not well-received, humor may end up compromising or threatening rapport. See Haakana (2001) on recipient-laughter as a troubles-resistive resource and Jefferson (1994) on failure to laugh as indexing troubles-receptiveness.

5.4. Expressions of affect and emotional displays

Throughout the contact tracing interactions, tracers are faced with index patients who voice personal concerns and respond emotionally. Although the contact tracers were strongly reminded by the Flemish Agency of Health and Care that the contact tracing call must be a care-centered conversation, they received limited training on how to respond empathetically and attend to expressions of emotion or affect. Consequently, we observed significant variation in how tracers attended to care-centered concerns during the contact tracing interactions. Our interest in this section is in how patient-initiated displays of affect and emotion are responded to, organized as their expression is, in interactional sequences. It may prove difficult for a contact tracer to secure compliance of an emotionally distressed patient (note equally how an orientation to institutional tasks constrains the display, recognition and validation of clients’ emotion

displays; Jørgensen, 2019).⁷ In other words, the transformative goal of a contact tracing call may in some cases require explicit attention to the worries and concerns which are voiced by the index patient, inviting on-record validations of distress and upset (compare with Muntigl et al., 2017, 2023 on comparable interactional work in psychotherapy).

In Excerpt 10 below, the contact tracer engages directly with the caller's successive expressions of affect.

Excerpt 10		
62	IP	I really am kinda [paranoid] in that regard @
63	CT	[uh] no okay . but do not = have = to = be so really paranoid but . keep the inner workings of the virus in mind right?
64	IP	yes
65	CT	uh [and then] work like that really right?
66	IP	[yes]
67	CT	uh=
68	IP	=yea uh even when I cook I always=wash my hands=and stuff because uh my colleagues said it themselves it's surprising that = that you got it@ because I do not know a- nobody who sticks to the rules as well as you do so I do find that a bit unfortunate
69	CT	nyea [e&]
70	IP	I did manage to last a while
71	CT	yes exactly [uh]
72	IP	[for uh]
73	CT	I was recently talking to a couple they had been [uh] locked up since [MONTH]
74	IP	[((coughs))]
75	CT	right? since uh [MONTH] @ so that was already uh-about 8 months right? and eventually they got it as well because of a short contact with of about half a minute so uhm . uh so you really do not have to feel guilty because of it=right [FIRST NAME IP] [uhm no]

⁷ Note in passing that the connection between various emotions and compliance with safety measures is subject to variation. With specific reference to the COVID-19 pandemic, Guo et al. (2023) report in their cross-national study (China, Germany, USA) how increased panic, anxiety and sadness tend to lead to higher compliance, while rising anger, loneliness, and impatience decrease compliance levels. However, as mentioned earlier, our primary interest here is not in mental states, but in the sequential dynamics of emotional display (Goodwin and Goodwin, 2000).

76	IP	[yea that was] bit uh but yea uh- you cannot stop it=right it's so strong I mean&
77	CT	no . exactly . what we can do is act the best way we can . right? [and uh]
78	IP	[yes]
79	CT	protect those that are of course closest to us right?

The index patient's admission of being "paranoid" about it all is responded to as unnecessary. The patient continues to voice affect: colleagues are quoted as being surprised that someone who took so much care in following the rules nevertheless got infected. The contact tracer responds to this with a 'second story' (Arminen, 2004), which echoes the symbolic significance of the index patient's brief narrative. It is about a couple who voluntarily quarantined but nevertheless contracted Covid. Echoing the caller's experience, the sequence is rounded up with an advice not to feel too guilty about contracting the virus. In this excerpt, the contact tracer's response to the successive expressions of affect disaffiliatively plays down the feeling, putting in the foreground instead the instrumental focus of the call: patients are advised to be aware of the virus' inner workings (turn 63), and an expression of disappointment at being infected is turned into a motivating conclusion with a moral angle: as the virus is so strong and cannot be stopped, we must "act the best way we can" (turn 77) and "protect those that are of course closest to us" (turn 79).

In a few rare instances, the index patient's voiced distress about their recent plight caused the conversation to drift away from the topical priorities of the contact tracing script. The index patient in Excerpt 11 below, an elderly woman, derails the conversational task by telling the tracer how she had recently lost her husband and was in an unfortunate feud with her neighbors because they had damaged a part of her home during renovation works. The tracer pauses the script and allows the patient to tell her story and voice her hardship in detail.

Excerpt 11		
108	IP	I am having [some] difficulties at the moment ((voice cracks))
109	CT	[yes] yes I can really understand that [madam]
110	IP	[yes uh] it's that whole situation
111	CT	yes=
112	IP	=yes . yes
113	CT	yes I'm uh-I'm sorry to hear that uh that your neighbor is acting [in such a way]
114	IP	[yes such] educated people . [a lawyer]
115	CT	[yes] yes [exactly]
116	IP	[yes the-] there was someone who said . you know about lawyers they think they have got=it [all]
117	CT	[yes]
118	IP	uh yes

119	CT	yes
120	IP	yes . and yet there's an insurance oh God . uh yes but yes the insurance will now try to continue yes I do not know the result yet
121	CT	nyea
122	IP	uh yes . it's not the end of the world no ((voice cracks))
123	CT	no but it's not [pleasant right] . no
124	IP	[oh well]
125	CT	no
126	IP	yes madam yes . look
127	CT	yes
128	IP	uh
129	CT	the best you can do is continue slowly step by step madam [and uh make sure that uh&]
130	IP	[well yea that's uh that's right but it's] sometimes- It's [sometimes difficult] why
131	CT	[it's difficult. yes]
132	IP	do you know when I feel best when I'm outside I=I- I can see the birds here [yes] I live by the forest
133	CT	[yes]
134	IP	. the birds here oh yes . in the=garden my chores in the garden but yes now there is not much work in [the garden right]
135	CT	[no no]
136	IP	I do have the moments- ((xxx))
137	CT	yes = yes
138	IP	well yes
139	CT	yes
140	IP	oh [how] one . can suffer
141	CT	[mhm] nyea . nyea true . unfortunately well [but uh]
142	IP	[yea right] yes . and none of it is necessary
143	CT	no . but still it happens

The excerpt quotes only a limited chunk of the topical digression. The sequence lasted from turn 36 until 224, and the themes resurfaced from turn 280 until 450. In other words, more than half of this 35-min conversation was spent on displays of support in response to the patient's affective expressions of distress. In addition to the details of hardship, the patient also reports on moments of consolation (turns 132 and 134). The tracer responds empathetically, by endorsing the client's voiced affect (e.g., turn 123 and turn 143), offering affiliative receipts through backchannel signaling a listening stance (e.g., turn 115), and expressing regret at misfortune (e.g., turn 113). Throughout this excerpt, and indeed most of the interaction, the tracer maintains conversational space for the index patient to engage in life-story telling. The exchange is fairly unique in our corpus, as virtually all

contact tracing calls in our corpus adhered far more closely to the tracers' script.

Beck & Ragan (1992) note how most institutional interactions come with leeway toward chat taking place alongside a focus on institutional task and purpose; such marks the empathic integration of interpersonal and task-focused dimensions in institutional encounters. In turn 123, the tracer explicitly adopts the index patient's perspective. The turn marks an undoubtable shift from an information-centered contact tracing call to client distress-centered talk. The contact tracer's response of shared affect in this turn comes at a point where the index patient minimizes her own complaints ("it's not the end of the world no") and then her voice cracks, in a (possibly involuntary) display of distress. Throughout the remainder of the conversation, the tracer repeatedly voices pieces of advice as a form of emotional support, this way allowing and arguably even encouraging the woman to continue her personal story. In other words, the contact tracing frame appears to have been temporarily transformed, as an additional layer of supportive chat in response to troubles talk is 'keyed' on top of the frame of the contact tracing interaction (Goffman, 1974, p. 40ff).

Does this exchange come close to therapeutic counseling? Across the corpus, we have noted the contact tracer's use of distress recognition turns, expressions of shared affect and non-specific supportive moves (e.g., turn 129 in Excerpt 11). We did not note any topicalizing responses which echo the strategies of emotion-focused therapy such as immediacy questions or modulating directives (Muntigl et al., 2023). Interestingly, *take-your-time* responses were only noted when index patients failed to come up with particular bits of information, but not when they displayed distress.

As was illustrated by the previous two excerpts, patient-centered support was an important aspect of the contact tracing conversation, but this is not to say that our corpus does not contain any instances in which the importance of a caring and empathetic stance is disregarded by the tracer. An example can be found in Excerpt 12.

Excerpt 12		
		and have you been anywhere Saturday morning?
94	I	(3) uhm . no
95	CT	. afternoon evening neither? for example to a&
96	IP	uh no then someone was here who turned out to be infected but I was here= =so someone ran into my car in front of my home
97	CT	okay
98	IP	so . but yea that contact was all outside from a distance with the person who-who caused the accident with the police there so . that was all outside and from a distance
99	CT	all from a distance . okay right . ok th- I'll return to the contacts later so yesterday you were . for half an hour . at work you said
100	IP	yes

101	CT	you work at an education-just at a school
102	IP	yes
103	CT	(3) okay let me see
104	IP	but the CLB is already handling that right= xxx (so to uhm) to check . the risks there
105	CT	okay alright (4) and you also did not . go to a party for example or to an event . by a sports organization
106	IP	no I did go to my parents= =as I said previously
107	CT	okay
108	IP	(5) parties aren't allowed by the way
109	CT	(2) yea now that everything has everything has been eased up uh . it could still happen
110	IP	[yes . yes]
111	CT	[I'm only asking] just to be [sure]
112	IP	[I have] an entire year . incredibly careful because I'm a high-risk patient
113	CT	okay but that's great
114	IP	((sighs)) so-so- (2) and now this weekend I saw a few more people because of that accident and because of . Mother's Day
115	CT	((repeats silently)) because of Mother's Day

In Excerpt 12, the contact tracer is in the process of asking the index patient about her contacts in the days leading up to the positive test result. Directly preceding the excerpt, the index patient informed the tracer that she had briefly seen her parents on Sunday to celebrate Mother's Day. In the cited excerpt, the tracer continues by asking the index patient if she has also seen anyone the day before, on Saturday. The patient answers that she did and elaborates on the unusual circumstances that caused the contact: a stranger had run into her car while it was parked on the driveway; as a result, the patient had brief contact with the driver and an unspecified number of police officers, one of whom later turned to have been infected with COVID-19. The caller ends this brief recount by mentioning how this interaction took place outside and at a safe distance from the other individuals.

In the subsequent turns, the tracer does not acknowledge the unfortunate event of the accident, and only summarizes the information that pertains directly to the contact tracing script, i.e., "all from a distance ok" (turn 99). The tracer announces a further return to "the contacts" in turn 99, and moves to the next item in the script, *viz.* the index patient's profession. The patient assures the tracer that the school's CLB – a Flemish educational support organization – has already been informed and will be taking the necessary precautions. This information prompts the tracer to proceed to the next item in the script and ask the patient if she has attended any other gatherings or parties. The patient replies in a frustrated tone, stressing that she had already mentioned the meeting with her parents (turn 106), and subsequently reminds the tracer of her awareness that "parties aren't allowed by the way" (turn 108). The caller goes on to highlight how she is a high-risk patient and had been very careful throughout the entire year, but that this weekend was exceptional because

of Mother's Day and the accident. Note how the tracer simply repeats the former ("because of Mother's Day," turn 115), while writing down the information.

Excerpt 12 is a telling example of how contact tracers may in some cases fail to respond empathetically during contact tracing interactions. In this specific example, the tracer does not invite the index patient to elaborate on the accident that presumably led to the patient's COVID-19 infection (turn 96). In fact, the accident itself is never explicitly acknowledged by the tracer, nor is the additional emotional impact of a positive test result. This is exacerbated in the final turns of the excerpt, when the index patient, who is audibly frustrated with the tracer, mentions she is a high-risk patient who had been avoiding regular contact for over a year and that the car accident was unfortunately one of the reasons she had seen more people during the weekend. Again, the tracer does not acknowledge the accident. Viewed from the point of the institutional task, this is irrelevant information. Nor does the contact tracer ask for clarification about the caller's status as a high-risk patient, while this would constitute a factor which warrants customized advice.

5.5. General rules and particularized advice

The interactional orientation of the instruction and advice stages of the contact tracing call can be identified as oriented to heightened awareness about the nature and scope of behavior-relevant categories such as 'isolation,' 'quarantine,' etc. for which general rules applied throughout the period in which contact tracing was conducted. In partial contrast with the non-person specific, across-the-board application of rules and measures, a considerable amount of interactional time appears to be invested in the assessment of how the categories apply to the individual caller, how they require translation to local circumstances, and in some cases, intensification, modification, even exception vis-à-vis the specific situation of the index patient. The field of play is that of real, envisaged, and desired behaviors in response to the conditions of the COVID-19 pandemic. Following Billig's (1985) seminal article on categorization work, the contact tracer can thus be viewed as engaged both in fitting realities into categories, i.e., categorization work, as well as adjusting individuals to the application of categories, in other words: particularization work, which, in some cases, renders categories malleable. As discussed in detail in Hall et al. (2006, p. 27), Billig's work emphasizes how the negotiation over the characteristic features of specific categories is often a matter of situational application and/or a source of argument and debate. Assigning an entity or instance to a category requires a formulation which can be both supported and challenged by specific circumstances.

Applied to the context of the contact tracing call, categorization and particularization work will be intimately related since it is primarily by investigating the relationship between general measure and the case of the index patient, that categories such as quarantine or isolation can be rendered meaningful and consequential in interaction. In the course of this, a range of interactional moves and strategies come into play such as: claim authority about a category, attend to the patient's affective response, appeal to responsibility or moral duty to observe a measure, work up the relevance of particular features, upgrade or downgrade a measure by rendering it in categorical terms or relaxing its importance, joke about the category, etc. Active categorization/particularization work is likely to be fundamental to a

client's awareness about and acceptance of a measure or rule, including the action imperatives which it entails (Mäkitalo, 2014).

One brief example here, which quotes a short sequence from one call, underlines the contact tracer's active work of categorization. Tying together the observations made in the different results sections, in this instance, the contact tracer avails himself of an upgraded formulation, a particularization and face-redressive appeal to the brevity of the measure.

Excerpt 13		
84	IP	uhm . so me- alone in a room and they can-cannot leave our home?
85	CT	yes so theoretically if you live in uh an apartment theoretically the husband and the children can just walk around in the apartment but you really have to be separate . stay in a separate room
86	IP	mhm
87	CT	also sleeping by yourself ideally separate at least because I personally find one and a half meters too short three w-three @ I always say three stay three meters apart from each other [or]
88	IP	[yes]
89	CT	but just power through for a bit then it'll hopefully be over soon

In the exchange, the measure of recommended self-isolation is being worked up interactionally, while being applied to the specific situation of the index patient. We note the use of a core formulation (turns 84–85: in principle, no one can leave the dwelling; turn 85: the index patient is alone in a separate room). Detailed qualifications are added for physical distance (turn 87: there is upgrading in the insistence on 3 meters physical distance, instead of the standard publicly recommended one and a half). The contact tracer adds a particular distribution of roles as to who can walk around freely and who needs to secure the distance (infected patient: “in a separate room” vs. the others: “just walk around in the apartment”). The instructions are couched from the dwellers' perspective as unpleasant but necessary (“power through for a bit”) and, further minimizing the imposition on the dwellers' freedom of movement, as an uncomfortable situation which hopefully will not last long (“hopefully be over soon”).

Active categorization work during interaction is arguably conditional for the accomplishment of raised awareness about categories of social reality and their acceptance in particular terms. Active categorization work equally invites attention to the various tensions and pitfalls which surround the successful interactional accomplishment of transformative sequences of talk.

6. Conclusion

In this paper, we have shed light on the characterization of COVID-19 telephone contact tracing in terms of doing ‘transformative

work.’ Our analysis of the recorded conversational sequences has laid bare the complexity of this kind of work by highlighting some of the inevitable interactional challenges which occupational contact tracers face in the institutional accomplishment of the envisaged outcome of raising index patients' instrumental awareness which is key to the task of contact tracing. Particularization work turns out to be central to this. This aligns with the idea of a contact tracer as an initiator who is professionally required to interact responsively in the telephone contact with index patients. Specifically, we have addressed the dimensions of dealing with clients who are already quite knowledgeable about the envisaged outcomes of the contact tracing call, the use of humor and other mitigating strategies in the delivery of unpleasant behavioral directives, as well as the specific use of formulations which up/downgrade the relevance of instructions – and, finally, the paradoxes which surround client-initiated displays of emotion and affect. The contact tracers' professional-occupational engagement with the interactional contingencies of displays of affect and distress hints mostly at the use of more general empathetic response turns, while underlining the potential tension between experience sharing and the effective pursuit of instrumental goals, in this case: getting people to behave in a way which is instrumental to containing the spread of COVID-19.

Interactional analysis of telephone tracing practice is relevant for institutional practice. It can contribute to an enhanced understanding of how the institutional work is actually being accomplished in moment-to-moment sequences of talk. In this way, the perspective on its *ongoing*-ness and its susceptibility to the ‘local conditions’ of dealing with real clients and their specific situations can become a useful resource for fostering reflexive practice and professional-occupational self-awareness. Reflexive analysis which highlights toolkit adaptivity in accordance with local interactional affordances are undoubtedly useful in a framework for training which goes beyond the instilling of particular communicative values and the prescriptions of a particular preferred script.

7. Transcription conventions

The following conventions were used when transcribing the data reported on in this chapter (cf. Du Bois, 1991):

.	short pause.
... (0)	long pause expressed in seconds (starting from 1”).
[xxx]	overlap.
((xxx))	interpretative comment
&	interruption.
=	latching.
@	laughing.
-	self-repair.
?	rising intonation.
xxx	unintelligible.

Data availability statement

The datasets presented in this article are not readily available because requests to access the datasets should be directed to [Stef. Slembrouck@UGent.be](mailto:Stef.Slembrouck@UGent.be).

Ethics statement

The studies involving human participants were reviewed and approved by (1) for Ghent University, Ethics Committee, Faculty of Arts & Philosophy, (2) for the University of Antwerp, Ethics Committee, EASHW (Ethical Advice Social & Human Sciences). Oral informed consent for participation was obtained. Written informed consent was not required for this study in accordance with the national legislation and the institutional requirements. Consent was obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

Author contributions

SS was the PI of the UGhent leg of the project, acted as first author, drafted the manuscript while assuming final responsibility for the paper. MV was the PI of the UAntwerp leg of the project, acted as second author in a detailed feedback role. RDT was employed by the project as a research officer, drafted the initial excerpt analyses, and provided the data translations. ASB was employed by the project as a research officer. SVDG was briefly employed by the project as a research officer and conducted the interview analyses in the first stage of the project. SS, MV, RDT, ASB, and SVDG contributed to the conceptual planning of the manuscript and the motivated selection of cited data fragments was done as a team. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Strategic use of observer-perspective questions in couples therapy

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Questions are one of the most frequently used strategies in therapy. There is a body of theoretical work on the kinds of questions that are preferred in specific treatment approaches. However, research on the use of questions in general, how they are formed and what specific therapeutic work they do, is relatively scarce in the literature. In this study, we use the conceptual framework and methods of conversation analysis (CA) to examine how systemic questions soliciting clients' perspective on the partners' thoughts and intents (Observer-Perspective Questions; OPQs) are realized interactively in actual clinical practice and the range of therapeutic work they perform in couples therapy. We identified 78 OPQs from archival data of videotaped time-limited couples therapies, a clinical population working with a professional therapist. From this set of 78 OPQs, five excerpts representing diverse use of OPQs were selected. These excerpts were transcribed in detail capturing not only the textual content but also the prosodic, gestural, and non-verbal aspects of these episodes. Using CA methodology, we identified four specific kinds of changes these questions can promote: progress toward relational optimism, support of positive aspects of the couple's relationship, promoting the concept that the couples' experiences and emotions are interlinked, and introducing new creative relational options. Detailed CA analyses of these clinical excerpts allowed us to identify how the OPQ sequences were built to realize these therapeutically useful moves using various conversational resources progressively and interactively. The conversational analysis of these sequences facilitated the exploration of relationships between the ways the questions are formed, timed, and delivered and the specific functions they perform to move the therapy forward. In conclusion, we make the general argument that examining important therapy events through a CA perspective provides a significant complementary vector to quantitative research on the therapy process.

KEYWORDS

conversation analysis, epistemics, questions, reflexive questions, relationship, couples therapy, emotions

1. Introduction

Dictionary definitions of “questions” often prioritize notions such as “interrogative sentences or clauses... which are designed to elicit information, defined by syntax or grammatical structure” (e.g., [Merriam-Webster, 2019](https://www.merriam-webster.com/dictionary/question)). In the praxis of therapy, the grammatical question form is one of the most frequently used ([Hill, 2020](https://doi.org/10.1080/08931240.2020.1811111)) and can be designed to achieve a vast variety of functions; however, eliciting information is a very small subset of the potential designs.

Although therapists commonly ask questions during therapy, the literature (theoretical and empirical) on questions is relatively sparse (Williams, 2023). In most of the available psychotherapy literature, questions are simply divided into two categories: “Open questions”—often using *wh-pronoun* forms (e.g., what, who, when, and why); these types of questions are designed to have the effect of encouraging exploration or elaboration on the topic. The second category is “closed questions”; these solicit relatively succinct concrete information or a yes/no answer. Some theories of therapy—e.g., client-centered and humanistic—avoid closed, interrogative questions and favor open-ended formulations (if questions are to be used at all), whereas others (e.g., CBT) are more welcoming to the use of questions and do not promote one type over the other (Elliott et al., 1987; Hill, 2020). Moreover, “open” and “closed” are very coarse distinctions. Questions in psychotherapy fulfill a diverse and rich range of functions and are a fundamental component of psychotherapy practice.¹ While questions are ubiquitous in all forms of “talk therapy,” some treatment orientations focus on particular types of questions to accomplish specific goals, and the use of these questions is a core element of treatment. For example, *Socratic Questions* are used in Rational Emotive Therapy (RET) and some implementations of CBT, to clarify false and/or dysfunctional beliefs (Ellis, 2019; Beck, 2021); Brief Solution Focused (BSF) therapy uses *Hypothetical* (a.k.a., “Miracle”) *questions* to direct the clients’ attention to specific, attainable, but previously neglected solutions (de Shazer et al., 2007). The “Milan School” of Systemic Family Therapy (SFT) developed the notion of *Circular Questions*—soliciting from each participant information about her/his notion of how *other members of the system* think about or perceive certain relational issues. For the Milan version of SFT, these circular questions became a way of re-formulating the identified patient’s issue as embedded in a dynamic family context which, they argue, is essential in achieving a collaborative/interactive solution (Palazzoli Selvini et al., 1986).

The most in-depth and influential theoretical work on the use of questions—with a particular focus on family and couples therapy—was offered in a three-part article by Tomm (1987a,b, 1988). Tomm examined the formal properties of questions in the context of therapy and focused on a type of question that is particularly helpful: reflexive question(s) (RQ). He defined RQs as “*Questions asked with the intent to facilitate self-healing in an individual or family by activating the reflexivity among meanings within pre-existing belief systems that enable family members to generate or generalize constructive patterns of cognition and behavior on their own*” (Tomm, 1987b, p. 197). Within this broad category of reflexive questions, he listed eight specific types: Future-oriented questions, Observer-Perspective Questions, [Unexpected] Context-change Questions, Embodied-Suggestion Questions, Normative-Comparison Questions, Distinction-Clarifying questions, Questions Introducing Hypothesis, and Process-Interruption Questions. Tomm’s original lists of question types were subsequently critiqued suggesting that, rather than specifying distinct types or forms of questions, there was

often considerable overlap between categories and they instead identified the therapeutic work or goals that they were designed to achieve. Nonetheless, these seminal articles continue to enrich and influence our understanding of the range of work questions can do, not only in family and couples therapy but also in individual treatment as well (Collins and Tomm, 2009).

It is important to note, however, that almost all of the current research on this topic² considers the typology and the use of questions in therapy from a theoretical and therapist-oriented perspective. The available literature focuses on the rationale for using questions, identifies several goals to be achieved, and, in many cases, provides hypothetical examples of the use of questions in therapy. Moreover, investigations have tended not to focus on the following important issues: How are questions designed and realized in real clinical contexts? How do they unfold sequentially and interactively? How do questions perform relational work over time when used with couples or families? In short, there is a lack of examination of the kinds of immediate and short-term impacts these questions have on the subsequent discourse. There are studies of the interactional use of questions in everyday conversations (Stivers, 2010), but very few of these studies address the use of questions in the context of the formal discipline of psychotherapy, and, as we saw above, the context of therapy affords special opportunities (and perhaps risks) in the use of questions. The study we present here aims to be a step toward addressing this lacune.

The theoretical and practical bases of our study are grounded in conversation analysis (CA) (Heritage, 2005; Sidnell, 2013). While we are motivated by our overarching goal as stated above, realistically we had to consider the limits of our resources: Within the practice of psychotherapy, questions have a wide range of uses. We therefore selected a relatively narrow (rather than representative) variety of questions for this study: We focus on the category of questions identified by Tomm as “Observer-Perspective Questions” (OPQs) within the context of Narrative treatment modality in which the use of these kinds of questions is closely linked to the theory and method of treatment (White and Epston, 1990; de Shazer et al., 2007).

At a more general level, our research is situated in the context of complementing research approaches to better understand the psychotherapy change process. A majority of research on the psychotherapy process, both theoretical and empirical, focuses on identifying particular interventions and sequences that will result in effective and efficacious treatments of clients’ psychological distress. The common theme among these important contributions is an attempt to answer the “*what*” [works] question of the therapy. The important “*how*” [it’s made to work] aspect of the change process is, by and large, left in the margins in these designs. CA-based research takes a complementary perspective and focuses on how important events in therapy unfold in “talk therapy”; how these interventions are realized and made effective. For the most part, the focus of these CA investigations in CT and FT has been on the therapeutic alliance

¹ For an extended theoretical discussion of the forms of questions in therapy, see Hill (2020) and McCarthy et al. (2021).

² For exceptions, see Williams (2023) on frequency of use and Hill (2020) and Anvari et al. (2020) on relation to outcome.

(Muntigl and Horvath, 2016), therapist-client collaboration (Sutherland and Strong, 2011), resistance (Muntigl, 2013), so-called “change moments” (Couture, 2006, 2007), therapeutic agendas (Gale, 1991), spouses claiming independence and control (Janusz et al., 2021), ascriptions of blame (Buttny, 1993; Edwards, 1995), client complaints (O’Reilly, 2005; Peräkylä et al., 2023), and the familial moral order (Hutchby and O’Reilly, 2010; Wahlström, 2016). A “critical methodological review” arguing for the benefits of using CA to study family therapy is given by Tseliou (2013). We hope that the research we present in this study will not only serve to better understand how OPQs work in couples therapy but also strengthen the argument that CA research into the psychotherapy process can provide an important complement to the more traditional process research designs.

Questions have been shown to be a primary vehicle for getting therapeutic work done (Ferrara, 1994; Peräkylä, 1995; Vehviläinen et al., 2008). Questions are grammatically designed in various ways but most appear in a *polar* or *Q-word* format (Stivers, 2010). Question–answer sequences have been shown to perform various kinds of discursive work, and the important role of questioning in institutional discourse is a burgeoning area of investigation (e.g., Freed and Ehrlich, 2010). During medical consultations, for example, questions have been shown to set the agenda, embody presuppositions, display an epistemic position, and make visible response preferences (Heritage, 2010). By setting the agenda, questions make a certain topic of enquiry relevant. Thus, questions may be seen as *topicalizing* a certain problem, relationship issue, past event, and so on; questions may also, in addition to requesting new information, presuppose certain information/knowledge that an answer may implicitly ratify. Because they seek information, questions may imply that therapists have less knowledge or are in an epistemically downgraded position vis-à-vis spouses. Therapists may specifically flag this downgraded knowledge or may even upgrade their knowledge status through specific turn design features; finally, questions invite certain kinds of *response preferences* (Schegloff, 2007), such as *confirmation* following a yes/no question or an answer supplying the requested information following a *wh*-question. Complying with these preferences is considered to be affiliative (Stivers et al., 2011). CA-based studies have begun to identify some important functions of questioning in health assessment and therapeutic interactions, which include the following: attributing the client with positive attributes or so-called optimistic questions (MacMartin, 2008); hypothetical questions to test patients’ views or commitments regarding treatment (Speer, 2012); reflexive questions that “*elicit, clarify, and unpack clients’ reasoning—their explanations of and reflections on their own experience*” (Gaete et al., 2018, p. 125) and circular questioning to elicit a client’s perspective about a co-present other’s beliefs or feelings (Peräkylä, 1995; Rossen et al., 2020; Lester et al., 2022).

Our particular interest in this study was to examine the interactive organization of OPQs in couples’ therapy. From a general interactional perspective, OPQs invite clients to reflect on the experience (e.g., perspective or feelings) of someone else belonging to their social network (e.g., spouse, friend, and parent). According to Tomm (1987b, p. 5), OPQs “are oriented toward enhancing the ability of family members to distinguish behaviors, events, or patterns that they have not yet distinguished or to see

the significance of certain behaviors and events by recognizing their role as links or connections in ongoing interaction patterns”. Furthermore, although there is an element of “mind-reading” associated with these question types, the focus is *interpersonal* and can be used to draw attention to recursive relationship patterns (Tomm, 1987b). Interactionally, OPQs have been shown to elicit “relationship-relevant” talk, draw attention to the systemic nature of problems and overcome resistance (Peräkylä, 1995). Although OPQs have been studied in AIDS counseling (e.g., Peräkylä, 1995), how such questions are used in couples therapy sessions to foster connectedness between spouses remains to be explored.

2. Methods

2.1. Data and participants

The excerpts analyzed in this project were selected from a prior study designed to examine change processes common to various forms of couples therapy (Horvath et al., 2010).³ Clients were offered free time-limited (six sessions) treatment by qualified and experienced couples’ therapists with a minimum of a Masters’ degree in a relevant field. Therapists provided treatment as they would to their private clients and were paid for their services.

In this study, we aimed to show how CA may be applied to clinically relevant episodes of CT conversation and how OPQs may play a unique role in getting this therapeutic project underway. To illustrate CA in practice, we will be drawing on transcribed extracts of videotaped recordings from couples who have undergone treatment using a combination of narrative and solution-focused techniques (White and Epston, 1990). The excerpts feature the same therapist working with two different couples: Case 10 self-identified “communication” as a common concern⁴, and Case 16 dealt with a legacy of an extramarital relationship; for both cases, the aggregated post-treatment outcome was in the “improved” category.

2.2. Analytic approach

CA is the principal method used in this study (Heritage, 1984; Sacks, 1995; Schegloff, 2007). Following Sidnell (2013), our analytic method consisted of three parts: (1) observation; (2) identifying and collecting a corpus; and (3) describing a practice. For the first step, we observed, from watching videos in which the narrative/solution-focused therapist in question worked with couples, that he would commonly ask questions seeking the respondent’s perspective of his/her spouse—which we have labeled above as OPQs. We thus

³ Clients signed informed consent forms permitting the use the transcripts for research purposes. The transcripts are anonymized to remove the potential links to the actual persons involved; the research protocol was approved by the University Ethics Review Board.

⁴ A third couple, Case 8, was also analyzed for OPQs, but we chose not to include extracts from this couple in this study mainly for reasons of space. We chose instead to focus on two cases in which OPQs were deployed and negotiated over longer stretches of conversation.

TABLE 1 Transcription notation.

Transcription notation			
Symbol	Meaning	Symbol	Meaning
[Starting point of overlapping talk	↓word	Markedly downward shift in pitch
]	Endpoint of overlapping talk	↑word	Markedly upward shift in pitch
(1.5)	Silence measured in seconds	.hhh	Audible inhalation, # of h's indicate length
(.)	Silence <0.2-s		
.	Falling intonation at end of utterance	hhh	Audible exhalation, # of h's indicate length
,	Continuing intonation at end of utterance	heh/huh/hah/hih	Laugh particles
?	Rising intonation at end of utterance	wo(h)rd	Laugh particle/outbreath inserted within a word
(word)	Transcriber's guess		
()	Inaudible section	hx	Sigh
wor-	Truncated, cut-off speech	~word~	Tremulous/wobbly voice through text
word	Prolongation of sound	.snih	Sniff
word=word	Latching (no audible break between words)	huhh.hhihHuyuh	Sobbing
<word>	Stretch of talk slower, drawn out	>hhuh<	Sobbing—if sharply inhaled or exhaled
>word<	Stretch of talk rushed, compressed	((cough))	Audible non-speech sounds
°word°	Stretch of talk spoken quietly	<i>italics (blue)</i>	Non-verbal behavior (actor indicated by initial)
<u>word</u>	Emphasis		
WORD	Markedly loud		

wanted to explore this action further. This led us to the second step of identifying and collecting sequences targeting OPQs from the transcripts of all 3 cases (18 sessions). Some examples of this question type were as follows: “Where does he get the idea from that you have already made up your mind?”; “Does she know what’s going on for you when this happens?”; “Is your going there a problem for her?”; “How does he let you know that your opinion doesn’t count?” All sessions were transcribed in this step following the CA transcription conventions (Hepburn and Bolden, 2013). The transcription conventions used in this study are shown in Table 1. For the third step, we drew from Sidnell (2013, p. 83) distinction between *practices of speaking and the actions they implement*. Although the central action is implemented via a question that seeks information, the “practices of speaking” refer to features of turn design that are consequential for bringing about the action of questioning. Thus, we were interested in identifying different ways in which OPQs are grammatically and interactionally designed and how these design features may impact on how the spouses orient to the question. To properly contextualize our analysis of OPQs, we examined these actions in terms of how they were embedded in a sequence of talk (Schegloff, 2007). The minimal unit to examine these constructions involved three parts: Question(Therapist)—Response(Client)—Return Response(Therapist). Responses within the sequence were also considered with regard to two distinct concepts: *Affiliation*, in terms of, for example, whether spouses answered the question straightforwardly (or delayed answering through other-initiated repair, Schegloff et al., 1977) or whether therapists confirmed

or disconfirmed the spouse’s response—an elaborate discussion on affiliation can be found in Lindström and Sorjonen (2013); *Epistemics*, in terms of how the therapist displayed himself as having less or “downgraded” knowledge or spouses displaying themselves as having “upgraded” knowledge or as lacking the knowledge to answer appropriately (see Heritage, 2012). Other relevant concepts will be briefly explained as they are introduced during the analysis of the extracts. Finally, because our aim was also to explicate how OPQ sequences may be seen as performing interactional work that aligns with systemic therapeutic aims, we also considered how these question sequences accomplished a certain quality of connectedness between the spouses or, more plainly, did relationship work.

3. Results: questions seeking other perspectives

A total of 78 examples of OPQ question sequences targeting other perspectives were identified in the data. From this corpus, we identified four distinct practices in which these questions performed interpersonal work: *Soliciting possible optimistic scenarios* (Hypothetical questions; $n = 9$), *drawing attention to other’s relationship-fostering conduct* ($n = 37$), *facilitating awareness of other’s knowledge* ($n = 10$), and *exploring barriers to productive ways of relating* ($n = 22$). In the first type, *hypothetical questions*, therapists would solicit a spouse’s view on how the relationship could become better if some aspect of the other spouse’s experience

were to change (i.e., knowledge and feelings). “If/then” and “What if...” are common linguistic practices for getting this action underway. For the second category, *drawing attention to other’s relationship-fostering conduct*, the therapist would get the spouse to focus on the other spouse’s positive contributions to support the relationship in the *here and now*, rather than hypothetically. Commonly turn designs identified were “How does s/he show you Y?” or “Have you noticed her/him doing Y?”. The third category, *facilitating awareness of other’s knowledge*, draws unique attention to what the other spouse might not be aware of (or even the spouse’s lack of awareness of what the other knows...) and, furthermore, that helping the other spouse to gain this knowledge may produce relationship benefits. Common generic turn designs for this category were “What does s/he know/not know?” Finally, *exploring barriers to productive ways of relating*, this OPQ type gets the spouse to reflect on the reasons why the other spouse might be holding back with regard to conduct or emotions. Some common formats for accomplishing this action were “Why does s/he do/not do/stop doing Y?” Brief conversational extracts illustrating each of these actions are shown in the following subsections.

3.1. “If X, would...?”; “What if...?”: soliciting possible optimistic scenarios/hypothetical questions

Hypothetical questions have been described as commonly having an “If/then” or “What if” action format (Peräkylä, 1995; Speer, 2012). A hypothetical question is shown in [Extract 1](#), occurring approximately 15 min into session 2. Prior to this extract, the couple, Melvin and Leyla, had been discussing the importance of their *own* personal relationships with family members (i.e., brother, sister, parent, and cousin). Melvin had mentioned how he valued conversations with his uncle, especially after the death of his father, and the importance he placed on his annual family trips (without Leyla) in order to connect with his family members. Melvin also complained about what he perceived as Leyla not respecting or understanding his need to be with his family.

At the beginning of [Extract 1](#), the therapist asks a question in yes/no interrogative form (Can you...?). The question is also designed from what may be termed a “not-knowing position” (Anderson et al., 1992), which clearly positions the therapist as having *downgraded epistemic access* to Melvin’s perspective (Heritage, 2012). Thus, by requesting that Melvin “help me:: to understand”, the therapist is seeking more than a “yes” or “no” but rather a clarification or extended telling from Melvin. In lines 04–09, Melvin then produces an account, in which he claims that Leyla does not share the same priorities and may not always recognize what could be important for Melvin. We note that Melvin designs the beginning of his turn as an *opinion* (I would say that), which not only indexes that what he is about to say may be controversial (i.e., Leyla might disagree or have a different viewpoint) but also seems to orient to Leyla’s greater epistemic rights. Melvin is, after all, accounting for what Leyla thinks. In response, the therapist asks a hypothetical question that gets Melvin to consider how Leyla might have a different perspective

on Melvin’s situation if she understood how important certainly family matters were to Melvin. On the one hand, the question proposes an alternative scenario for the couple, one in which Leyla’s thinking was more in line with Melvin’s. On the other hand, the question generates agreement from Melvin concerning a more productive and positive relationship scenario: Leyla understands Melvin’s needs. In line 17, Melvin initiates an *other-repair sequence* with “^Say that again.^” (Schegloff et al., 1977) but also leans in toward the therapist, displaying more bodily engagement with what is being proposed. After the therapist’s repair, Melvin produces weak confirmation (line 21), leading the therapist to redo the latter part of the hypothetical question. This, in turn, yields strong agreement from Melvin. To conclude, it would seem that the hypothetical question, by introducing a more productive scenario from Melvin’s (but also the couples’) perspective, suggested a way out of the dilemma, secured agreement from the client, and gave them a possibility to move forward. Furthermore, this positive movement unfolded sequentially over a series of turns, with the therapist first adopting a “not-knowing” stance concerning Leyla’s reasons, which resulted in more elaboration from Melvin. This then created a good context for a hypothetical question that targeted a possible scenario in which Leyla would be more supportive and understanding of Melvin.

3.2. “How does s/he show you Y?”: drawing attention to other’s relationship-fostering conduct

Some questions targeting other perspectives from a spouse are framed so as to draw attention to what the other spouse may be thinking, feeling, or doing. These questions may appear as getting the spouse to explain or illustrate the other’s actions or thoughts/feelings and how these may have a positive benefit for the couples’ relationship. They may also be designed in a more tentative manner as what the spouse has *noticed* about the other. An example of this question type is shown in [Extract 2](#), taken from a different couple—Colin and Anna—occurring approximately 40 min into session 2. One of the main issues besetting this couple was that Anna had an affair some years back and Colin recently found out, many years after it had happened. This event caused much tension in the relationship, with Colin feeling hurt and cynical and often expressing these sentiments.

Colin begins this extract by recounting the disappointment he felt when Anna slept with another man. In line 08, T affiliates with Colin’s turn by *formulating* his feelings of hurt (It hurts.=doesn’t it.)⁵, which received immediate confirmation and subsequent upgraded confirmation produced in a quiet voice [°(It does/sucks)°]. In line 13, the therapist picks up on Colin’s incipient emotional display by asking whether he *still* feels the hurt, thus highlighting Colin’s pain in the present moment of therapy for Anna to witness. Then, following minimal

5 By *formulating*, in this position in sequence, we mean ‘providing the upshot’ of what Colin had felt when he discovered his wife had slept with another man (Antaki, 2008).

Extract 1 Case 10-2/603.

1 THER: Can you help me:: to understand (0.4) the way in which
t gaze to M-->

2 she treats them that bothers you so much?
l turns head toward M, upward, lips pursed

3 (9.1)
l shifts gaze bet/M & T

4 MELV: I would say that (1.0) uh:m (1.7) she doesn't (.)
l lowers hear, rubs eyes

5 prior(.)terize (2.2) uh::hhx (1.4) put as much
l gaze forward

6 priority on'em as: as: I may do?
l gaze upward

7 (0.2)

8 MELV: (°like°) something that may be very important for me, (1.2)
 may be an afterthought for her.

9 (1.1)

11 MELV: and

12 (0.7)

13 THER: > Mm mh. if she was to hold them in the same level
 of priority as you would, would you be? would she
 be seeing them differently?

16 (3.5)

17 MELV: ^Say that again.^
m leans in toward T-->

18 THER: If she was to be seeing (.) those relationships or
t leans in toward M-->

19 having seeing those relationships=giving them the same
 level of priority as you do,

21 MELV: Yeah
m nod

22 THER: would she be looking at them differently,
 (1.1)

24 MELV: Oh most definitely=
m sits up/back slightly

client confirmation, he launches into his OPQ (lines 15–18). The question does various kinds of interactional work. First, it shifts the topic from “Anna hurts Colin” to the more emotionally supportive “how does Anna now show you that she cares/wants to repair the trust”; second, it tries to get Colin to consider more prosocial motives on Anna’s part (i.e., she wants to make amends). Although this move could be seen as turning Colin’s attention to Anna’s positive force in the relationship, rather than focusing on how she has hurt Colin, it may be that the therapist worked to shift the topic too quickly. There is a 1-s pause in line 20,

and Colin evinces difficulty in answering by claiming a lack of knowledge (°Um:° °°I dunno,°°) and by speaking even more softly. Moreover, rather than orient to Colin’s displayed emotion, the therapist continues to focus on Anna’s possible prosocial motives in lines 23–28 (i.e., she’s been listening, she’s present in couples therapy, wanting to repair the relationship). After receiving minimal confirmation from Colin, he then uses another OPQ to get Colin to name additional prosocial motives Anna might have, independently from what the therapist had already proposed. It also speaks to Colin’s hurt without actually directly confronting Anna

Extract 2 Case 16-2/1366.

01 Col: I mean to be a little more blunt about it.=like when: (2.0)
 02 I say I like'I wen- I wen- (.) go into a marriage, (.)
 03 I mean it's a marriage.=I mean an' (you know an') (0.5)
 04 the: (.) you know the wo- (.) the woman you married (.)
 05 decides it's a better idea to sleep with another ↑man. (.)
 06 than ↑you.
 07 (1.5)
 08 Ther: [It] hurts.=doesn't it.=
 09 Col: [(ts)]
 10 Col: =Yeah
 11 Ther: Yeah
 12 Col: °(It does/sucks)°
 13 Ther: (Are) y- you still feel hurt?
 14 Col: Yeah
 15 Ther: °Yeah,° I- I sense it too. (0.8) yeah. (.) an'- ↑how are
 16 the ways in which u:m (.) Anna had shown you over the
 17 years that she really cares about that hurt and she really
 18 wants to'uh (.) repair this: (.) trust that's been damag[ed]?
 19 Col: [hm.]
 20 (1.0)
 21 Col: °Um:° °°I dunno,°°
 22 (0.4)
 23 Ther: Does she have her own >little ways< of trying to- (0.5)
 24 does the fact that she listened for so lo:ng (.) u:m (.)
 25 that she's here today, (.) and that she listens to when you
 26 w[ant to]: say it,=are these evidence to you that she's
 27 Col: [Yeah.]
 28 Ther: in[teres]ted in repairing this trust?
 29 Col: [°Mmhm°]
 30 Col: °Yeah°
 31 Ther: U:m (.) are >there other< wa:ys in which uh you might've
 32 noticed?=that maybe you haven't made com[ment] about,
 33 Col: [()]
 34 (2.0)
 35 Ther: °Take your time,°
 36 (1.0)
 37 Col: °°()°°
 38 (7.0)
 39 Col: Can't think of anything right ↑now.
 40 (0.5)
 41 Col: I'm sure there are ways bu'-
 42 (0.5)

(Continued)

Extract 2 (Continued)

43 Ther: Are are you saying that because (.) Anna's here?=or are you
 44 saying that because you really believe that there probably
 45 are ways in which °she has tried.°=
 46 Col: = No no I I you know she has tr↓ied, I jus'- I
 47 can't characterize (any other than the ones you
 48 mentioned,)

with this, allowing Anna to “see” Colin’s hurt without her being requested to take a position—and maybe become defensive.

The therapist’s repeated attempts at topicalizing Anna’s positive intentions and getting Colin to contemplate this perspective may, however, have been done too quickly and may not have appropriately attended to Colin’s mounting distress at having to confront this painful episode, that is, he may not yet be ready to consider Anna’s actions from an alternative, non-hurtful perspective. This is shown in the 2-s pause in line 34 and from the therapist’s subsequent “°Take your time,°”. These responses, known as *take-your-times* or TYTs, have been shown to occur in other institutional settings such as caller helplines and police interviews (Hepburn and Potter, 2007; Antaki et al., 2015). They have been shown to manage disruptions in talk rather than affiliate with and elicit more “emotion talk”, that is, TYTs tend to treat emotion as potentially disruptive to the task at hand, which in our extract would be getting Colin to consider Anna’s perspective from a prosocial angle. Colin displays great difficulty in engaging with the task, noted by the numerous lengthy pauses and unintelligible speech. He also orients to the expectation that he engages with the therapist’s project by providing an account for his not being able to answer (Can’t think of anything right ↑now.) but also by asserting that there must be ways in which she demonstrates her caring and trust.

As this extract unfolded, Colin displayed mounting distress and tearfulness on numerous occasions. One option from the therapist could have been to affiliate with his distress by formulating and/or engaging with the distress to some appropriate degree, inviting Colin to continue exploring his hurt (Muntigl, 2020; Muntigl et al., 2023). Instead, the therapist persistently (and quickly) focused his interventions on getting Colin to consider Anna’s perspective from a “relationship-building” perspective. If the therapist had invested more affiliation or empathy in his response, before moving on with his *therapeutic project* of getting Colin to recognize Anna’s prosocial motives⁶, this may have allowed Colin to deal with his hurt in the moment and might have given him the support and space to collaborate with the therapist. In doing so, however, the conversation would have focused primarily on Colin’s emotions and needs, rather than the relationship and systemic implications of his hurt and, most importantly, how Anna could help with his hurt (rather than the therapist). In line 43, the therapist again refrains

from engaging with the hurt by instead implying that Colin is avoiding the issue (Are are you saying that because (.) Anna’s here?). This leads Colin to become defensive and deny avoidance and instead claim knowledge of Anna’s intentions, while not being able to name them.

To conclude, by choosing to stay with the optimistic/positive thread, the therapist consistently supports the foreword movement in the narrative, going from empathizing and validating the “hurt” to noting the possibility that Anna may be participating in the dynamic of emotion by trying to help repair the relationship. Thus, Colin’s pain is recast as not just a “private affair” for him to resolve but an interpersonal one in which Anna is an important participant. It also creates a shift from the past to the present, allowing Anna to witness Colin’s engagement with his pain.

3.3. “What does s/he know/not know?”: facilitating awareness of other’s knowledge

OPQs may also solicit a spouse’s knowledge about other’s knowledge, and these questions often appear in the following turn formats: “What does s/he (not) know about X” and “Does s/he know about X?”, where X generally references other’s feelings or important relationship matters.⁷ The implication here is that the other (spouse) might not be aware of the spouse’s needs, and, therefore, it may be important to tell him/her. Epistemically, these questions imply that the spouse may be able to take up certain epistemic entitlements by inferring the extent of the other spouse’s knowledge in certain relationship events. An example of an OPQ targeting other’s knowledge is shown in Extract 3, which is a continuation of Extract 1 with Melvin and Leyla. Recall that the conversation revolved around Melvin’s complaint that Leyla does not respect his need to be with his family.

The therapist continues the prior conversation (from Extract 1) by producing an OPQ (lines 1–3). Epistemically, the first part of the question places Melvin in an upgraded *knowledge* role, ([K⁺]; Heritage, 2012) in which he may infer or gain access to what Leyla does not know about. The second part of the question then solicits what Melvin thinks “she might need to know”. Melvin’s response, from line 05 onwards, orients to both these parts of the question. Melvin first reflects on Leyla’s knowledge in a downgraded manner (I think she thinks that uh::) and then proposes what Leyla is unaware of (>she doesn’t< s::ee the visible importance

⁶ According to Peräkylä (2019, p. 267), a therapeutic project consists of “the overall goal setting and structuring of the interaction that is meant to help this particular client to overcome his/her particular obstacles in his/her behavior, social relations, or internal life.” We think that the question’s focus on the spouse’s possible prosocial ‘motives’ constitutes one such project.

⁷ Verbs other than *know* are also used, such as *understand* or *recognize*.

Extract 3 Case 10-2/603.

1 THER: =Wh- what does she not know (.) about how important these
2 relationships are to you (0.5) that you think she might
3 *l gaze to M, smiles*
4 need to know,
5 (2.5)
6 MELV: I think she thinks that uh:: (0.9) uh:: (3.8) uh:I won't
7 *l gaze to ceiling*
8 say that (0.8) my family doesn't like her or anything,
9 °some° (.) we all like her. (0.8) uh (0.3) I would say that
10 (0.8) >she doesn't< s::ee the visible importance
11 of uh (.) the interaction,
12 (0.8)
13 THER: ErHm=
14 ((clears throats))
15 *t covers mouth w/hand*
16 MELV: =And to her it may be seem like something=like everyday
17 conversation or somethin'.[eh?]
18 THER: [mm]hm.
19 (0.7)
20 MELV: But'um, (2.3) >it's jus like,< (.) >yihknow if< (0.2) if
21 *l turns head to window*
22 my cousin was to walk into a room eh, (0.8) yihknow i's (.)
23 *l turns head to M*
24 i's not is (.) it's more = there's more of uh (0.3) there's (.)
25 *t leans cheek on hand*
26 there's mo::re going on (0.7) as (0.7) >I dunno how tuh<
27 *m hands alternate hands back and forth*
28 really °s:°(0.4) thumb it down but
29 *m mimes thumbing down, clasps hands*
30 (0.3)
31 THER: Yeah.
32 MELV: Uhm it's uh (3.4) everybody's important in the family en (0.8)
33 *l gaze forward*
34 a:nd uh (0.2) like=my cousin Sarah I haven't=I see (.) she
35 *l gaze to M*
36 *t looks at pad, writes notes-->*
37 went to ((region)) = I see very little of her, (0.6)
38 but when she does come in (1.0) uh: (2.8) yihknow there's a
39 *l crosses legs, lowers head*
40 galike, (.) I used tuh (0.2) >a cousin I used to play with,<
41 as a youngster en that.
42 (0.3)

(Continued)

Extract 3 (Continued)

30 THER: Yes.

31 MELV: En we have a lotta history and uh (0.5) I may talk with her
m scratches head
l turns head to window

32 for half an hour but uh (1.6) and be gone the next week, (.)
t stops writing, gaze up to M

33 or the next day en won't see her fer: (0.9) two or three
t resumes writing

34 years or whatever (1.1) but 'uh (0.8) it's uh: (1.0)

35 yihknow i- it (.) there there's intensity, there's feelings,
t stops writing, gaze up to M
l gaze forward

of uh (.) the interaction,). From line 16, Melvin then goes into significant detail to explain how the interaction between him and his family members is important for Leyla to understand. He first mentions his cousin, recounting that “there’s mo::re going on” when he enters the room relationship-wise than is perhaps perceptible to others. He provides another example with his cousin Sarah (line 24). He claims that they have “a lotta history” and that even though they might not see each other frequently or for longer durations of time, “there’s intensity, there’s feelings,”. To sum up, the therapist’s OPQ led Melvin to elaborate not only on his view of Leyla’s perspective concerning her lack of knowledge about Melvin’s relationship with his family but also occasioned a detailed account of how his relationships with his cousins are very important. Thus, by targeting Leyla’s knowledge, the OPQ allowed Leyla to witness Marvin’s beliefs about what she is not aware of but also what is important to him and *how* his family relations are deeply meaningful.

OPQs that target other spouses’ knowledge may also work to get a spouse to reflect on what s/he believes that s/he knows about other’s knowledge. These questions tend to be used in a context in which the spouse does not yet realize that his or her spouse already possesses the requisite knowledge. An example is shown in [Extract 4](#), which is a continuation of [Extract 3](#), involving Colin and Anna.

As can be recalled from [Extract 2](#), the conversation revolved around Colin’s feelings of hurt and the contrasting therapeutic agenda of getting him to consider Anna’s prosocial motives of building trust and caring about his hurt. The therapist continues with his agenda by asking Colin to consider the positive, caring ways in which Anna has been behaving following the affair (lines 01–06). The question contains a premise that Anna has changed, then introduces in a downgraded manner the possibility that she is “trying to get beyond the affair”, and offers an optimistic assessment that she wants to stay. In line 06, the use of “me” seems to offer a “first person” option to Colin. Colin, however, is still hearable upset, as evidenced by his *snorty sniff* in line 03 ([Hepburn and Potter, 2007](#)). Colin’s response, while addressing different positive ways that Anna has changed, appears more

disaffiliative than affiliative. For example, although he concedes that Anna has a lot less anger, he prefaces this assertion with “↑obviously”, which may have two implications. One is that what he is about to say is not particularly newsworthy, and the second is that he is challenging the relevance of the question or even the presupposition of its askability ([Stivers, 2011](#)).⁸ Colin then goes on to further challenge Anna’s changed, positive behavior by noting that “she talks about my anger”, implying that Anna still may have anger issues, which he then states explicitly (an: ‘ Ann had a lot of anger t↑oo.). He does, however, concede that her anger has subsided.

What then follows from Colin’s response is a disagreement sequence. In line 13, Anna denies the prior claim that she was often angry. Colin, in turn, responds with a disagreement that, on the one hand, claims that she did express anger and, on the other, she would keep her anger to herself because she did not want Colin to witness it. Colin’s position is stated more succinctly in line 22 (There was anger th↓ere, and there’s a lot less of that. so). Colin is also displaying *low intensity upset* during his turn ([Muntigl et al., 2023](#)), as shown by his quiet voice and frequent pausing and this display may be occasioning the therapist’s next move in line 24, which addresses Colin’s hurt in an OPQ form: does Anna kn:ow how hurt you are?’. Thus, the topic is shifted away from a disagreement to Colin’s feelings in the present moment—note that the therapist uses present tense “are” rather than past tense “were”. The question also positions Anna as someone who is able to access Colin’s emotive state.

Colin, however, appears choked up and has difficulty responding (lines 25–27), which leads the therapist to assert Anna’s knowledge of his anger and sadness. In lines 30–31, however, Colin counters the therapist’s assertion by stating that she is not aware of his anger and accounts for this with “I– I (.) keep it to myself”. Thus, Anna cannot access Colin’s feelings because he does not reveal them to her. Thereafter, in lines 34–37, the therapist produces another OPQ that again

⁸ Stivers’ work examined responses to questions containing “of course”, which seems similar to “obviously”.

Extract 4 Case 16-2/1366.

01 Ther: (.) (Well) wha- what's different about (.) Anna:: (.) from:
 02 <before the affair.>=
 03 Col: =.Skuh
 04 Ther: That might tell you that'um:: (.) this might be an
 05 indication. that'u:h she's trying to get beyond the affair
 06 and wants to stay with me?
 07 (1.5)
 08 Col: .Ts ↑obviously I- (.) (lik-/think-) (1.0) I think there's a
 09 lot less: (0.7) lot less anger?=>I mean< she talks about my
 10 anger. °but'I- I° (.) m:en express anger (.) more strong
 11 (.) u:h (.) an:' Ann had a lot of anger t↑oo.=°(and/bu') I
 12 don't see that as much (anymore)?°
 13 Ann: .H (.) but (.) did I ever °express it.°
 14 (0.5)
 15 Col: Well you certainly didn't do a very good job of (.) you
 16 know you expressed it in: °>you know<° (1.0) °yeah.
 17 (experience it) in° different ways of (.) certain
 18 different (that weren't normal) (0.6) °uh° (.) (yeah you
 19 usually) (.) you kept it to yourself.=
 20 =(because I didn't want to have to see it.)
 21 Ther: Yeah
 22 Col: There was anger th↓ere, and there's a lot less of that. so
 23 (1.0)
 24 Ther: **.H does does Anna kn:ow how hurt you are?**
 25 Col: .Mts u:#:h#
 26 (1.5)
 27 Col: (Huh.)
 28 Ther: She knows how ang↓ry you are, (.) she knows how
 29 s[a::d you are]
 30 Col: [↑I don't think] she kn- u:h I: don't think she even sees
 31 how angry I am,=[()]
 32 Ther: [(Nothing] left)
 33 Col: (Well')I- I (.) keep it to myself.
 34 Ther: **>Does she see the hurt,< does she- (.) you do ↓eh, (.)**
 35 **(yeah)- so does she see the hurt °(now).° (.) >cuz you**
 36 **started to experience quite a bit of hurt< just there a few**
 37 **minutes ago does she see that [(hurt?)]**
 38 Col: [I] think she knows
 39 that I'm (hurt,)
 40 Ther: She knows that (.) [(you're] hurt,=yeah,)
 41 Col: [(° °)] (°)
 42 (0.6)
 43 Ther: Okay=uh:: that's all Colin, (0.8) I'm gonna ask (.) Anna
 44 some ques↓tions,

targets what Colin thinks Leyla knows: >Does she see the hurt, <. In doing so, the therapist again shifts the topic, but this time from Colin's "anger" to his "hurt". After receiving visual confirmation from Leyla that she does (you do ↓eh, (.)), he takes this as a "go ahead" to focus on Colin's hurt emotions in the *here and now*, which implies that Colin's hurt is not a "private affair" but something that has a legitimate place in the present conversational moment. This focus on the present moment is linguistically accomplished throughout the rest of the therapist's turn with the following expressions: "now", "you started to experience" and "just a few minutes ago". Colin confirms the therapist's question, which is followed by the therapist's return confirmation, thus producing an *empathic moment* (Heritage, 2011; Muntigl, 2020), in which mutual understanding surrounding Leyla's knowledge of Colin's hurt is achieved.

To conclude, we argue that the OPQs work to break a relationship pattern in which Colin suffers privately" and Anna feels guilty for Colin's guilt but also privately.⁹ The therapist's OPQs guided Colin into having to confront Anna's knowledge of his suffering, forcing him to acknowledge it, with the aim of being able to move past it at some later point. Through these questions, the therapist is attempting to generate a new way of relating to each other by topicalizing Colin's hurt in the present moment and by getting it out in the open for it to be noticed, acknowledged, and explored by both spouses.

3.4. "Why does s/he do/not do/stop doing Y?": exploring barriers to productive ways of relating

OPQs may also be used to explore the reasons and motives of other's conduct. Questions such as "why do you think he does that?" or "why does he stop doing it?" are typical examples of such questions. Extract 5 provides an example of an OPQ that targets other's motives. This extract from session 2 involves Melvin and Leyla and occurs only a few minutes after Extract 3. Recall that both Melvin and Leyla find family to be extremely important and that Melvin has complained that Leyla treats his need to be with his family with contempt. The therapist asks a question to explain Leyla's reasons for being contemptuous and explain this contradiction, which prompts Melvin to tell a story about how Leyla does not respect his need to be with his family.

At the beginning of the Extract, the therapist directs a question to Melvin, asking him to explain how Leyla does not respect Melvin's needs (she treats with contempt

(0.2) you:r need,). The therapist adopts an epistemic frame (what I don't understand) that not only makes explicit his downgraded knowledge about this issue but also signals Melvin's greater knowledge and entitlement to speak about Leyla's possible reasons for disrespecting his needs and that his knowledge about her motives is relevant here. Melvin then takes up this opportunity in line 13 by beginning with a *story preface* (Sacks, 1995) that signals an upcoming story that will respond to T's question (I'll g-give yuh an idea.) and after, by launching into a storytelling episode about his fishing trip. During Melvin's story, in line 16, T takes up a turn that does important discursive work. It underscores that this is not a first-time telling (i.e., Melvin had mentioned that he frequently visits his relatives to go on a fishing trip in the last therapy session) and makes salient the affectual nature of this issue (i.e., its *contentious*).

From line 35 onwards, Melvin begins to tell the main narrative. After mentioning that his relationship with Leyla was not going well, he lists the different moral transgressions committed by Leyla, all of which centered around Leyla's phone call to Melvin's cousin Sarah. For instance, Melvin uses many negative expressions that index various forms of misconduct such as "behind my ba:ck.", "laying on to her pretty heavy"; "broker the idea". Following a *continuer* from T in line 46 that encourages Melvin to continue with his story (Muntigl and Zabala, 2008), he first suggests that her misconduct may have been purposeful ("try'en humiliate me, (0.9) try'en hurt.") and then states how Leyla's actions had affected him emotionally ("it really pissed me off.°; it really (2.2) really bothered me). It should also be noted that, in lines 48–51, the delivery of Melvin's talk also changes in terms of the length and frequency of his pauses but also, more importantly, his softened and quieter voice. In line 52, the therapist seems to pick up on this change by producing a noticing that calls attention to Melvin's displayed emotion in the *here and now* (its choking you up °right now eh?°), thus moving the focus toward how this event that happened in the past is having a significant impact on him in the present moment of therapy. With this move, the therapist is able to confirm, and convey empathy with, Melvin's feelings of distress (Muntigl et al., 2014; Ford and Hepburn, 2021).

Research has shown that noticings tend to implicate a subsequent affiliative response from the client such as confirmation or even more elaborate "feelings talk" (Muntigl and Horvath, 2014). We see in line 54 that Melvin strongly confirms the noticing (Oh=it bothers me) but then proceeds to discuss how Leyla's phone call could have created a rift in the relationship between him and his cousin Sarah (my relationship with my cousin I don't wanna change it.). This is because his cousin had planned to visit Melvin and berate him for his actions (i.e., chew all over him). Thus, Leyla's phone call is portrayed as potentially creating multiple lines of disaffiliation, not only between him and his wife but also between him and his cousin as well. This may explain Leyla's response in line 61, in which she expresses surprise at Sarah's action (↑Sarah told you this?) and, therefore, that she did not know about Sarah's plans. By implying that it was not her intention to get Sarah to berate Melvin, Leyla displays an attempt to repair (at least part of) the mounting disaffiliation between her and Melvin. By way

⁹ By relationship pattern, we mean that each client may be assuming that their feelings were "private", not accessible to the other and experienced "within the self". The therapist's questions may be fostering a new systemic concept; that emotions arise from a relational context where each has an important stake in gaining access to the other person's own feelings as well as the assumptions about the other. Treating emotions as *intersubjective* (versus *intra-subjective*) has the potential of opening up space to re-consider "where the other is coming from" and thus a more flexible negotiation in the relationship.

Extract 5 Case 10-2/815.

1 THER: Wu-well=I-I I think that if you have an understanding that
 2 it's important for your family (0.3) you probably have an
m sits up, stretches, visible inbreath
 3 equally understanding support and recognition her need for her
 4 family. and I think visa versa.
m resumes forward seating position
 5 (0.2)
 6 MELV: Mm hm.
 7 THER: Uh:m (0.2) what I don't understand is (0.3) ho:w (.) how di-
t gaze to notes
 8 how do you get the idea that she treats with contempt (0.2)
 9 you:r need,
t gaze to M
 10 (1.1)
 11 THER: >I still don't< understand this. when=when when Leyla (0.2)
 12 (what so [] family]and yo[u:,
 13 MELV: [To give yuh an idea] [I'll g-]give yuh an idea.
 14 THER: Okay.
t drops head, gaze to notes
 15 (0.8)
 16 MELV: I went fishin'.(0.8) I go fishin' twice a years to
t raises gaze to M
 17 ((name[of province])) once in the]winter,
 18 THER: [((name of province))]
 19 THER: Yeh,=
 20 MELV: =Once in the summer.
 21 THER: I-I understood from last week that was a contentious issue.
t smiles
 22 MELV: Mm hm. very.
m smiles, raises eyebrows
 23 (0.7)
 24 THER: Kay,
t gaze to notepad
 25 (0.3)
 26 MELV: [Uh::m,]
 27 THER: [And that's wh]ere your family is?
t gaze to M
 28 (0.4)
 29 THER: That's where the cousins are?
l smiling-->
 30 (0.6)
 31 MELV: °Yeah°

(Continued)

Extract 5 (Continued)

32 (0.2)

33 THER: Yeah. (.) 'kay.
t writes on pad-->

34 (0.4)

35 MELV: And uh

36 (6.4)
m gaze to side, upward

37 MELV: Things weren't going well between me and Leyla

38 at the time. (1.5) and I guess she uh
t gaze to M, covers mouth with hand-->

39 THER: Mm.

40 (2.7)

41 MELV: Got a little upset or whatever, and uh (0.4) she called my

42 cousin Sarah behind my ba:ck, (1.8) and uh (1.0) started

43 layin on to her pretty heavy en uh (1.3) seemed like
t writes notes-->

44 she was tryin'uh (4.0) broker the idea that uh (2.7) I dunno
m scratches eyebrow-->

45 (1.7)

46 THER: Mm hm=

47 MELV: =>I dunno what it was< (0.5) she try'en humiliate me,(0.9)
m lowers, clasps hands-->
l >>gaze to M-->

48 try'en hurt. (2.4) but'uh:m (5.0).hx (0.8) °it really
t gaze to M, hand to mouth
m gaze to T
l gaze to T

49 pissed me off.° (0.4) really, (2.2) it really bothered me
l gaze fliting to M, to T

50 th'that'uh (3.7) thet that happened,
l gaze to ceiling

51 (4.6)

52 THER: Its choking you up °right now eh?°
l gaze to M

53 (1.6)

54 MELV: Oh=it bothers me it ver- it yihknowit (0.4) my

55 relationship with my cousin I don't wanna change it.=my

56 cousin will give me shit.

57 (3.0)

58 MELV: En she told me on the phone that yihknow that she w'z gunna

59 come right over en (0.9) ya'know (.) (shit/chew) all over me.

(Continued)

Extract 5 (Continued)

60	(0.8)
61	LEYL: ↑Sarah told you this?
62	(0.2)
63	MELV: <Yeah,>
	<i>m turns head slightly in L direction, nods</i>
64	(0.3)
65	LEYL: Oh.
	<i>l turns gaze to T</i>
66	(1.1)
	<i>l raises eyebrows, downturns mouth</i>
67	MELV: And uh: (4.8) I thought that was pretty: (1.4) pretty lousy
	<i>l smiling</i>
	<i>m gaze to T</i>
	<i>t >>hand over mouth</i>
68	because all- (0.2) yihknow alls I wanted to do was go out,
	<i>l crosses arms</i>
69	(0.8) an >on my annual fishing trip< (1.1) en <u>fish</u> , (0.2) en
70	enjo:y, en inter <u>act</u> , (3.2) <and uh> (2.8) Leyla to go
	<i>m points finger toward L, >>gaze to T</i>
71	make a phone call to ((town)), (°talkin to this°) (0.4)
72	chewin on my (1.0) cousin Sarah about uh: (0.7) <u>pro</u> blems that
73	we may have.
74	(2.1)
75	THER: °Well what do you think stopped Leyla from coming and
76	talking to you directly. °
77	(2.7)
78	MELV: >Pard'nme?<
	<i>m leans forward, raises eyebrows</i>
79	(0.4)
80	MELV: Wha-wha-what <u>st</u> ops her?
	<i>m leans further forward</i>
	<i>t leans forward</i>
81	THER: [What do] you <u>th</u> ink stops (0.2) Leyla from coming
82	MELV: [()]
	<i>m leans back, gaze upward</i>
83	THER: And talking to you directly.
84	(9.6)
	<i>m gaze upward, lips motios</i>
85	LEYL: °Can't wai til it's my turn° hhihihihih
	<i>l gaze to T, smiles, gaze to M--></i>
86	(0.5)
	<i>m turns head to L</i>

(Continued)

Extract 5 (Continued)

87 MELV: Wu:ll [th-it (0.2) yihknow] th- (1.6) Hhhhx (4.9) probably
t smiling
m shakes head

88 LEYL: [h hihh]

89 MELV: be'she thinks I'm not gunna be receptive °to her°.

90 THER: .H (.) y-yea:h do you think?=I hear this again and again.
t raises to chin/mouth-->

91 =do you think this uh:m (0.4) uh: this idea about (.)
 92 about being reserved. (1.2) kinda gets in the way
 93 of your relationship.
 94 (2.6)

95 THER: (To=ad-) it's makes (.) it makes Leyla think about
 96 you in ways that may not be (0.5) fair to you? (0.9)
 97 like it's casts [(a bad reputation)]

98 MELV: [<i's probably] the s::ma:rttest thing
m turns head to the side

99 I've heard in about (0.6) three years.
t returns gaze to T

100 (0.4)

101 THER: Which is what?

102 (1.4)

103 MELV: This reserveness is probably uh (1.3) causing more harm
m gazes upward, leans forward, gaze to T

104 than anything,
m raises eyebrows

105 THER: This is (.) uh sma:rttest thing °you've heard in three years?°
 106 (0.3)

107 MELV: °Yeah° (0.3) probably, (0.2) I've-have never thought of
 108 it that way,
 109 (0.8)

110 THER: So I-I'm wondering if reservation is causing, (0.3) you to
m leans forward

111 have a bad reputation in Leyla's eyes.
 112 (0.8)

113 MELV: .Snhih (0.6) tch (0.6) °oh: more than likely°
m smiles gaze to ceiling, sits back, stretches

114 LEYL: If we were to try to sit. (.) and talk about this. at home.
t continues leaning into and maintaining gaze on M-->

115 >like I'm having a hard time not [saying anything] now en<

116 MELV: [hhh]

of response, however, Melvin continues to criticize Leyla's actions as "lousy" and to assert his own innocence in the matter ("alls I wanted to do was go out, (0.8) an on my annual fishing trip. ...").

Faced with this complaint story in which Melvin provides a detailed account of Leyla's misconduct and his own innocence, the therapist could respond with an affiliative and empathic move—such as a formulation—that validates Melvin's emotional experience. The risk in doing so, however, would be to deepen and support Melvin's portrayal of Leyla as the wrongdoer and as Melvin as the victim. Instead, the therapist poses a question to Melvin that does not affiliate with Melvin's complaint but rather provides an alternative perspective and explanation of the story events. T's question—"what do you think stopped Leyla from coming and talking to you directly?"—performs a wide range of important therapeutic work: It presupposes that Leyla may have tried or wanted to talk to Melvin directly about the trip (and what is bothering her), it presupposes that something had "stopped" her from doing that, and, finally, it frames these presuppositions as a question in which Melvin may himself provide the answer. The OPQ, therefore, marks an abrupt shift in the way in which the events told by Melvin have thus far been constructed and conceptualized. In line 78, Melvin seems to orient to this "radical shift" by expressing a lack of understanding or incredulity by producing what in CA parlance is termed an *other-initiated repair* (Schegloff et al., 1977) and by leaning in toward T during which his eyes widen. Following a brief silence, Melvin re-initiates repair ("wha- wha- what stops her?") and T, in lines 81–83, offers a repair by repeating his question but this time by incorporating Melvin's present tense use of "stops". In this subtle move, the focus of attention moves from what may have stopped Leyla in that specific situation to what may generally stop her from talking to Melvin both in the past and present. What then follows is a long pause in which Melvin makes verbal signs of contemplation (tapping his foot, moving "mouth movements" with closed lips). After Leyla makes a remark in line 85 that jokingly suggests that she should take up the turn and answer, Melvin provides a response that is prefaced by some hesitation and possibly some degree of distress (note the long exhalation and long pauses). But now rather than continuing to complain about Leyla, he offers up his own behavior as an obstacle to communication between them ("be' she thinks I'm not gonna be receptive to her."). Thus, with this seemingly subtle questioning move, the therapist is able to extend Melvin's complaint about Leyla as the principal wrongdoer toward a more reflective mode in which both persons' actions are made accountable for co-constructing a certain relationship pattern.

Melvin's reservation continues to be a topic in the remainder of this Extract. In lines 90–97, the therapist seeks confirmation from Melvin about the negative impact of reservation (kinda gets in that way of your relationship; it makes Leyla think about you in ways that may not be (0.5) fair to you.). Melvin's next responses are not only strongly confirmatory, but they also underscore the magnitude in which reservation may be acting as a negative force in the relationship. First, the relevance of "being reserved" is treated as highly significant (its probably the s::martest thing

I've heard in about (0.6) three years.); second, reservation is characterized as a new perspective on the relationship or a "leap forward" in thinking ("I've never thought of it that way."); and third, they convey strong affiliation with the therapist's view that reservation could be a relationship problem. Melvin's responses, therefore, seem to index alliance building between him and the therapist both in terms of strengthening the therapeutic relationship and also in terms of being mutually aligned in the joint task of how productive couples therapy may now proceed.

4. Discussion

Our goal in this study was 2-fold: to explore some of the different ways in which OPQs can be used to generate forward movement in CT and to explicate some of the important relational functions of OPQs and how these are realized in sequence. Our CA focus on the turn design features of these questions revealed that different linguistic practices may be employed to implement the action of *other-perspective* questioning in unique ways. Thus, our study extends past studies, for example (Peräkylä, 1995), by identifying three additional ranges of practices—beyond hypothetical questions targeting other perspectives—through which this question type may be implemented. Our investigation of the four specific types of OPQs also allowed us to explore how some important "systemic", interpersonal work was set in motion: soliciting optimism in the relationship, fostering the couples' healthy relationship, promoting awareness of the interlinked aspects of the couple's experiences and challenges, and promoting of novel and creative ways of contextualizing their relational dynamics.

Our CA analyses allowed us to highlight how these OPQs are produced in sequence, yielding a more positive conceptualization of the "others" included or implied in the question (e.g., Extract 1, lines 13–15; Extract 2, lines 15–18 and 31–32). In other examples, we were able to identify how, using OPQ formats, the therapist topicalized the notion that each member of the couple had some private ideas about the other's thoughts and, by raising this as a topic for discussion, created room for re-negotiating these private beliefs and highlighted the important interconnection between these beliefs and their relationship (e.g., Extract 4, lines 24; Extract 5 lines 7–9). In other cases, OPQs were crafted in a way that offered the clients new conversational resources with the potential to re-engage with their partner in different terms, e.g., Extract 5 lines 90–104. In this last example, we saw evidence of an enthusiastic "uptake" of the resources offered (lines 98–99). Thus, through CA, we were able to highlight how OPQs were not delivered "pre-baked" but built sequentially, interactively, and responsively on a turn-by-turn basis, sometimes repeated and reinforced.

OPQs often included an offer displaying one's knowledge to the client and, consistent with Peräkylä (1995) findings for AIDS counseling, downgraded the therapist's epistemic access. Thus, the spouse was placed in an upgraded epistemic position to offer knowledge of the *partner's* knowledge, feelings of motives, which were often followed by a positive hypothesis of the partner's intent. For example, in Extract 5 (lines 75–76): "what do you think

stopped Leyla from coming and talking to you directly.” Crafted this way, the preferred response to a “wh” question would address the part “what stopped” but also invite Melvin to take a position on the relationally positive/optimistic proposition that follows: “coming to you directly”.

As Peräkylä and Vehviläinen (2003) study on “professional stocks of interactional knowledge” has argued, CA is well suited to investigate virtually any theoretical approach within the helping professions, with respect to the realization of the theoretical models in actual practice. This study gives credible evidence for the possible pivotal role of OPQs in launching conversational sequences working to achieve therapeutic ends, as accentuated in systemic-narrative therapies. Although the broader therapeutic functions identified in this study may also have been initiated by other kinds of conversational actions or sequences, we argue that OPQs seem to be especially attuned to getting interpersonal work between the spouses underway, work that gets spouses to consider spousal actions from an alternative, often more prosocial, perspective. Our excerpts were drawn selectively from treatments with a systemic-narrative focus. This choice provided us with a variety of clear and interesting examples of the use of questions in therapy and afforded the opportunity to illustrate how examining questions qualitatively through the lens of CA can complement quantitative studies. While examples we drew on were thus constrained, we believe that our research may be a useful “first step” in generating knowledge of how questions are built to perform specific roles in therapy. Furthermore, we anticipate that studies like the one we present will be useful for training therapists in understanding how to use questions creatively and also to illustrate potential challenges and pitfalls in using this question format in therapy.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

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Ethics statement

The studies involving human participants were reviewed and approved by Simon Fraser University Research Ethics Board. The patients/participants provided their written informed consent to participate in this study.

Author contributions

PM: designed the study, performed data analysis, supervised data analysis, and wrote the article. AH: performed data analysis and wrote the article. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Agenda-setting in first sessions of business coaching—a focus on coaches’ practices to manage the agenda and establish the working alliance

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Introduction: Agenda-setting is a central communicative task for professionals and a joint activity of all participants particularly at the onset of helping interactions such as coaching. Agreeing on goal(s) and assigning tasks alongside establishing a trustful bond prepare the ground for the success of the interaction. The professional agent initiates and sets the agenda as part of their professional role and responsibility, i.e., based on their professional epistemic and deontic authority. Concurrently, by orienting to clients’ epistemic authority and by yielding power, control, and agency to clients to co-manage the ensuing interaction, agenda-setting is the first opportunity for client-centeredness, which is a central characteristic and success factor for the working alliance in coaching.

Procedure and Methods: We take first steps in filling a research gap by providing a first analysis of the interactional unfolding of agenda-setting in coaching and by showcasing that and how agenda-setting as a joint activity of coach and client contributes to their working alliance. More precisely, we investigate agenda-management practices in five first sessions of business coaching to (1) document and analyze how the joint activity ‘agenda-setting’ is implemented via various (coach-initiated) social actions, (2) detail their contribution to establishing the working alliance, and (3) to interpret the emerging practices of agenda-management against the concept of ‘client-centeredness’. For the analysis, we draw on conceptual and methodological resources from interactional linguistics alongside linguistic pragmatics and conversation analysis.

Results: We found 117 instances of ‘agenda-setting’ in our data which can be assigned to the seven social actions “Delivering Agenda Information”, “Requesting Agenda Information”, “Requesting Agenda Agreement”, “Requesting Agenda Action”, “Suggesting Agenda Action”, “Offering Agenda Action” and “Proposing Agenda Action”.

Discussion: The social actions display that agenda-setting serves to establish a common ground regarding goals, tasks and the relational bond of coach and client, and (after this has been achieved) to negotiate future coaching actions. Thus, the joint activity of ‘doing’ agenda-setting can be shown to be ‘doing’ working alliance at the same time.

KEYWORDS

agenda-setting, working alliance, business coaching, first sessions, social actions

1. Introduction

“Accompanied development processes succeed when people know what is to be achieved, they are clear about what needs to be done to achieve it, and they feel confident enough to dare to initiate necessary change steps.” (Ehrenthal et al., 2020, p. 488; translated by SJ et al.)

Agenda-setting is a primary means and method to successfully establish and manage the working alliance in coaching, i.e., to agree on the goal(s) of the encounter, to assign the tasks to achieve these goals and to establish a trustful bond between coach and client. Insights into the interactional trajectory of agenda management offer an important perspective on the concrete local actions of coach and client and on how the working alliance is discursively achieved (Horvath and Muntigl, 2018 for psychotherapy). More globally, in the form of supra-session courses of actions (Bercelli et al., 2013), this underlies the successful transformation of relations, emotions and referents through sequentially structured practices along entire coaching sessions and processes (Peräkylä, 2019). While managing the agenda¹ is a joint activity for coach and client along the entire coaching, it is particularly relevant at its onset, i.e., in first sessions. Agenda-setting prepares the common ground, i.e., “the sum of their [coaches’ and clients’; SJ et al.] mutual, common, or joint knowledge, beliefs, and suppositions” (Clark, 1996, p. 93) as the *sine qua non* for everything coach and client do. As such, it strongly influences the unfolding character of the interaction (Svinhufvud and Vehviläinen, 2013, p. 144; Graf and Jautz, 2022, p. 173). The interactional trajectory of agenda-setting and management (in first sessions) in coaching is closely interwoven with the domains of knowledge as well as power, control, and agency of the participants and how these are locally negotiated within the overall social organization of coaching. As Stevanovic et al. (2022, p. 2) argue,

(a)chieving equal participation in an encounter with two or more participants is always a great challenge (...). While this is the case even in dyadic encounters that are permeated by strong expectations of equality (...), the situation is naturally even more challenging in encounters in which participants have distinct roles and hierarchical statuses (...).

These distinct roles and hierarchical statuses in professional (helping) encounters such as coaching are tied to the participants’ differing epistemic and deontic authorities (Graf, 2019). Coaches’ territories of knowledge (Kamio, 1997) and experience (Heritage, 2011) cover their professional theories and expertise and center on structuring and guiding the process; clients’ territories of experience and knowledge cover their life-world perspective and center on the content of coaching (Deplazes et al., 2018; Graf, 2019). Coaches have specific social and interactional entitlements to impose (future)

actions on their clients due to their professional role and hierarchical status as coaching (process) experts. Of particular interest, therefore, is how coach and client locally negotiate these entitlements to know and to impose (future) actions regarding the coaching agenda, i.e., what topics to cover and how to process them to allow for clients’ learning and change as the underlying goals of coaching. This ‘how’ is socio-culturally and institutionally framed by the conceptualization of coaching as professional interaction which is not expert-oriented, but client-oriented (Schein, 1978; Schreyögg, 2012). On a broader basis, such a fostering and promoting of shared power and responsibility between coach and client falls under the concept of ‘client-centeredness’ or ‘client participation’: Client-centeredness encompasses a relatively recent paradigmatic shift in the delivery of social and health care services and, more specifically, in the relationship between professional experts and clients: Following the definition by Stevanovic et al. (2022, p. 1), client-centeredness or client participation are conceived here not only as involving clients in deciding on their treatment (in medical encounters; see Robinson and Heritage, 2016), but more generally as clients’ right to influence the planning and development of the professional service.

Analyses of the local interactional unfolding of agenda-setting are so far missing in (linguistic) coaching process research (Fleischhacker and Graf, accepted for publication). The current paper addresses this research gap. We carry out a data-driven, inductive and exploratory study that investigates agenda-setting as interactional and discursive achievement in business coaching. We draw on five first sessions from a larger corpus of coaching interactions that was recently collected within the framework of the international and interdisciplinary research project *Questioning Sequences in Coaching*² (QueSCo, 2023). We pursue the following goals with our contribution: (1) document and analyze how the joint activity ‘agenda-setting’ is implemented via various (coach-initiated) social actions, (2) detail their contribution to establishing the working alliance, and (3) to interpret the emerging practices of agenda-management against the concept of ‘client-centeredness.’ As the purpose of this study is to give a first overview of the activity of agenda-setting in coaching, no in-depth micro-level analyses are carried out at this point.

2. Working alliance and agenda-setting

As outcome research across various professional contexts has convincingly illustrated, agreeing on goal(s) and task(s) alongside establishing a trustful bond between the participants prepare the ground for the overall success of the interaction. That is, setting and managing the agenda contributes to (initiating) the working alliance

¹ We use ‘agenda-setting’ in a broad sense, encompassing differentiations such as ‘agenda eliciting’ and ‘agenda reframing’ (Hood-Medland et al., 2021) or ‘agenda mapping’ and ‘agenda navigation’ (Gobat et al., 2015); concurrently, we use ‘agenda-setting’ and ‘agenda management’ synonymously.

² *Questioning Sequences in Coaching* (I 4990-G) is funded by the Austrian Science Fund (FWF), the German Research Foundation (DFG) and the Swiss National Research Foundation (SNF) and runs between 2021 and 2024. The project aims to shed light on the nature of questioning sequences in business coaching as well as their change-inducing potential, combining linguistic and psychological perspectives and using mixed methods to do so. More information regarding corpus and project can be found on the official project website: <https://questions-in-coaching.aau.at/en/>.

of coach and client, which in turn positively influences the overall success of the encounter. Agenda-setting thereby also represents the first and pivotal opportunity to locally act out client-centeredness (Gafaranga and Britten, 2003; Frankel et al., 2013; Gobat et al., 2015). In what follows, relevant aspects of both concepts for the current analysis will be detailed.

2.1. Working alliance

While building and managing relationships are part and parcel of all social interactions, in helping professions, the relationship between professionals and their patients/clients has proven central for the interactive construction of the process and for achieving the respective institutional tasks and goals (e.g., Miller and Considine, 2009; Horvath and Muntigl, 2018; Graf et al., 2019; Scarvaglieri, 2020; Scarvaglieri et al., 2022). The concept ‘therapeutic alliance’ or ‘working alliance’ (introduced by Greenson, 1965 and at times used synonymously; Horvath and Luborsky, 1993, p. 561), originated in (research on) psychodynamics. Nowadays, they find a pan-theoretical application to helping professions in general (Bordin, 1979; Horvath and Luborsky, 1993; Ackerman and Hilsenroth, 2003). Besides this broadening of its scope, what is of particular relevance for the current focus is the specification introduced by Bordin (1979, p. 252) of (agreement on) goal(s) of treatment, assignment of task(s) and the development of a bond as the three core components of the working alliance. The participants need to negotiate and agree on the overall goal(s) of the interaction, i.e., on clients’ concern(s) or goal(s) and coaches’ overall orientation to professional theories of change (Deplazes et al., 2018). They need to negotiate and agree on the relevant tasks to achieve the goals (Muntigl et al., 2020 on chair work in psychotherapy). And, finally, they need to build and maintain a trustful bond, which allows clients to open up, engage with the professional procedures and comply with the measures agreed on (Scarvaglieri et al., 2022). Agenda-setting thus to a great extent underlies the working alliance and, at the same time, enables it.

In quantitative outcome research on psychotherapy, the therapeutic/working alliance represents an established and verified success factor (e.g., Horvath, 2006; Norcross and Lambert, 2018; Spencer et al., 2019; Wampold and Flückiger, 2023): “The strength of the alliance is arguably the best and most reliable predictor of outcomes [...] and is generally considered one of the most important common factors in therapy” (Ribeiro et al., 2013, p. 295). And more specifically regarding the components of the working alliance, Muntigl et al. (2020, p. 2) argue that “(t)here is an accumulation of evidence that therapists and clients who can agree on the importance of the in-therapy activity proposed by the therapist, and actively collaborate in these tasks, have more successful outcomes than those who struggle to achieve such consensus.”

The significance of the working alliance for coaching success has more recently also been established in quantitative psychological outcome research (Baron et al., 2011; Behrendt, 2012; de Haan et al., 2016; Graßmann et al., 2019). Despite such empirical proof, Ianaro et al. (2013, p. 26) and others argue that “(a)ll in all, little is known of the interaction between coach and client and the interpersonal dynamics that constitute a high quality coaching relationship, although this is a matter of high interest for practitioners and researchers.” Such lack of insights into the concrete interactional

practices of ‘doing the working alliance’ by coach and client resonates more generally with the continuing research gap regarding its locally ensuing verbal and non-verbal management by the participants across a variety of helping contexts (but see, e.g., Muntigl and Horvath, 2014; Muntigl et al., 2020; Scarvaglieri, 2020 for therapy; or Thurnherr, 2022 for counseling).

2.2. Agenda-setting

Steering the conversation is an omnipresent activity of participants in talk-in-interaction. Communicative partners prospectively and retrospectively control or influence the overall organization of the ensuing conversation via, e.g., turn-taking and turn design, the thematic development via introducing new topics or shifting topics and, more generally, the overall progressivity of joint actions and activities (for a detailed discussion see Tiittula, 2001; and for coaching Winkler, 2017).

While asymmetry, dominance, power, and hierarchy (e.g., Tiittula, 2001; Brock and Meer, 2004) are locally negotiated in any kind of conversations, this process has particular interactional consequences in professional and institutional contexts. Professional and institutional interaction is inherently goal- and task-oriented and the differing roles and responsibilities of the professional experts and clients/patients, alongside their knowledge and power with respect to these tasks and goals, is made relevant differently to serve this purpose (Drew and Heritage, 1992; Tiittula, 2001; Freed, 2015). Concurrently, neither power, knowledge, participants’ roles and identities nor the overall participation framework are (strictly) preordained notions (Sarangi, 2001; Gülich, 2003; Koester, 2010). Instead, they are locally (re-)negotiated and co-constructed in communicative loops alongside the encounter and show in the “momentary relationship of the participants” (Stevanovic and Peräkylä, 2014, p. 186) and the ensuing epistemic, deontic and affective orders. The same holds for agenda-setting as a crucial joint activity where tasks and goals are defined and negotiated in accordance with the professionals’ and clients’/patients’ roles, responsibilities, knowledge, and power. The overall thematic, interactional, and relational organization of the encounter is established in communicative loops throughout the sessions/process.

Research on agenda-setting (with a focus on helping interactions) is prolific for medical encounters, especially in physician-patient consultations. Agenda-setting is defined as a communicative strategy that physicians use at the beginning of clinical visits to elicit patients’ topics or concerns, to propose their own topics and to organize a list of shared topics (Boyd and Heritage, 2006). Yet, establishing the topical focus of a physical consultation presents a challenge, given that such time-limited encounters often involve multiple, interrelated priorities that need to be addressed (Gobat et al., 2015, p. 822). Effective agenda negotiation builds, following Manning and Ray (2002, p. 462), on a joint accomplishment by physician and patient, whose interaction “shows they are satisfactorily addressing each other’s concerns.” Extensive (conversation-analytic) research investigated clinicians’ (more or less effective) openings of medical visits (see, e.g., various publications by Heritage and Robinson).

Beyond this relatively narrow reading of agenda-setting as collecting and prioritizing relevant concerns during the problem presentation phase in medical encounters, e.g., Gobat et al. (2015) discuss a broader conceptualization: “agenda setting involved a

process whereby patients and clinicians co-establish a joint focus for both their conversation and their working relationship” (p. 822). Beyond the topic-oriented domains of patients’ and clinicians’ concerns, agenda-setting also includes ‘agreement of shared priorities,’ ‘establishing conversational focus’ as well as ‘collaboration and engagement,’ all of which focus more on relational aspects. Agenda-setting as joint activity is also taken beyond opening sequences: “(a) agenda setting is often used at the start of a clinical encounter, but can be used at any stage (...) (e.g., for realignment)” (Gobat et al., 2015, p. 825). It is necessarily flexible, as unexpected topics may arise in the conversation to which practitioners need to be responsive by revising the set agenda. Particularly in this respect, meta-communication and structuring activities are reported as essential parts of agenda-setting (Gobat et al., 2015, p. 824). Agenda-setting, in this broader sense, is understood as a process that allows practitioners and patients to align in three areas (Gobat et al., 2015, p. 825) that also underlie the working alliance: (a) the content of what will be discussed in the session (task), (b) the overall course of their work together, i.e., what both parties hope to achieve (goal), and (c) the relational ‘ground rules,’ e.g., who will adopt what kind of role and responsibilities (bond). In this sense, ‘(a)genda setting offers potential for clinicians and patients to collaborate more effectively in decision-making about their care’ (Gobat et al., 2015, p. 822). Such shared decision-making or ‘consensus-based’ decisions have received much empirical attention (see, e.g., Muntigl et al., 2020) as one result or consequence of client-centered agenda-setting, both in medical and psychiatric visits (Frankel et al., 2013, p. 195). In agenda-setting, clients’ epistemic authority over their subjective life experiences and their deontic authority to participate in decisions regarding the thematic and interactional trajectories of the professional encounter alongside co-conceptualizing the ensuing professional relationship are honored more generally.

Overall, agenda-setting in helping interactions fulfills a principal organizational, thematic, as well as relational function for the ensuing professional encounter with special relevance at its beginning, i.e., during first sessions. It is the professionals’ responsibility to organize the encounter following a more or less predetermined structure (see, e.g., Heritage and Maynard, 2006 for the physical consultations or Deplazes et al., 2018 for coaching). In turn, it is the thematic component of agenda-setting where patients/clients should have a decisive say. Yet, when and how this ‘space’ is given is often determined by the professional expert: “To use the time available effectively, to cover all the tasks, and to encourage talk about issues that usually are difficult to address (...), it is useful for the counselor to take initiatory actions and to control the agenda” (Peräkylä, 1995, p. 97). More generally, it can be argued that professionals’ interactional dominance is an institution-endemic, functional, and vital part of the encounter, something that also the clients endorse in and through their own conduct (Nanouri et al., 2022; Stevanovic et al., 2022, p. 1). It is particularly the overall ‘how’ of both the structural and the thematic agenda-setting that determines the relational quality of agenda-setting and, consequently, of the entire encounter: Alongside professional or client-controlled approaches to setting the agenda (Schein, 1978), “(...) agendas can be set collaboratively with each party contributing ideas about what is important to cover in the visit and negotiating whether and when these ideas will be discussed. This style of agenda-setting comes closest to being consumer-centered because it is based on shared power and control” (Frankel et al., 2013, p. 197).

In its micro-linguistic/interactional focus on agenda-setting, CA-based research on medical (see above), educational (e.g., Stephenson, 2020) and more “quasi-conversational” professional (helping) interactions such as counseling (e.g., Peräkylä, 1995; Vehviläinen, 2003) outlines agenda-setting as follows: “By agenda management we refer to the interactional moves in and through which a participant steers the topic of conversation, launches transitions and key shifts in the participants’ activity, and implements (...) actions, such as announcing decisions” (Stevanovic et al., 2022, p. 2). Agenda-setting establishes the common ground for the participants’ actions and activities and thus strongly influences the unfolding character of the coaching interaction (Svinhufvud and Vehviläinen, 2013, p. 144; Graf and Jautz, 2022, p. 173). Across all professional contexts, questioning practices are “the most typical way [for the professionals, SJ et al.] to manage the agenda” (Vehviläinen, 2003, p. 88). While agenda-setting questions are a primary tool in coaching, too (Fleischhacker et al., in prep), the current analysis seeks to go beyond social actions such as requesting information or agreement.

3. Data and methodology

3.1. Data

For the current study, we use five randomly selected first sessions from a recently collected corpus of work-related coaching processes from Germany and Switzerland. The coaching processes, both face-to-face and online, were carried out in German and were video- and audio-recorded by the coaches themselves. Coaches (in four sessions females, in one a male coach) are seasoned practitioners working in the realm of solution-oriented, systemic coaching; the clients (all female) had either an academic or an organizational background. The sessions were transcribed according to (simplified) CA transcription conventions (such as outlined, e.g., by Jefferson, 2004). For the current purpose, examples are translated into English. Original data can be found as [Supplementary material](#). Written informed consent was obtained from all participants for the publication of anonymized data. Persons, organizations, places etc. referred to within the coaching, including names of coaches and clients have been replaced (see [QueSCo, 2023](#) for more information).

3.2. Methods

We carry out a data-driven, inductive and exploratory research to understand how the joint activity ‘agenda-setting’ is managed by coaches (and clients) in first sessions of coaching. To this end, we use conceptual and methodological resources from linguistic pragmatics, interactional linguistics, and conversation analysis. From linguistic pragmatics (Clark, 1996), we adopt the overall action approach to language that considers language use as arising in joint activities, based on the coordinated actions of the participants, and the concept of ‘common ground’ as accumulating in joint activities, i.e., the participants’ shared knowledge, beliefs and suppositions about the action(s) at hand. From interactional linguistics (Couper-Kuhlen, 2014; Couper-Kuhlen and Selting, 2018) we draw on the concepts of ‘social action’ and ‘practices.’ We focus on how interactants implement social actions, i.e., actions produced and responded to in the ensuing

TABLE 1 (Re-)Actions related to agenda-/coaching-relevant information/knowledge status.

Coach's action	[K+]	[K-]	Client's socially preferred reaction
Delivering agenda-/coaching-relevant information	Coach	Client	Acknowledging information
Requesting agenda-/coaching-relevant information/agreement	Client	Coach	Providing information/agreement (confirmation)

interaction at hand (Couper-Kuhlen and Selting, 2018, p. 214), as part of a joint activity via recurrent form-based and content-based uses of language, i.e., practices (Couper-Kuhlen and Selting, 2018, p. 29). Finally, from conversation analysis we apply the basic conceptualization of interactions as being sequentially organized both in their thematic as well as their structural layout (Schegloff, 2007; Sidnell, 2010). In addition, the interwoven CA-based concepts of epistemics, i.e., participants' authority based on knowledge and expertise, and of deontics, i.e., participants' authority and power to determine future courses of actions, are drawn upon (Heritage, 2012, 2013; Stevanovic and Peräkylä, 2014; Stevanovic et al., 2022). While participants' epistemic and deontic authority based on their social roles and identities form the background for action formation and ascription, their respective epistemic and deontic stances, i.e., their interactional displays of knowing and power, may make them appear more or less knowledgeable or powerful than they actually are or than their position in the social structure allows them to be.

3.3. Procedure

Initially motivated by agenda-setting questions as established in the QueSCo project, authors 1 and 2 examined all five first sessions for the occurrence of agenda management by coaches and clients. Beyond the narrower category of agenda-setting questions, 127 instances of agenda management, 117 initiated by coaches and 10 initiated by clients, were identified and further processed. In an iterative process, seven categories were established according to the types of social actions implemented by coaches that 'do agenda management': "(t)he particular sense of *action* being put central here is the ascription or assignment of a 'main job' that the turn is performing. The sense of 'main job' or primary action intended here is *what the response must deal with in order to count as an adequate next turn*" (Levinson, 2013, p. 107; emphasis in original). Social actions are additionally defined, following Couper-Kuhlen and Selting (2018, pp. 216f.), according to their turn design as well as their sequential position or placement within the coaching conversation. While we also consider the sequential organization of the social actions under scrutiny and thereby address action formation alongside action ascription, i.e., the (re-)definition of the interaction partners' reaction to the social action, our primary focus is on coaches' initiatory turns. In line with the socio-interactional layout of coaching as professional and institutional encounter, the vast majority of agenda moves (viz., 117 instances) is made by the coaches. Due to space limitations, we will not further discuss the 10 instances of client-initiated agenda-setting which we found in the corpus (but see Graf et al., in prep).

As regards turn design, we paid attention to aspects such as "subjecthood (you or me as agent?), interrogativity (are you asking me or telling me?), conditionality (is this a hypothetical [*sic*] or not?), modality (ability, willingness or necessity?) and imperativity (is

non-compliance an option or not?)" (Couper-Kuhlen, 2014, pp. 640f.), which can form the basis for determining "favorite, or 'preferred' formats" (Couper-Kuhlen, 2014, p. 639) for the different social actions.

According to Stevanovic and Peräkylä (2014, p. 187), "(i)t seems as if the main difference between the major classes of social action would be related to the particular facet of the participants' momentary relationship that each class makes relevant." Relevant for the current analysis is—on the one hand—the respective epistemic status of the participants, i.e., coaches' and clients' [K+] or [K-] status (Heritage, 2012) with regard to agenda-/coaching-relevant information. Concurrently, "(i)n the process of action formation, nothing is more fundamental than determining whether an utterance is delivering information or requesting it" (Heritage, 2013, p. 557). Actions of delivering or requesting news or informing are thereby reserved for those utterances that are specifically designed to report something newsworthy or informative to the recipient (Couper-Kuhlen and Selting, 2018, p. 266) or to enquire about something newsworthy or informative for the speaker; in our case primarily information regarding the overall framing of coaching and clients' issues or concerns. This is reflected in the categories "Delivering Agenda Information," "Requesting Agenda Information," and "Requesting Agenda Agreement" (see Table 1).

On the other hand, the question of agent and beneficiary of coaching agenda-related future action determined our categorization. More generally, it focused on the participants' rights to direct future actions (based on their (upgraded) epistemic status) (Stevanovic and Peräkylä, 2012; Stevanovic and Svennevig, 2015). In the context of requests for actions, Stevanovic and Peräkylä (2014, p. 192) argue that

(r)equents for action may range from orders and commands to suggestions and hints, depending most fundamentally on the extent that the first speaker may assume that the second speaker will perform the relevant action without being directly asked for it (...). Hence (...) we argue that such an interpretation is contingent on the recipient's judgments about the speaker's high deontic status relative to the recipient in the domain in question.

Based on Couper-Kuhlen's (2014) classification, we categorized the remaining instances of agenda-setting practices into "Requesting Agenda Action," "Suggesting Agenda Action," "Offering Agenda Action" and "Proposing Agenda Action." These actions focusing on agent and beneficiary of the (future, coaching-relevant) social action refer primarily, but not exclusively, to the negotiation of interventions (Table 2). As such, these actions entail a varying element of control as they influence the future activities of the interlocutors (Couper-Kuhlen and Selting, 2018, p. 259). How much control can be executed (also) shows in the linguistic practices that realize these social actions: "[T]he degree of entitlement to direct another's actions (e.g., assigning homework; giving advice concerning a problem) is often realized in the linguistic design of the directive, such as whether

TABLE 2 Distinctive dimensions of social actions (adapted from Couper-Kuhlen, 2014).

Social action	Agent of future action	Beneficiary of future action	Socially preferred reaction
Request	Other (client)	Self (coach)	Granting the requested action
Suggestion	Other (client)	Other (client)	Accepting the suggested action
Offer	Self (coach)	Other (client)	Accepting the offered action
Proposal	Self and other (coach and client)	Self and other (coach and client)	Agreeing with the proposed action

TABLE 3 Overview of agenda actions by coaches.

Agenda actions by coaches	Frequency
1. Delivering agenda information	36
1.1 Structuring content/session/process/coaching	21
1.2 Commenting on own action	15
2. Requesting agenda information	14
2.1 Defining content/goal	11
2.2 Defining roles and responsibilities	3
3. Requesting agenda agreement	15
4. Requesting agenda action	3
5. Suggesting agenda action	34
6. Offering agenda action	9
7. Proposing agenda action	6
Total	117

imperative or declarative formats or whether certain modality markers (e.g., will, would, could, should, etc.) are used (...)” (Muntigl et al., 2020, p. 2).

For each (sub-)category (see Table 3) a representative example was chosen for a detailed analysis. Besides categorizing the agenda management practices, the analysis also focused on whether the classified instances referred to the goal-, task- or bond-component of the working alliance; these components were assessed based on the thematic focus of the proposition. The linguistic turn design of the social actions was analyzed as regarding (repetitive) grammatical, lexical or syntactic features. Finally, epistemic and deontic stance taking was documented.

The categorization of the instances into seven social actions was critically discussed with authors 3 and 4, who also substantially contributed to the detailed analysis of the chosen examples and the interpretation of the findings. The degree of detailedness is dependent on the overall analytic goal, i.e., to give a first overview of agenda-setting practices in coaching. While the overall approach in this paper is qualitative in nature, the raw frequencies of the social actions and their respective sub-types were considered for the purpose of interpretation.

4. Analysis of agenda-management practices in first sessions of coaching

Table 3 provides an overview of the different types of coaches’ social actions alongside their sub-types as well as the frequencies of

occurrence as found in the data. The categories are organized according to an interaction and content-based logic. Coaching relevant knowledge concerning content as well as the process must first be gathered from and negotiated by coach and client for both participants to upgrade their respective epistemic status, before future coaching-relevant agenda actions can be implemented. Even though this is not a strict order of social actions, it turns out to be a recurring pattern (across and within processes). In particular, agenda-setting in coaching is managed (by coaches) via the social actions “Delivering Agenda Information” [with the two subtypes “Structuring content/session/process/coaching” and “Commenting on own action” (see chapter 4.1)], “Requesting Agenda Information” [with the two subtypes “Defining content/goal” and “Defining roles and responsibilities” (see chapter 4.2)], and “Requesting Agenda Agreement” (see chapter 4.3), as well as the agenda action-related categories “Requesting Agenda Action,” “Suggesting Agenda Action,” “Offering Agenda Action” and “Proposing Agenda Action” (see chapters 4.4–4.7).

4.1. Delivering agenda information ($n = 36$)

A central part of setting and managing the agenda in coaching is informing clients about the overall organization of the interaction, i.e., setting up the interaction frame of ‘coaching’ regarding its content(s) as well as its temporal and structural layout. The primary communicative practice in the context of framing coaching methodologically, procedurally, and temporally (Graf, 2019) are ‘informing sequences’ or ‘informings’ (Schegloff, 2007; Thompson et al., 2015; Couper-Kuhlen and Selting, 2018). As supported by Silverman (1997), the coach as the professional agent has both the epistemic authority and status (and the deontic authority and status) to deliver information relevant for the coaching agenda to clients.

We found two different subtypes of delivering agenda information: Those that inform about future coaching steps, viz. how to structure the content, the session or process, or the coaching in general (4.1.1) and those which inform about coaches’ upcoming own actions (4.1.2). Delivering agenda information often entails information about time and place along with structuring devices to clarify what happens when. Coaches almost exclusively use declaratives, often phrased with first-person singular present tense forms. We find various uses of the indicative, but also conditional *would*, which renders the information delivery more polite and pays tribute to the clients’ negative face needs by granting more freedom of action (Brown and Levinson, 1987, pp. 129ff.). In the vast majority of cases, these agenda moves support transparency, thus contributing to establishing the bond between coach and client.

4.1.1. Structuring content/session/process/coaching ($n = 21$)

21 out of the 36 examples of “Delivering Agenda Information” in our corpus have a structuring function. In providing structural information for clients and making the procedure etc. transparent, these agenda moves promote a trustful bond between coach and client; they also prepare for an agreement on the tasks to be carried out. Except for one imperative, all information deliveries are realized as declaratives, featuring predominantly first-person singular *I*, but also a few first-person plural *we* pronouns in subject position. Most of these examples contain temporal or spatial deixis (*at this point, here, just, later, hour, now, next session/time, time horizon, during, in the course of, takes more time, start, X hours of time, date, today*) and other structuring devices (*to make a point here*). When it comes to planning the future, the agenda moves also contain visual lexis (*look at, illuminate, clarity*). Examples often contain conditional forms to downgrade the coaches’ deontic claims. Example 1 illustrates this category.

To arrive at a goal definition for this first session as a basis for working on the client’s issues in a narrow sense, the coach starts by summarizing what they have already done in the first couple of minutes of the session, i.e., that they have encircled the client’s concern more generally (“*.h uhm hhh well we are we just (have just) finished circling around a bit uhm how what what your state of affairs looks .h like,*” ll.1–3). The coach’s summary is characterized by various hesitation markers (“*uhm,*” “*well,*” ll.1), audible breathing, a cut-off, self-repairs, and repetitions (“*we are just (have just),*” ll.1–2; “*what what,*” l.3), as well as modal particles (“*a bit,*” l.2) and rather unspecific vocabulary (“*your state of affairs,*” l.3). Addressing their prior work serves as a preparation and accounting for the coach’s attempt to define the goal of the current session. The latter is introduced via a contrastive “*but nevertheless*” (l.3), implying—together with the hesitant summary of their prior actions, the focus on the here-and-now (“*now,*” l.4)—that what they have been doing so far is insufficient regarding a goal definition. This leads the coach to formulate her wish to specify (“*refine,*” l.4; in contrast to “*circling,*” l.2) today’s goal or, more precisely, “*what we can .h*

do today” (l.4), with the modal verb “*can*” denoting ability combined with achievement. While the coach uses first-person plural “*we*” to refer to their prior actions and mutual goal, she uses first-person singular “*i*” and matching pronouns to introduce her piece of agenda-relevant information, i.e., her wish to specify the goal, and to account for it. She claims deontic authority with her information delivery statement but allows for the possibility of client disagreement in the use of mitigating particles and conjunctive mode with the modal “*would*” (l.3). In the following, the client responds with an acknowledgement token when the coach continues to summarize goal-relevant information from her notes.

4.1.2. Commenting on own action ($n = 15$)

15 out of the 36 examples of “Delivering Agenda Information” belong to the category “Commenting on own action.” In the majority of cases, the coaches make their actions transparent by informing clients about the fact that they are (about to be) taking notes. This transparency regarding their actions is even mirrored in their choice of vocabulary (*visualize, make visible, display, ...*). Again, we find various temporal adverbs (*now, again, today, ...*) in these declarative informing statements. The coaches position themselves as the agents of the action via first-person singular pronouns and active voice in all examples. Present tense indicative forms are used throughout. Often, the coaches minimize the impact of their actions on the overall activity with *a bit, some, only, just*, etc. We also frequently find hesitation markers, pauses, audible breathing as well as accounts whereby coaches might want to mitigate their explicit assumption of higher deontic stance: They often name aims (*to visualize/display/note down the concern*) or give reasons (*to check, so that I can get back to this, so that I can track our progress more easily, to structure this, in order to keep track, ...*) stressing the positive impact of taking notes for the clients and the process as such. Indeed, while information deliveries do not present instances in which the coaches’ deontic authority—as the persons in charge of the process and of the action—can be easily challenged, the professionals still account for their doings for the benefit of their clients.

EXAMPLE 1: Delivering Agenda Information: Structuring content/session/process/coaching.

```

1 CO1 if one is quick to agree to .hh well ((clicks tongue)) .h uhm hhh well we
2   are just (have just) finished circling around a bit uhm how
3   what what your state of affairs looks .h like .h but nevertheless i would
4   now like to .h refine what we can .h do today
5   .h i had (.) another look at my notes .h ((clicks tongue))
6   and what struck me were .h
7   (0.3)
8 CO1 two important aspects .h that you have mentioned and
9   please correct me [again] if i have summarized that incorrectly for me .hh
10 CL1 [hmhm ]
11 CO1 so two goals of this coaching session in a sense .hh are
12   that now generally speaking includes your expectation
13   regarding a change of perspective

```


EXAMPLE 2: Delivering Agenda Information: Commenting on own action.

```

1 CL2 ahha [ha]
2 CO3 [i ] think i have a pencil somewhere i prefer writing things down with
2 a pencil [.hh] i will just take a few [no ]tes throughout our sessions
3 CL2 [yes] [yes]
4 CO3 to document our progress [so i] can hh uh
5 CL2 [.h ]
6 (0.2)
7 CO3 well for one listen but also being able to .h follow up
8 CL2 yes
9 CO3 .h

```

In Example 2, the coach informs the client that she will take notes. She modulates her comment in different ways, e.g., via the modal particle “just” or by reducing the extent of her action by “a few” (l.2). She stresses the benefit of her action by referring to the coaching as a mutual process (“our progress,” l.4) and by producing an account, i.e., that she does not only want to be able to listen to the client, but also to get back to aspects (“listen” and “follow up,” l.7). Using declarative statements in the present tense and indicative mode, the coach stresses her deontic authority to decide on such procedural next actions. At the same time, by referring to “our” (l.4) progress, the coach constructs her actions as beneficial for the process and, eventually, for the working alliance, too. While the coach explains her actions by drawing on her epistemic and deontic authority, she ensures transparency regarding the purpose and the addressee of these notes and thereby builds trust with the client. Besides some overlapping acknowledgement tokens (“yes,” l.3), the client produces a positive receipt of this information once the coach has finished her turn (l.8).

4.2. Requesting agenda information ($n = 14$)

In our corpus, agenda-relevant coaching information is not only delivered, but also requested by the coach. In their professional role, coaches have the deontic authority to ‘demand’ information in order to benefit from this knowledge. By requesting information, the coach, as beneficiary of a knowledge upgrade, seeks to gain some measure of access to the client’s (territory of) knowledge (Heritage, 2012), thus positioning the client as the agent (Couper-Kuhlen, 2014). It is on this basis—i.e., their upgraded epistemic status—that coaches can then proceed taking next procedural decisions. There are 14 such instances in the corpus.

In the context of “Requesting Agenda Information,” clients are expected to provide insights into their concern(s) and goal(s) of coaching and how they can be approached (11 examples) as well as their expectations concerning the coaches’ role and responsibility (three examples). In these agenda moves, clients are attributed a [K+]

and coaches a [K-] status (with coaches’ [K-] status being lower on an epistemic gradient with requests for information than with requests for agreement, and vice versa with clients’ [K+] status (Heritage, 2012)). While coaches request information based on their deontic authority as professionals, clients’ deontic authority shows in how they react to such requests, i.e., what kind of information they offer in which form as their response.

Concerning the syntactic structure, interrogatives are found in the great majority of examples of requesting agenda information. This is in line with Heritage (2013, p. 563) who states that “(i)n contexts where an utterance formed with interrogative syntax [it] concerns information that is (primarily) within the recipient’s epistemic domain.” In terms of form, the instances display certain patterns. Requests are often phrased via modal auxiliaries and conditional *would*. We frequently find first-person pronoun *I* used by the coach as well as second-person pronoun *you* addressing the client directly.

4.2.1. Defining content/goal ($n = 11$)

The category “Defining content/goal” of the coaching (session) is often (yet not exclusively) found in the first parts of the first sessions and comprises 11 examples. Along with general initiatory requests via open *wh*-questions regarding goal or concern (*What exactly is the concern? What is your goal?*), we also find more topic-specific requests for information (*What do you want to achieve with the coaching? Which of the two concerns would you prioritize? What would be useful for you?*). The clients and their wishes are directly addressed in the majority of cases, which increases response relevance even further (Stivers and Rossano, 2010), but we also find a few impersonal constructions (*But what are topics that need to be [dealt with]?*). These agenda moves showcase the client-centeredness of coaching: Knowledge about the concern lies in the clients’ epistemic domain, and hence coaches need clients’ collaboration when defining the goal. In the turns following the request proper or building on this common ground at later stages, the cooperation between coach and client in working toward clients’ goals is sometimes explicitly stressed via the use of collaborative *we* in further requests for information (*What else can we do? What would be a coaching goal that we can aim at?*) (see, e.g., Nanouri et al., 2022, p. 109).

EXAMPLE 3: Requesting Agenda Information: Defining content/goal.

```

1 CO1 okay .h so (.) these are almost two entirely different concerns
2     even [if they are] related to each other .hh (.) that is (.) why
3 CL1     [hmhm          ]
4 CO1 and then there still is the event .hh that in august hhh you
5     (0.6)
6 CO1 will hopefully become a very happy [mother] yes .hh
7 CL1                                     [yes   ]
8     (0.5)
9 CO1 ((clicks tongue)) uhm
10    (0.4)
11 CO1 ((clicks tongue)) so ((clicks tongue))
12    (1.0)
13 CO1 today we have one hour together
14 CL1 hmhm
15    (0.3)
16 CO1 .h (.) ((clicks tongue)) we have four hours in tota[l .h]
17 CL1                                     [yes  ]
18 CO1 which of the two concerns would you hh
19    (0.7)
20 CO1 like to
21 CL1 prioritize
22 CO1 yes [well the]
23 CL1     [uhm the ] focus i believe (just)

```

Example 3 features an agenda management move which is typical across many helping interactions (see, e.g., [Boyd and Heritage \(2006\)](#) for doctor-patient interaction) and is also found in coaching: via *wh*-questions, the professionals invite clients to define their concerns/goals in coaching or—as is the case here—to decide on the most important one.

Prior, the coach asked the client to elaborate on her current situation and to name coaching-relevant topics. Among others, the client explains that maintaining her focus is a major problem. The coach—ratifies the client's elaboration with “okay” (l.1) and, based on her epistemic authority, concludes that the issues constitute two separate (though interrelated) concerns (ll.1–2). Without being prompted, the client minimally agrees with this (“hmhm,” l.3). The coach tentatively adds that the client becoming a mother soon might be another issue and finishes with a question tag seeking confirmation and thereby addressing the client's epistemic authority (l.6). The client responds affirmatively (“yes,” l.7). Thereafter, the coach—in an information-delivery sequence—sets the time frame as regards the current session (using the temporal adverb “today” and naming “one hour” as scheduled duration, l.13) as well as the entire coaching process (referring to “four hours in total,” l.16). In each case the coach uses the personal pronoun “we” (ll.13+16) stressing the joint activity. The client first provides a minimal acknowledgement (l.14), and then a clearly affirmative one in an

overlapping manner (l.17). Against this common knowledge regarding the time frame and the two distinct concerns, the coach, again, requests agenda-relevant information via a polite *wh*-question (leaving the client freedom of decision) so that she can continue her agenda management. She addresses the client via the personal pronoun “you” and uses conditional “would” along with the verb “like” to learn about the client's priority. She starts off with “which of the two concerns would you hh (0.7) like to” (ll.18–20), and the client immediately provides the verb “prioritize” (l.21) to collaboratively complete the coach's turn, which shows her attentiveness:

The joint production of an utterance, in which one speaker begins the utterance and another extends it, is a carefully orchestrated accomplishment requiring considerable attentiveness and skill from the second speaker; that is, the second speaker must be able to project when turn constructional units (...) are nearing completion and, at the same time, must be able to immediately build upon the utterance by adding an appropriate grammatical unit that semantically coheres with what has come before (...). These co-constructed utterances also have considerable social relevance, because they index a high degree of cooperation, solidarity and involvement between the participants (...). ([Muntigl et al., 2013](#), p. 11)

EXAMPLE 4: Requesting Agenda Information: Defining roles & responsibilities.

```

1 CO3 now i would like to hear from you in detail what shall my role as a coach
2   (0.2)
3 CO3 in this process be
4   (0.2)
5 CL1 hmhm
6   (1.3)
7 CO3 what can i help
8   (0.4)
9 CO3 you with (.) concretely
10  (2.6)
11 CL1 hm
12  (2.1)
13 CL1 for one
14  (1.9)
15 CL1 perhaps
16  (0.5)
17 CL1 you have the possibility by asking questions or so
18  to somehow establish some clarity and get my though[ts ]h uhm (.) in order

```

The coach thus actively invites and acknowledges the client's expert status as regards her (prioritizing the) concern. By completing the coach's turn, the client accepts this 'invitation' with confidence. The coach accepts this ("yes," l.22) and after an overlapping continuation yields her turn to the client to name the concern to be dealt with first ("the] focus," l.23). Agreement on goals, an essential component of the working alliance, has been reached for the current session.

4.2.2. Defining roles and responsibilities ($n = 3$)

Three instances of requesting agenda information explicitly relate to the role and responsibilities as a coach and (in this function) they form a subtype of "Requesting Agenda Information." This subtype (comprising interrogatives only) explicitly addresses relational issues and is primarily bond-related.

In example 4, the coach puts herself at the service of the client via using thematically open interrogatives. She thereby first requests general information about the client's wishes regarding her role/responsibilities in the coaching process ("what shall my role as a coach (0.2) in this process be," ll.1–3). She formulates this as an open *wh*-question and directly addresses the client, attributing both epistemic and deontic authority to her. At the same time, the coach assumes deontic authority by asking the question at this particular point in the process ("now i would like...," l.1) and by requesting very specific information ("in detail," l.1) thereby putting pressure on the client to provide such details. The *wh*-question is embedded in a longer, multi-turn formulation of the client's concern (not in the excerpt) and, at first, after a 0.2s pause, the client only provides minimal acknowledgement ("hmhm," l.5). After another 1.3s pause, which suggests interactional trouble (Kitzinger, 2013), the coach reformulates her question in a self-initiated self-repair and specifies her prior formulation "my role as a coach (0.2) in this process" (ll.1–3) via concretizing her role as offering help "what can i help (0.4) you with (.) concretely" (ll.7–9). While offering help accentuates that the client is in need of support and builds on the assumption that the coach can provide this help, inviting the client to specify the type of help implies that the client has an active

share and responsibility in the outcome as well as sufficient knowledge regarding the kind of support needed to achieve it. This points at the traditional sharing of tasks in coaching: The coach is responsible for the process, the client is responsible for the content. That the coach intends to adjust her role (and interventions) in the coaching process to the client's individual needs and expectations (as a form of client design, Graf and Jautz, 2022) also shows in the use of "concretely" (l.9). After a 2.6s delay, a hesitation marker ("hm," l.11) possibly indicating reflection and another pause of 2.1 s, the client starts to provide an answer, which covers different aspects. The structuring device "for one" (l.13) indicates a complex upcoming turn which will involve several components (see, e.g., Thompson et al., 2015, on responses to *wh*-questions). Her response shows that she is not only prepared to formulate her needs, but also has some knowledge about coaching practices, i.e., that coaches ask questions ("by asking questions," l.17) to help clients concretize their thoughts. Her uptake is phrased tentatively with various mitigating expressions ("perhaps," l.15; "or so," l.17; "somehow," l.18), which can be interpreted as an awareness of the socially challenging situation to tell a professional expert what to do. It also possibly indicates a lack of clear procedural knowledge of what the coach can actually do. At the same time, via her suggestions the client assumes some deontic authority to mold the coach's future actions.

4.3. Requesting agenda agreement³ ($n = 15$)

We found 15 instances of coaches seeking an agreement relating to the chosen procedure. Coaches therein seek simple agreement or elicit a client's stance in search of agreement on a suggested procedure.

³ We use 'agreement' as an umbrella term here which corresponds to several sequence types (such as requests for confirmation or requests for information with stance elicitation); their overarching function, however, is to seek for agenda agreement.

EXAMPLE 5: Requesting Agenda Agreement.

1 CO7 would this very moment perhaps be an opportunity for you
 2 to reflect on yourself as well as on what you might have already
 3 (0.5)
 4 CO7 found out about the topic
 5 (2.2)
 6 CL1 yes
 7 (0.3)
 8 CL1 we can absolutely do that

The frequency of this agenda move illustrates that expertise regarding the content, but also regarding the experienced adequacy of (planned or taken) measures is attributed to the clients in coaching. All of them are phrased using interrogative syntax; they are very uniform in that the coaches' display of power does not align with their deontic authority as professional agent to, e.g., suggest a certain procedure at a particular moment in coaching. Instead, they attribute deontic authority to the clients to authorize these suggestions or reject them, i.e., procedural decisions are highly contingent on clients' acceptance (Muntigl, 2023, p. 271). This once again showcases the client-orientation of coaching at large. The majority of the examples are either task- or bond-focused, while only few are goal-focused.

In terms of linguistic features, we find the polite use of conditional *would* (*Would this be something for you? Would this be a good moment to come to an end?*) as well as modal auxiliaries (*May I note down X? May I just briefly share what I just thought?*). The requests are mitigated (*just, a bit*) and contain temporal references indicating a short duration (*just briefly, a moment, for the time being*) and only minimal intrusion. Clients' negative face needs are respected. Furthermore, we find some impersonal formulations (*Can it be left like that for today?*).

In example 5, the coach elicits the client's stance regarding the timing of a continuation of the session ("would this very moment perhaps be an opportunity," l.1) with reviewing what the client has already learned about herself and the topic at hand ("to reflect on yourself as well as on what you might have already (0.5) found out about the topic," ll.1–4); he mitigates his request using a conditional form and "perhaps." Also, he constructs the implicitly announced intervention as useful by labeling it "an opportunity." The polar interrogative question format does not, however, question whether reviewing previous work is a useful course of action; instead, the requested agreement (i.e., confirmation, see footnote 3) only concerns whether the client considers the present moment a good time to do a review (referred to via the spatio-temporal "this very moment," l.1). While the client is thus given the power to decide on the adequacy of the timing for the intervention (and is the agent of this decision), she is not given the power to decide on the intervention as such. Deciding on its appropriateness or adequacy remains in the coach's epistemic and deontic domains. After a considerable pause of 2.2 s, the client first only produces the minimal agreement token "yes" (l.6), but—after another short pause—upgrades her

agreement to a more enthusiastic stance "we can absolutely do that" (l.8), thereby granting the requested agreement, from which the coach benefits. Interestingly, while the coach directly addresses the client "you [...] yourself" (ll.1–2), the client employs a collaborative "we" (l.8).

4.4. Requesting agenda action ($n = 3$)

There are three instances in our data where the coach requests agenda action rather than agenda information or agreement from the client. Requests most generally are directives with which the speaker (in our examples the coach) wants the addressee (the client) to do something: These directives "involve some future event or task to be accomplished, orient to speakers' rights and responsibilities, and make relevant some form of acceptance or compliance by the recipient or commitment to carry out the task (...)" (Muntigl et al., 2020, p. 2). The speaker's power to get the other person to take over some future action varies, as was argued by Stevanovic and Peräkylä (2014, p. 192):

(r)equents for action may range from orders and commands to suggestions and hints, depending most fundamentally on the extent that the first speaker may assume that the second speaker will perform the relevant action without being directly asked for it. Declarative statements do not necessarily impose any action on the recipient. Hence (...) we argue that such an interpretation is contingent on the recipient's judgments about the speaker's high deontic status relative to the recipient in the domain in question.

The three instances of "Requests for Action" do not contain imperatives, but two declaratives and one interrogative. In two of them, the coach asks her client to correct her if she has understood or summarized the client's prior talk incorrectly, in the third one the coach requests the client to state her goal, thereby contributing to agenda-setting and working alliance alike.

As already explained in section 4.1.1, Example 6 first features a delivering agenda information move with which the coach tries to structure the thematic focus of the session. After this preparatory move, the coach introduces an upcoming highlighting formulation (Weiste and Peräkylä, 2013) of the client's concerns ("i had (.)

EXAMPLE 6: Requesting Agenda Action.

1 CO1 if one is quick to agree to .hh well ((clicks tongue)) .h uhm hhh well we
 2 are just (have just) finished circling around a bit uhm how
 3 what what your state of affairs looks .h like .h but nevertheless i would
 4 now like to .h refine what we can .h do today
 5 .h i had (.) another look at my notes .h ((clicks tongue))
 6 and what struck me were .h
 7 (0.3)
 8 CO1 two important aspects .h that you have mentioned and
 9 please correct me [again] if i have summarized that incorrectly for me .hh
 10 CL1 [hmhm]
 11 CO1 so two goals of this coaching session in a sense .hh are
 12 that now generally speaking includes your expectation
 13 regarding a change of perspective
 14 (0.2)
 15 [so f]or yourself .hh uhm (.) in your actions
 16 CL1 [hmhm]
 17 CO1 or your per (.) self-perception .h and

another look at my notes .h ((clicks tongue)) and what struck me were .h," ll.5–6). Before proceeding with the actual formulation (ll.11ff.), though, the coach requests future agenda action from the client, asking her to correct her in case she got it wrong ("please correct me [again] if i have summarized that incorrectly for me .hh," l.9). She thereby displays a high entitlement to request such action from the client, using the imperative mode, only slightly mitigating her directive with the adverb "please" (l.9). At the same time, she attributes both the epistemic authority to the client regarding the content of the formulation (as pertaining to the client's epistemic domain) and the deontic authority to take agentive action (of correcting) and potentially turn the summary down. The client acknowledges the request for action in providing a minimal acknowledgement token ("hmhm," l.10).

This request for action, i.e., for correction, clearly bears on the relationship between coach and client in the sense of both having similar rights and responsibilities. While the coach's formulation displays an updated epistemic stance regarding the client's concerns, she concurrently positions the client as having the epistemic authority over this domain by explicitly inviting correction. As such, the agenda move bears both on the goal-component of the working alliance given that the participants need to agree on what they should be working on as well as on the bond-component of the working alliance, i.e., on establishing a stable relationship where critique is possible. Still, the right to exert influence on the professional agent via a possible correction (i.e., an explicit other-initiated other-repair) presents a delicate interactional moment: explicit corrections are indeed dispreferred social actions that are generally avoided (Pomerantz and Heritage, 2013, p. 217). The explicit directive to do so, then, works toward minimizing the possible negative impact that a correction may have on the working alliance.

4.5. Suggesting agenda action ($n = 34$)

We now turn to 'suggestions' as another kind of directive and controlling social action. Couper-Kuhlen (2014, p. 634) distinguishes between 'suggestions' and 'requests' in that the social action 'suggestion' features the recipient (i.e., the client) as both the agent and beneficiary of the suggested future action, whereas the beneficiary of the action 'request' is the speaker (i.e., the coach) and the recipient is the agent. We found 34 instances in our corpus matching the former description. The examples are located on a continuum ranging from suggesting procedure-oriented actions to suggesting concern-oriented actions. The former refers to actions which, e.g., address the next step that needs to be completed by a certain time. Thus, their procedural relevance is propositionally highlighted, and the examples often feature temporal adverbials referring to either a specific moment (e.g., *now*, *at this point [in time] in the next session*) or a period of time (e.g., *briefly*, *until we meet again*, *during the next session*) which is usually used to argue for the feasibility of the suggested action. With concern-oriented suggestions, clients are invited to reflect on their goal, aspects of their personality, strengths and weaknesses, or on what has been discussed so far. Instances of "Suggesting Agenda Action" build on mutually upgraded knowledge as regards clients' concerns/goals, i.e., are found during later stages of first sessions. The negotiation of these suggestions promotes a possible agreement between coach and client on the goal(s) and tasks of the coaching.

The coaches mostly phrase their suggestions as declaratives in the form of *you can do X* or, somewhat more directive, *I would ask you to do X*. We also find no-agent constructions in the passive voice (*a look would have to be taken at X*). In a few cases, the coach prefaces the suggestion with an explicit attribution of deontic authority to the client by emphasizing volition (*if you feel like (doing X)*, *if you like (we can do X)*). In addition to examples showcasing the verb *suggest* (*I would like to suggest X*) or the noun *suggestion* (*my suggestion would*

be X), we find verbs expressing intention, willingness or wish, often featuring conditional *would* (*perhaps you would like to do X*). We also find some examples in which the coaches, in a pre-sequence (Schegloff, 2007), ask for the clients' permission (*if you permit*) or their agreement (*if you want to*) before uttering the actual suggestion. Yet other examples are more straightforward and emerge locally without any preparatory moves. Following the actual suggestions, we find various cases of accounting, where coaches stress the benefits for the clients and their goals in coaching (e.g., *maybe this way it becomes more transparent for you, perhaps first steps can be derived from this, perhaps it is also helpful for you to set milestones*).

While the agent and the beneficiary of the suggested future coaching action is always the client, as expressed in the use of the second-person singular pronouns (*you decide, you can ask people, your task would be to do X*), we also find suggestions that draw on first-person plural pronouns (*we could consider X, we can take a closer look at X, we ask X*). The coaches' suggestions often feature mitigating devices (*perhaps, a bit, just*) and hesitation markers, pauses and breathing, which render their turns rather tentative in nature. As such, coaches—while having the relevant (knowledge and) power as professional experts of appropriate next steps—mostly do not publicly display a stance congruent with their (epistemic and) deontic status as professionals (Stevanovic and Peräkylä, 2014, p. 189).

Example 7 is an instance where the coach suggests a concern-oriented action for her client. About 5 min before the end of the session, the coach summarizes her notes on what the client has said and then continues with some homework for the client. After referring to some explanation entailed in a document for the client, the coach suggests the first version of a task, i.e., that the client asks family and friends what they consider to be her strengths, and next, she specifies the client's task ("your job would be," l.10) as to listen to what they say. The first part of the task is phrased as a possibility for a client action ("you") involving the modal verb "may" (l.6) and comprises several alternatives as to whom the client might ask, leaving it open for the client to decide exactly who would be most appropriate for the exercise ("people who

are close to you or be it colleagues be it (.) your husband or the [like]," ll.7–8). The coach minimizes the costs of the suggested task for the client (Couper-Kuhlen, 2014, p. 626) and highlights the easiness in proceeding by strongly mitigating her utterance with the adverbials "just" and "for the fun of it" (l.8). In this same minimizing sense, she emphasizes that the client's actual task would be to "in a [sense] .h to listen attentively hhh" (l.10) to her friends and family. In spite of this, the coach leaves it up to the client to decide whether this 'easy homework' will be completed or not: she designs her utterance using the conditional, thus stressing the optional nature of the suggested task. The client reacts with overlapping acknowledgement tokens (ll.9+11) and a positive polar interjection ("yes," l.13). The coach then precises how the client's asking could be "simply" done, providing candidate questions as explanations (l.15ff.). She "takes on the client's voice thus speaking as if she were paraphrasing or quoting the client's message" (Muntigl, 2013, p. 7 on therapy), using direct speech and the first person singular, and details what the client could say to the people in question. This creates both immediacy and emotional involvement and adds transparency to her task.

4.6. Offering agenda action (n = 9)

Another nine instances of agenda management were classified as "Offering Agenda Action." Just as with suggestions (chapter 4.4), the client is the one who benefits from the named action; yet, unlike with suggestions or requests, the coach is the agent of the offer. This makes offers commissive actions: The coaches commit themselves to carrying out the future action in question, which refers to "the transfer of an object or a service" (Couper-Kuhlen, 2014, p. 249). Future actions often address some kind of trouble or problem that emerges locally or has previously been made explicit (Couper-Kuhlen, 2014, p. 634); another type refers to offers with respect to troubles or, more generally, topics that emerge alongside the interaction (without the original

EXAMPLE 7: Suggesting Agenda Action.

```

1 CO1 .h ((clicks)) (.) that is what [i have hhh i
2 CL1                                     (((incomprehensible))), laughs))]
3 CO1 have (.) .hh [not]ed down so far (.) .h
4 CL1                                     [yes]
5      (0.6)
6 CO1 uhm (.) down there you will find elaborations .h you may as well .h
7      ask people who are close to you or be it colleagues be it (.) your
8      (.) husband or the [like] .h just for the fun of it
9 CL1                                     [hmhm]
10 CO1 your job would be in a [sense] .h to listen attentively hhh
11 CL1                                     [yes ]
12      (0.4)
13 CL1 yes
14      (0.6)
15 CO1 well and then just simply you know what do you see
16      what i_m particularly good at and which skills .h do you see in me

```


intention of making an offer; Drew, 2013, pp. 6f.). Both formats are found in the current data: in two cases, the offers address a locally emerging issue and include the client in the future action (e.g., they can ask questions). The other offers relate to possibilities of outsourcing certain matters or tasks instead of spending coaching time on them (e.g., coaches offer to send the clients background information) or to material, exercises or activities to be integrated into the session at hand. The preferred way of responding to an offer is accepting it (Couper-Kuhlen, 2014, p. 624), and indeed, the clients respond with explicit positive uptakes in all cases (*yes, yes-yes, okay*). Regarding their contribution to establishing the working alliance between coach and client, all instances of this social action type are either task- or bond-focused.

Offers, especially locally emerging ones, often take the form of a declarative (Drew, 2013, pp. 6f.). This is the case with all nine examples in our corpus. Apart from one impersonal example, all offers comprise first-person singular pronouns *I* for the coach as the (future) agent. And all but one example feature characteristics of mitigation in the sense of pauses or audible breathing, conditional mode, auxiliaries *would, may* or adverbials such as *a few, a bit, perhaps*. While offers are preferred actions compared to requests (Levinson, 2013, p. 115), coaches still—despite offering something beneficiary for the clients—thus display a deontic stance incongruent with their deontic authority here.

In Example 8 the client explains that she has problems with her work-life balance (ll.1–9). The coach affiliates with the client and voices understanding for her situation (“i can well relate to that,” l.5). The client adds that she feels depressed and like not having a life of her own (ll.7–9). In reaction to this, the coach offers to take action, i.e., to give some tips regarding time management (ll.11–13). Before the actual offer, the coach starts her turn with affiliative laughter, then breathes in, pauses and hesitates, and uses the acknowledgement token “okay” and adversative “but” (l.11) to introduce a measure against such feelings expressed by the client. Giving tips implies

expertise and epistemic authority and underlines an asymmetric and hierarchical relationship. However, the coach downplays her authority and orients toward the client by asking for permission (using the modal verb “may,” l.11), mitigating her offer (“just,” l.11; “some,” l.13) and by using hesitation markers. Only thereafter the coach starts naming her tips. There is, however, no pause which would give the client the chance to grant permission. However, since the client has provided agreement in overlap, the coach can build on this positive uptake and elaborates different recommendations such as to reserve slots for herself in her work schedule and to accept that there are days when it is not possible to stick to a scheduled plan.

4.7. Proposing agenda action ($n = 6$)

Our corpus features six examples which were classified as proposals, i.e., as “Proposing Agenda Action.” These instances are characterized by coach and client both being agents and beneficiaries of the proposed future action, which is documented in the use of the first-person plural pronoun *we* used throughout this category. Via the use of conditional and modal verbs (*we can, could*), the proposals are all framed as options, respecting the negative face of coach and client alike. Moreover, they are all metapragmatic statements of proposed future actions in that these instances realize the ‘discourse on coaching,’ not the ‘coaching discourse’ (Graf, 2019, p. 290). This is reflected in the verbs from the semantic field of communication, e.g., *coordinate, sort out, agree on* or *tackle a topic*. In their structuring function, these agenda moves also often contain temporal options for coach and client such as *next session* or *second step*. In these proposals (and their uptakes, ranging from minimal acknowledgment to *yes, love to*) coaches frame possible next agenda steps as open for discussion and explicitly involve the client in the decision (e.g., *if you want to*), thereby mitigating a potential face threat and enhancing

EXAMPLE 8: Offering Agenda Action.

```

1 CL2 well somehow then (.) now that it is summertime .h many people go outside
2   and do something nice then i think to myself i languish at home .h
3 CO3 hmhm
4 CL2 i just have the feeling i have no sense of living then i get annoyed
5 CO3 i can well relate to that
6   (0.2)
7 CL2 and uh then i get somehow depr[essed ]
8 CO3                                     [yes ]
9 CL2 and think everyone has a life but m[e ]
10 CO3                                     [ah]
11 CO3 ha ha ha [.hh] (.) uhm okay but may i provide you just lik[e that] with
12 CL2                                     [yes]                                     [yes ]
13 CO3 some tips [from] time management and scheduling .hh uhm (.)
14 CL2                                     [yes ]
15 CO3 uh the first thing that i would recommend is when you plan work (.) slots
16   for yourself yes .hh uh if you feel like you can_t do it
17   that you_ll leave it b[e tha]t you admit to yourself today doesn_t work
18 CL2                                     [hm ]
19   i see (.) i i need time off like other people do i need to take a walk now

```

EXAMPLE 9: Proposing Agenda Action.

```

1      (0.2)
2 CO1 ((pants)) okay .h and (.) if you take time now to do it .h
3      then i also would have something else that i can .h (.) beyond the
4      time management tools [.hh ] that is something that you ski[m .h]
5 CL1                                     [hmhm]                               [yes ]
6 CO1 and then you see you dabble in it
7      and then we can uh also briefly agree on this .h
8      (0.2)
9 CO1 ((clicks tongue))
10     (0.4)
11 CO1 is it
12     (0.3)
13 CO1 consistent somehow does it fit or er where ha where
14     (0.2)
15 CO1 where is it a bit bumpy .h the other thing is .h
16     this is about your resources .h
17 CL1 yes

```

the clients' freedom of action. While proposing next agenda steps bears on the task-component of the working alliance, the fact that these moves create transparency and commitment on the side of the client promotes the bond between the interactants.

In Example 9 the coach offers some additional material on time management tools which the client can read and try out. This serves as a basis for agreeing on whether the tools fit for the client. The proposal (l.7) contains the temporal adverb "then," referring to the future action. While making such a proposal documents the coach's deontic authority, integrating the client in the agenda management by phrasing the proposal as possibility (via the modal "can," l.7), by employing the first-person plural pronoun "we" and the verb "agree [...] on" (l.7) stresses agenda management as joint activity in which client's deontic authority is upgraded. The coach also mitigates the effort or time investment by adding "briefly" (l.7), which will make the proposal more easily acceptable for the client. The client provides continuers ("hmhm," "yes," l.5) during the coach's turn though prior to the proposal. However, she does not immediately provide a positive uptake regarding the proposal itself. After some pausing, the coach offers further explanations what 'agreeing on' means (ll.13–16) emphasizing that the proposed has to fit the client. Thereafter, the client agrees ("yes," l.17).

5. Discussion

The interactional trajectory of agenda-setting in first sessions of dyadic business coaching is closely linked to the domains of knowledge and power of the participants and how these bear on the participants', i.e., on coaches' and clients' momentary relationship (Stevanovic and Peräkylä, 2014, p. 187), e.g., on the mutual updating of epistemic statuses. In this vein, the seven social actions presented here (roughly) replicate a stepwise, 'natural' order of agenda

management: The participants first need to reach a common understanding of the content, the procedure and their relationship before they can negotiate taking (future) coaching actions: coaches as professional experts must inform clients on what to expect from coaching as a helping format and, in turn, they need information from clients why they came to coaching and what they expect of them as professionals. This mutual upgrading of coaching-relevant knowledge prepares the ground for next steps in coaching: it adds to the deontic authority of coaches to impose future actions on the client via, e.g., suggesting a certain intervention as part of working on the tasks of coaching; it also adds to clients' deontic authority to take informed, or "consensus-based" decisions regarding these suggested interventions (Frankel et al., 2013; Muntigl et al., 2020). It was beyond the scope of this paper to analyze the positioning and sequencing of the different social actions in detail and providing statistical evidence, yet this order of agenda actions proves a pattern (albeit not a strict order) recurring at different stages in the different first sessions.

The distribution of epistemic authority concerning procedure and content showcases the 'division of labor' as claimed in coaching practice literature (e.g., Barczynski, 2018, p. 9), viz. how coaches shape coaching-relevant knowledge, entitlements and orientations to knowledge and knowledgeability and overall render coaching a client-centered interaction. Yet, in line with Vehviläinen (2003) and Vehviläinen and Souto's (2022) observations for counseling and Nanouri et al.'s. (2022) observations for adult education and therapy trainings, the professional coaches display a 'double orientation,' i.e., they orient to being collaborative, while retaining their authority. Though set within the larger socio-cultural framework of democratizing expertise and client participation and, more coaching-specifically, an ideology of help for self-help and dialogue at eye level (e.g., Jautz, 2017), coaches exercise a legitimate degree of power due to their epistemic and deontic status as professional coaches, and clients endorse such expertise and power. While strategies of

face-saving and politeness thereby play a role for both participants, future research must zoom in on these aspects of relational management.

As such, the social actions found in the data promote and underlie the working alliance in coaching and do not only ‘do’ agenda-setting, but they also ‘do’ working alliance: Agreeing on the goal(s) of the coaching (e.g., requesting information from clients regarding their concerns), assigning task(s) to reach these goals (e.g., suggesting agenda action via certain interventions), and establishing a bond between coach and client (e.g., delivering agenda information regarding the structural set-up of coaching).

5.1. Delivering agenda information

In more detail, in “Delivering Agenda Information” (somewhat less than one third of all social actions; $n = 36$), coaches inform clients about possible content of their coaching interaction or about the temporal framing of the session or the process. Moreover, coaches also inform clients what they themselves are/ will be doing in the sessions. As outlined by Graf (2019, pp. 75ff.) in the context of the basic activity “Defining the Situation” and more specifically, in the context of the communicative tasks “Methodological and Procedural Framing of Coaching” (Graf, 2019, p. 85) and “Temporal Framing of Coaching” (Graf, 2019, pp. 115ff.), such informings are very often done explicitly via meta-pragmatic framing practices. What was outlined by Peräkylä (1995, p. 98, emphasis in original) for counseling similarly holds true for coaching: “(w)e—as ordinary members of Western societies—do not know what happens in counseling with the same precision as we know what is going on in a doctor’s surgery or in a lecture hall. For the clients, then, what the general goals of a counseling session are may be more or less *opaque*.” Thus, “Structuring content/session/process/coaching” ($n = 21$) builds on coaches’ epistemic authority as professional coaching experts and enables an upgrade of clients’ epistemic status with respect to how coaching will proceed, i.e., it reduces the opaqueness of coaching by creating a thematic and procedural common ground. In “Commenting on own action” ($n = 15$), coaches inform clients about the rationale of a certain action, primarily of them taking notes during the session. This meta-pragmatic framing strategy creates transparency for the clients and pays tribute to their entitlement to know the motivation for coaches’ actions. Moreover, in sight of the triadic constellation of (most) coachings (Graf and Jautz, 2019), taking notes could be experienced as breaching the confidentiality between coach and client; informing clients about the ‘addressee’ thus helps to build trust. While delivering coaching-relevant agenda information prepares the ground for agreeing on goals and tasks in coaching, it also enables establishing a trustful bond between coach and client. Particularly the latter aspect of delivering agenda information seems highly relevant in the context of the still unresolved professional status of coaching and the resulting insecurity for clients about what to expect. The fact that most instances of agenda-setting in our data ($n = 36$) belong to the social category of “Delivering Agenda Information” can be interpreted as a form of client-centeredness

in its reading of democratizing the professional—client relationship.

5.2. Requesting agenda information

We found 14 instances of “Requesting Agenda Information” to implement agenda-setting in coaching. In this category, clients with their subjective life experiences are ascribed a [K+] status in the dyad and thus are requested to upgrade coaches’ epistemic status with respect to why they came to coaching, what goals they want to pursue with coaching (“Defining content and goals,” $n = 11$) and also what coaches should specifically be doing for them (“Defining roles and responsibilities,” $n = 3$). Such concern and goal elicitation via, e.g., *wh*-questions represents a core agenda move discussed in existing literature on other helping formats, too (chapter 2.1) and represents, following Silverman’s argument (Silverman, 1997, p. 93) “(...) a normatively encouraged strategy of client-centeredness (expressed in allowing the patient to nominate the agenda.” In addition, the personalization of services for clients showcases the concept of ‘client-design’ in coaching (Graf and Jautz, 2022). Concurrently, it attributes a high level of self-reflexivity to the clients, who, in addition to elaborating on their concerns and goals, are considered knowledgeable enough to specify coaches’ contributions to achieving their goals.

5.3. Requesting agenda agreement

In terms of frequency, “Requesting Agenda Agreement” is even slightly more common than “Requesting Agenda Information” ($n = 15$). With this social action, coaches seek agreement from clients with respect to the (temporal, structural or emotional) adequacy of taking next procedural steps or actions suggested by the coaches. Unlike for the other subtypes, where clients enter coaching with a pre-existing relative epistemic advantage, clients’ [K+] status here is contingent upon their upgraded epistemic status with respect to the locally ensuing interaction with the coaches. Although coaches here attribute the rights, responsibilities and also the obligations to know to the clients, the procedure to be evaluated is introduced by them in the first place on the basis of their professional epistemic and deontic authority. Still, clients are authorized to influence and participate in decisions regarding the thematic and interactional trajectories of the coaching encounter as a form of client-centeredness. Agreement on goals and tasks as essential components of the working alliance require eliciting the ‘reason for visit’ in the first place alongside the negotiation of adequate steps.

Agenda-setting is not only an information- and agreement-oriented joint activity for establishing a trustful bond (predominantly via creating transparency for clients) and successfully working on clients’ goals (predominantly via mutually upgrading the participants’ epistemic statuses), but also includes (first) intervening steps to work on what has been agreed on. Action-oriented agenda moves bridge the gap between the definitional phases (i.e., the basic activities “Defining the Situation” and “Building the Relationship”; Graf, 2019) and the actual coaching work on the concern, i.e., the basic activity “Co-Constructing Change”; Graf, 2019). 52 of the 117 examples serve

this purpose by requesting, suggesting, offering or proposing (future) agenda action.

5.4. Requesting agenda action

“Requesting Agenda Action” is rare in the data. In two of the three instances coaches ask clients to correct them in case their summaries are not sufficiently anchored in clients’ original concern or goal elaborations. These agenda moves represent the most explicit options for clients to display their epistemic dominance and authority regarding their concern. While coaches in these instances are the ‘beneficiaries’ of the possible future action ‘correction,’ it is the clients who will ultimately benefit from possible adjustments to the agenda if the feedback requested is incorporated; requests as dispreferred directive actions are thus made acceptable. Clients as co-experts are granted—as a form of dialogue at eye level—both epistemic and deontic authority in these instances and are empowered to actively correct the thematic agenda as suggested by the coach. This is in line with more recent trends of client empowerment and ‘flat’ hierarchies (Nanouri et al., 2022, p. 96). Yet, the request to do so still comes from the coach, and the clients’ responses in our data point to the socially challenging situation to flip the responsibilities: “(h)owever, power does not simply vanish from our working contexts and although the hierarchy between trainers and trainees [or coaches and clients, SJ et al.] can be softened it cannot vanish” (Nanouri et al., 2022, p. 110). Still, an explicit invitation to correct a professional expert bears on the relationship between the participants and further showcases the client-centeredness and division of labor in coaching.

5.5. Suggesting agenda action

The next coach-initiated social action that helps set and manage the coaching agenda is “Suggesting Agenda Action.” With 34 examples this social action represents the second most frequent agenda move in coaching: once clients’ concerns/goals have been agreed on, coaches make suggestions how to continue with the coaching procedure and/or how clients’ concerns can be worked on to achieve transformation and change. Suggesting agenda actions thereby implements the task component of the working alliance. In doing so, coaches draw on their upgraded epistemic status as regards clients’ individual concern(s) and more generally on their professional stock of knowledge. Suggestions resemble requests in that they are directive speech acts and in that the addressees (the clients) are the agents of the future action, yet, with suggestions, the clients are also the beneficiaries of that action (e.g., by reflecting on their skills as a possible next step in coaching). Due to this difference, suggestions are less dispreferred than requests: Clients ‘work on their own account’ rather than for the coaches’ benefit. Given that clients enter coaching and the asymmetrical and hierarchical relationship with their coaches with a willingness to change (Whitworth et al., 1998, p. xix), one might expect clients to act as suggested by the professional authority. Nevertheless, suggestions are often prepared or accounted for via reference to an upgraded shared coaching-relevant knowledge or via explicating possible benefits for the clients and their concerns. This interactional trajectory renders the suggestion less likely to

be refused. What is more, even though coaches claim the deontic authority to influence the further development of the coaching process, the turn design of their suggestions often downgrades their deontic status (suggestions are delivered tentatively in the conjunctive mode, and designed with high contingency, Muntigl et al., 2020). Concurrently, the turn design upgrades clients’ deontic authority, also including them in the decision process on procedural or concern-oriented next steps via, e.g., the use of inclusive *we*. Across the data, suggestions are thus realized predominantly via collaborative, power-sharing practices that advance clients’ autonomy and centeredness in co-designing their change process (see Nanouri et al., 2022, p. 96 for adult learning).

5.6. Offering agenda action

Besides suggesting agenda actions, coaches also offer agenda actions. In the nine instances of “Offering Agenda Action,” coaches—via commissive speech acts—put themselves (as agents marked by the use of the first-person singular pronoun *I*) at the service of their clients, who will benefit from actions such as sending material or giving tips. While offers generally exist in three formats (Levinson, 2013, pp. 115f.; Couper-Kuhlen, 2014, p. 634), in our data only two emerge over the course of talk as possible “additional services” in the context of issues that have been worked on together and where coaches, mostly toward the end of these negotiations, tentatively offer some extra information. Services that go beyond the proper coaching format, such as providing additional material are outsourced and go beyond the control of the coach. Coaches trust their clients to make good use of this opportunity, which, in turn, means that they consider clients on an equal footing with them. Such offers thus empower clients and implement client-centeredness. Moreover, offering agenda action also emerges more locally with respect to troubles or, more generally, topics that surface during the interaction (without the original intention of making an offer) (Drew, 2013, pp. 6f.). Clients are offered the possibility to ask questions, or coaches offer to summarize important aspects. Future actions by coaches offered to help ‘improve’ the concrete interaction with their clients can be interpreted as affiliative actions bearing positively on the working alliance, particularly on further establishing the bond between the participants. The preferred response to an offer is acceptance, and this is granted by clients in (upgraded) positive reactions in all present examples.

5.7. Proposing agenda action

And, finally, agenda-setting in coaching is also implemented via the social action “Proposing Agenda Action,” of which we find six instances in our data. These agenda moves best illustrate agenda management as a joint activity as coaches and clients are not only both agents of the proposed (future) agenda action, but they also both benefit from it. The proposed actions in our corpus all relate to organizational issues regarding the ensuing coaching work on clients’ concerns and add to the transparency of what coach and client can do together and when or how they can do it. While transparency—against the background of the overall opaqueness of

coaching (Peräkylä, 1995 for counseling and Graf, 2019 for coaching)—helps to strengthen the trustful bond, it also underlies reaching an agreement on the tasks to carry out next. And although these proposals are always made by the coaches, which exemplifies their professional power to introduce possible future actions, they are all framed as possibilities in the conditional form with the inclusive *we* indicating a sharing of deontic authority as regards the next agenda steps. The clients acknowledge this and provide affirmative uptakes and thus contribute to taking agenda management one step further.

6. Conclusion

The analysis of five first sessions of business coaching offered first insights into interactional agenda management as joint activity by coaches and clients. Agenda-setting emerged as a frequent, far-reaching, complex and instrumental activity in coaching. For the current paper, we focused on coaches' initiating actions and found 117 instances of their agenda-setting across the data, which were classified into seven superordinate social actions plus subtypes. The most widely investigated social action across CA-based research on agenda-setting are requests for information sequences (see also Fleischhacker et al., *in prep*). Yet, the data evinced six additional pertinent agenda managing actions beyond collecting and prioritizing relevant concerns during the problem presentation phase of encounters. What is more, we were not only interested in how coaches employed collaborative and client-centered coaching-specific agenda-setting and management. We were also concerned about how these practices contributed to 'doing' the working alliance in coaching, i.e., which component of the working alliance they interactively co-construct and to what extent clients participated in planning and developing content, procedure and relationship. A case in point were the frequent instances of delivering agenda information or metapragmatic framing strategies on structure, content and procedure that promoted transparency for clients and thus helped create a trustful bond. Bordin (1979, p. 252) argued that "(...) the working alliance between the person who seeks change and the one who offers to be a change agent is one of the keys, if not the key, to the change process (...)." More detailed research into the sequentially structured practices that underlie agenda-setting and promote the working alliance (e.g., how coaches prepare for agenda-setting or respond to clients in third position) would then offer valuable insights into how the change process in coaching transpires within and across individual sessions. Combining micro-level interaction insights and the effects of agenda-setting and the working alliance on coaching outcomes and client satisfaction would, however, be a promising path that only an interdisciplinary team of linguists and psychologists could embark on.

The breadth of the current research focus comes at the cost of the amount, the depth and detailedness of the analysis. More micro-level analysis of the individual social actions and their sequentially structured practices is necessary with respect to a close analysis of how agenda-setting is prepared in the turns leading up to the agenda move (as target action) and how it is further processed by the

participants in second and third positions (Peräkylä, 2019). With 117 instances, our sample of agenda-setting practices was relatively large. This attests to the importance of agenda-setting in coaching both against the background of its still unresolved professional status and the resulting insecurity for clients with respect to structure, set-up, etc. and against its client-centered orientation that clients participate in planning, developing and structuring not only content, but also procedure. The latter shows in clients' own agenda management. When examining the first sessions for agenda management actions, we found 10 instances by clients along with the 117 instances by coaches. Analyzing clients' contributions to agenda management and the interplay of coaches' and clients' actions will be of special interest to provide a complete picture (Graf et al., *in prep*). Moreover, carving out how face needs inform the participants' epistemic and deontic stances when managing the agenda deserves empirical attention. Furthermore, we only included five first sessions. Extending the data set beyond first sessions to entire coaching processes represents a necessary next step, too.

Data availability statement

The original contributions presented in the study are included in the article/[Supplementary Material](#), further inquiries can be directed to the corresponding author.

Ethics statement

Written informed consent was obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

Author contributions

SJ and E-MG examined the corpus for the occurrence of agenda management by coaches and clients and assigned them to the social actions. The categorization was critically discussed with MF and FD, who also substantially contributed to the detailed analysis of the chosen examples and the discussion and interpretation of the findings emerging from the categorization. E-MG was mainly responsible for the theoretical background and the discussion, while SJ was mainly responsible for the analyses. MF and FD took special care of examples and references. SJ produced the final edited manuscript. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Supplementary material

The Supplementary material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1232090/full#supplementary-material>

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Understanding mixed emotions in organized helping through emotionography

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Introduction: Emotionography studies emotion: (a) as it occurs naturally in display, reception, attribution, and avowal; (b) within and across diverse stretches of interaction and varied institutional contexts; (c) grounded purposefully in the perspectives of the interactants as those perspectives are displayed in real-time through unfolding talk; (d) using materials that are recorded and transcribed in sufficient precision to capture the granularity consequential for the interactants. We overview contemporary research on “mixed emotion” highlighting theoretical and methodological issues and explore the potential of emotionography as a generative alternative.

Methods: The analysis will use contemporary conversation analysis and discursive psychology to illuminate the workings of organized helping using a collection of recordings from a child protection helpline all of which include laughter alongside crying.

Results: Analysis shows, on the one hand, how crying and upset display the caller’s stance on the trouble being reported, and mark its action-relevant severity; on the other, how laughter manages ongoing parallel issues such as advice resistance. We show that the “mixture” is public and pragmatic, displaying different concerns and stances, and dealing with different issues; all is in the service of action.

Discussion: When analyzing the specifics of interaction, the concept of “mixed emotion” loses clarity, and it is more accurate to observe competing pragmatic endeavors being pursued in an intricately coordinated fashion. These practices would not be captured by conventional emotion measurement tools such as scales, vignettes, or retrospective interviews. Broader implications for theories of emotion and methods of emotion research are discussed.

KEYWORDS

emotionography, mixed emotion, conversation analysis, discursive psychology, crying, upset, laughter

Introduction

Research on emotion in psychology and the social sciences overwhelmingly relies on scales, inventories, vignettes, experimental simulations, reconstructions from field notes, and, occasionally, qualitative interviews; sometimes, these traditional measuring methods are correlated with physiological or neuroscientific measures. There remains a significant absence of research that explores the development of emotional episodes in their natural, real-time settings—places where emotions are exhibited, received, acknowledged, and ascribed. Although there is an abundance of studies and numerous theories surrounding emotion, a precise observational science for “emotion in the wild” is largely missing. For a simple illustration, if one were to examine the *Handbook of Emotions* (Barrett et al., 2016) for

a recent summary of emotion research, one would find no examples of concrete, documented displays of emotion, attributions, or avowals connected to different theoretical perspectives.

There is, therefore, a need for and space for an emotionography.¹ This has the following characteristics:

1. a comprehensive study of emotions as they occur naturally, encompassing their display, reception, attribution, and avowal;
2. within and across various types of interactions and social contexts;
3. grounded resolutely in the perspectives of the interactants as their perspectives are displayed in real-time through unfolding talk; and
4. using recorded and transcribed materials in sufficient detail and accuracy to capture the granularity consequential for the interactants.

Such an approach will address how emotions are intertwined with actions in interaction, sometimes performing independent actions, sometimes modulating them, and sometimes obstructing them. Emotionography offers an observational science for emotion that explores what occurs during actual concrete emotional displays and episodes and their reconstruction through interlocutors' descriptions and versions as parts of further actions. It is not meant to replace current work on emotion but to foster a new perspective and catalyze a different dialogue.

The roots of this perspective come from conversation analysis and discursive psychology, which are disciplinary areas that provide many of the theoretical and analytic resources we are drawing on (Edwards, 1997, 1999; Hepburn, 2004; Potter and Hepburn, 2010; Peräkylä and Sorjonen, 2012; Weatherall and Robles, 2021). We have not attempted to summarize these perspectives here (see Hepburn and Potter, 2021, on conversation analysis and Wiggins, 2016, on discursive psychology). Rather, we have illustrated what is involved in adopting such an approach to emotion with examples from organized helping and, at the same time, demonstrated the benefit of taking a systematic approach to emotion itself, an emotionography. To illustrate the value and power of this approach, we considered a recent discussion of "mixed emotion" from a range of more mainstream perspectives. We have demonstrated how our action- and interaction-focused analysis offers an alternative account for at least some situations of mixed emotions and their relevance to organized helping.

Mixed emotion

Let us begin by considering current understandings and presuppositions about mixed emotions. When characterizing mixed emotions with opposite valences, such as "happy" and "sad," some researchers have discussed oscillations between different states (e.g., Russell and Carroll, 1999), while others have argued for the inseparability of positive and negative emotions (e.g., Cacioppo and Berntson, 1994). In discussions of attitudes, such as liking or disliking, emotional states with a particular valence are

generally assumed to be more enduring (e.g., Cacioppo et al., 1997). The prevailing assumption is that there is a duality between the expression of mixed or blended emotions (e.g., Scherer, 1998) and their psychological substrate, and the aim of researchers should, therefore, be to access it in as pure a form as possible. This has led to the development of research instruments, such as questionnaires, which use bipolar scales ranging from positive to negative emotions (e.g., Russell and Carroll, 1999); examples include studies based on the observation of simultaneous smiling and frowning facial expressions (e.g., Griffin and Sayette, 2008) and studies employing Ekman and Friesen's (1978) "facial action coding system."

In their critique of other methods employed to access the "pristine inner experience" of mixed emotions, such as questionnaires, Hurlburt and Heavey (2015) observed that such methods are influenced more by presuppositions and judgments than the experiences themselves. Consequently, they produce statistical data that generate misleading results. Heavey et al. (2017) contend that the quality of the data used to inform theories of emotion should be a primary concern. To access "pristine inner experiences" of mixed emotions and rectify this issue, Heavey et al. (2017) employed a method referred to as "descriptive experience sampling" (DES). This method entails providing participants with a beeper that goes off at random intervals during their daily lives. After each stimulus, participants are asked to make brief notes on their thoughts or feelings. This is followed by an interview, usually within 24 h, in which investigators collaborate with participants to elaborate on their experiences at each moment and produce "high-fidelity descriptions." They conclude that approximately 1–5% of moments contain either "blended feelings," where feelings of opposite valences, such as sadness and happiness, appear to constitute a single feeling, or "mixed emotions," in which a positive and negative feeling "exist separately" but are felt simultaneously. One of their examples is a participant's description of feeling happy about leaving work but annoyed about having to return the next day.

As the authors acknowledge, there are many problems with methods aiming to surmise emotions from self-descriptions. The DES attempts to overcome some of these by having participants work with actual events that happened to them (as opposed to vignettes or descriptions on a questionnaire). However, problems arise in conceiving alternative ways of doing systematic and rigorous observational work when it comes to emotion, largely because researchers are operating with the basic assumption that feelings are accessible states of mind that can be accurately intuited and described *post-hoc*. However, the examples given contain constructions of emotion and experience in relation to events that are generated via interviews, and interaction-focused researchers have highlighted various problems and limitations associated with data generated in this way (e.g., Edwards, 1997; Potter and Hepburn, 2012; Silverman, 2017).

Psychologists and evolutionary theorists, despite the importance in their disciplines of close observation, have few tools with which to systematically explore social interaction. Therefore, research in these areas has been done without the benefit of a close interactional analysis of the phenomena. When we utilize emotionography, grounded in conversation analysis and discursive psychology, we can observe that the language of the psychological sciences has insufficient purchase on emotion episodes in practice and can easily provide circular explanations

¹ Potter, J., and Hepburn, A. (in preparation). *Emotionography: A Method for Analyzing Emotion in Psychology and the Social Sciences*. Washington, DC: American Psychological Association Press.

for interactional phenomena, for example, evidence for the biological/neurological basis for emotional expression is that people have been observed to produce emotional facial expressions at the same time. A straightforward link has been made between the facial expression and the emotion because the researcher has no apparatus for looking closely at their interactional location.

Interactional research on emotion

Working with recorded interactions, studies from the perspectives of DP and conversation analysis (CA) have focused on the role of “emotion displays” (Hepburn, 2004; Ruusuvuori, 2012), “affective stances” (e.g., Couper-Kuhlen, 2009), and “action modulation” (Shaw et al., 2013) in achieving specific interactional goals. This then forms a basis for developing new ways of understanding emotion as constitutive of action formation or, to paraphrase Weatherall and Robles (2021), how emotions are made to do things. Such studies have demonstrated the importance of various features, such as word order, gaze, gestures, facial cues, silence, breathiness, and prosodic delivery (including pitch, volume, and emphasis), in shaping both the conveying and interpretation of emotion displays. These features are combined with lexical choices and turn-taking patterns in sequential relation to one another. Crucially, these underpin the performance of action and interaction. While this level of detail is beyond the capability of research participants to precisely recall and reconstruct, it is crucial to understand the role of emotions in speakers’ everyday lives. It starts to provide a basis for exploring emotion and action in contexts such as psychotherapy and other forms of organized helping (e.g., Muntigl, 2020).

From a discursive psychological (DP) perspective, the underlying assumptions of emotion research in the social sciences and the methods used to generate data are problematic. For instance, Edwards (1997, 1999, 2005) has demonstrated how emotional avowals and attributions are constructed in and for discursive practices and used as resources for offering justifications, making complaints, and assigning blame. Thus, it is important to understand their role in social interaction rather than assuming that descriptions of emotions on scales or in interviews are simply neutral representations of inner life. Potter and Hepburn (2005, 2012) have similarly highlighted the challenges associated with interview-based studies, including the failure of researchers to comprehend the interactional work that participants engage in when constructing descriptions of their experiences. This study presents the view that emotions, whether mixed or not, are phenomena that are constructed in and for interaction and, on occasion, interfere with or modulate ongoing action. Interaction is a principal, perhaps even the principal space, where emotions are live and consequential. It will also build on existing conversational analytic research on emotion, specifically in relation to laughing and crying.

Interactional research on laughing

Jefferson’s (1984) study of laughter during troubles was one of the earliest to demonstrate that laughter should not be viewed

solely as an indicator of happiness or amusement. Instead, Jefferson revealed how trouble tellers, for example, use laughter to present themselves as trouble-resistant. Building on this finding, Potter and Hepburn (2010) showed that laughter particles can be interpolated into speech to manage descriptive trouble, for example, the inadequacy of a word when a speaker complains about a child’s inappropriate punishment and inserts a laughter particle into the word “punishment,” to both use the word and flag up its problematic status. They also demonstrated how laughter could modify the nature or strength of action, such as when a caller describes a child using the charged term “porker,” while discussing a troubling family living nearby and uses interpolated laughter to soften the problematic nature of the description and display an understanding of its potentially inappropriate use. Building on this, Shaw et al. (2013) showed how post-completion laughter, or laughter at the end of a turn, can modulate its disaffiliative or misaligned features and signal appropriate next actions to recipients. They also emphasized the importance of capturing the specific quality of laughter being used, such as whether it is minimal, quiet, and breathy or louder and longer with exaggerated pitch changes.

Interactional research on crying

Inspired by Jefferson’s study on laughter, Hepburn (2004) initiated a project focused on analyzing episodes of upset in interaction. She advocated for the importance of a detailed transcription of crying and its responses. Meticulous transcription can help us view crying as a collection of loosely related and occasionally escalating practices, much like laughter, and make it open to more specific interactional analysis. As a result, the intricate interactional nature of crying starts to reveal itself. Her work showed that crying can inflect talk, sometimes hinder, intensify, or emphasize it and occasionally replace it rather than appear as an action or a set of actions on its own. This makes the uptake of crying particularly challenging, as it requires orienting toward something that is displayed or the way it is delivered rather than an action, claim, or proposition. Moreover, crying in adults, especially in institutional settings, can give the impression that the crier does not want their state to be part of public discourse, resulting in challenging issues in responding.

Across several projects, (Hepburn and Potter, 2007, 2010, 2021) analyses have explored crying and responses, developing a procedural explication of sympathy and empathy. They observed that sympathetic turns are often delivered with specific prosodic features, such as quieter volume, stretched duration, rising and falling pitch contours, and/or creaky and breathy delivery. In contrast, empathic turns often suspend the routine course of conversation to focus more explicitly on the crying person’s distress and may involve formulating their emotional state using phrases such as “this must be frustrating/difficult for you” while downplaying their own possibly problematic entitlement to that understanding with epistemically focused constructions such as “I guess” or using tags (“isn’t it”).

This research on crying and laughing as interactional activities serves as a foundation for studying mixed emotions, specifically

through the analysis of instances where laughing and crying co-occur in calls to a child protection helpline. Consistent with our emotionography, our focus is not on upset and happiness as internal psychological states but on how laughing and crying work in interaction. We are interested in examining what is observable and publicly available, as it constitutes the lived experience of the participants in our data. We aim to show how this “mixture of emotion” can be understood because of the intertwining of different action projects within the interaction. For our study, examining mixed emotions requires our analysis to be true to the integrity of the interaction we are studying, which requires us to recognize the granularity that is live for the participants and the intricate turn and sequence organization of the unfolding interaction that the interactants orient to. Notably, our goal is to explain precisely what happens in individual cases. This precision is crucial as a prerequisite for any potential generalizations. We believe that substantial work is needed to establish a robust foundation from which generalizations can be derived. We will work on those cases.

Data

The article discusses examples from a collection of more than 150 calls to a UK child protection helpline. The helpline provides free counseling, information, and advice to anyone concerned about a child at risk of abuse and is staffed by trained social workers. Where they judge it to be warranted, they will make a referral to social services and, in extreme cases, to the police. The current study drew on a subset of 15 calls, collected between September 2000 and June 2003, that involved audible upset. This corpus served

Transcription system

The near-universal standard transcription system for interaction research was developed by Jefferson (2004). A full introduction can be found in Hepburn and Bolden (2017), including extensions of the system to focus on crying and upset found in Hepburn (2004). A brief summary of elements of the system that are important for emotion displays can be found in Appendix 1 below. We include some annotations of the examples we use as we go along to help novice readers.

Analysis

“Mixed emotion” in a mundane conversation

Before we consider our helpline data, let us start with an example of an interaction from an everyday US English language phone call between friends. This can introduce some of the issues to be explored and indicate the point of precise transcription. Penny has called Pat, having heard that her house has burned down—a situation that is likely to have some emotional traction. Pat gives Penny a detailed account of how the disaster unfolded. The extract below starts 3 min and 6 sec into an 11-min call. You may find it useful to refer to the summary of transcription conventions to assist in following our discussion. Even in this short extract, there is much to interest emotion researchers. Our focus, however, will be on the role of laughter in Penny’s declaration that she is crying, as found in lines 9–11.

1. Houseburning 3.06–3.24 (from Heritage, 2011, p. 175)

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01 PAT: =It happened within minutes. .hh Within a half hour the
02 house wz go:ne I guess,=
03 PEN: =Oh:hh go:d,
04 PAT: So it's jist l[i:ke, we wouldn', we just would'na been=
05 PEN: [ .hhh
06 PAT: =here. hh yihkno:w,
07 PEN: [ O h h h ] b a: b y.]
08 PAT: [There's no way ih wz] ih wz jus]:, we're jist lucky I guess:,
09 PEN: .hhhh Okay waid[amidnit I ]don'know if your cry(h)in b't
10 PAT: [ (hhh y'know.) ]
11 PEN: £I=hhh(h)ahhhm£ uh hu:h .hhh=
12 PAT: =.hh I wz guh- I- middle a'the night la-ast night I
13 wannhhhhidhhhtihh c(h)all (h)y(h)ou .mhhh! I [ said ] oh: I=
14 PEN: [uh hh-]
15 PAT: =wish I wz at lunch so I c'go talk tuh Penn(h)y hh[hh .hhh
16 PEN: [Yehh(h)ehh
```

as the basis for initial research on crying and the application of these findings (for the latter, see Hepburn and Potter, 2004; Hepburn et al., 2014). Of this corpus, five calls contained laughter or laughter particles in or alongside the crying. All participants gave full consent for the calls to be recorded and used for various research and teaching purposes, and ethical consent was granted by Nottingham Trent University’s ethics committee, following the helpline’s own internal consent procedures. All references to names, places, and other identifying features were anonymized.

One characteristic of both laughter and upset is that both involve a high degree of aspiration or “breathiness.” We can see this in the multiple inhalations (.hhh), e.g., line 9, and exhalations (hhh). This breathiness is also interpolated into the delivery of individual words and phrases; e.g., “I am” on line 11 is rendered as “£I=hhh(h)ahhhm£” on line 11. However, there are further features of delivery that allow more disambiguation. There is a form of delivery that conversation analysts call “smile voice” because it sounds as if the speaker is smiling while

talking, something recognizable even in a phone call. Smile voice is marked by enclosing such delivery between £ symbols. Thus, “£I=hhh(h)ahhhm£” is delivered with a smile voice. Furthermore, we can see the post-completion laugh particles immediately following: uh hu:h.

As Shaw et al. (2013) showed, post-position laughter immediately following action can be used to disarm or modulate an action that might be hearable as disaffiliated or challenging without completely retracting it. Here, Penny is invoking the idea that she might be more upset than Pat, whose house just burned down, so by adding post-completion laughter, she conveys the extent to which her friend's problem affects her while neutralizing some of the problematic features of her claim. It is interesting to note the laughter particle on the word “crying” in line 9. Potter and Hepburn (2010) suggested that these interpolated laughter particles function to mark some limitation or problem with the specific words within which they are interpolated. Again, the problem relates to Penny's claim to be crying when Pat has the primary right to own the upset (Sacks, 1992; Heritage, 2011). Although Penny is hearably breathy, and her pronunciation shows signs of minor nasal blockage (e.g., “waid[amidnit” on line 9), there are no other hearable features of crying, such as sobbing or tremulous delivery.

In this example, we observe self-attributions of being upset, which are reminiscent of those found in more traditional studies on emotional distress (a discussion of self-report questions used in crying inventories can be found in Hepburn, 2004). We want to emphasize the intricate nature of emotion as a dynamic phenomenon within live interactions. In many ways, this complexity falls through the net cast by traditional methods, raising the question of whether the simplified outcomes they often yield are more a product of the methodology than an accurate reflection of real-life emotional experiences.

For instance, if Penny were asked to rate her level of empathy on a scale (e.g., Hogan, 1969; Hojat et al., 2001), she might choose the highest rating of “strongly agree” to indicate how easily she can put herself in others' shoes. If she were asked to complete the PANAS-X scale, would she select both “joyful” and “sad” as

inherent in interactional dynamics. If the natural habitat of emotions is within the realm of social interaction, it becomes crucial to unpack the multifaceted emotional intricacies that often go unnoticed in these self-reported and similar research methodologies.

This is precisely what we aim to initiate with a collection of examples highlighting “mixed emotions” from a child protection helpline. By examining these instances, we seek to delve into the richness of emotional experiences that may not be adequately captured in existing studies and methodologies.

“Mixed emotion” in child protection helpline calls

Child protection helplines are an environment where heightened emotion is common. A caller may be upset about something they have witnessed, say, or a family member may be angry about the treatment of a child by a stepparent. Callers may also be angry and upset about the helpline's inability to be more proactive or to instruct local social services to act for them. When we started working with the helpline in the late 1990s, the call takers nominated crying and upset as the first thing to usefully study (see Hepburn, 2004; Hepburn and Potter, 2007, 2012). For the most part, our studies highlighted the finely tuned skills that the call takers deployed in managing crying and upset (Hepburn et al., 2014). Our focus here is on situations that are candidates for mixed emotions.

Let us start with a relatively straightforward example. The caller (CAL) is calling about her friend who is self-harming. In the process of describing the cuts on her friend's arm, she has, in vernacular terms, become upset, which has led her to take time out of talking. We join the call as the call taker (CT) advises her to encourage her friend to contact a school counselor. Throughout our analysis, various features hearable as elements of crying and upset (U>) or laughter particles (L>) are shown in bold and and arrowed to disambiguate them on the transcript.

2. JX Self-harming friend 040402 2.54

```
01 CT:      The school [may be ablle to put 'er in touch
02 CAL: U>      [ .shihh ]
03 CT:      with the school ↑counse↓llor or someone like
04          that.=a specially [trAIIn- ]
05 CAL:      [Well sh]e has- e- (0.2) she
06          L> ↑is actually (.) em a peer couns(hh)ellhuh.
07          (.)
08 CT:      [ She's a peer coun- ]
09 CAL: U> [She ~deals with these~] ~things which~ sh-
10          L> uhuh .hhhh
11          (.)
12 CAL:      Yeah.
13          (0.2)
14 CT:      Well ↑she needs to have some help herself.=
15          =does[n't s]he:.
16 CAL:      [Yeah.]
```

descriptors in this particular moment? We can see how these self-reported measures tend to oversimplify the complexity

The call taker builds her advice project in lines 1–4. In overlap, the caller gives a wet sniff (line 2), which is most likely a legacy

from the earlier bout of upset, and then, as it becomes clear that advice is focused on seeking a school counselor, the caller pushes back. She breaks into the call-taker's continued advice delivery on line 5 with some laughter-infused resistance, noting that her self-harming friend is *herself* a peer counselor. The caller delivers the specific word "counselor" with interpolated laughter particles (*couns(hh)ellhuh*). As we noted earlier, such interpolated laugh particles can mark a limitation or problem with the words they are infused with (Potter and Hepburn (2010)). The trouble here is with the "counselor" and her friend's existing counselor status. The caller's continuation on line 9 has post-completion laughter on line 10, that is, after the action being delivered is completed. In resisting CT's advice, the caller is building a challenging action, which the post-completion laughter works to disarm. In addition, the particles throughout the specific word "counselor" mark the complexity of her having a role that she should be turning to for help.

3. NS WO Problem daughter II 100102 10.20

01 CT: R:ight.=Would it not be possible for you to maybe
 02 take some lea:ve while-while she's livin [wiv you.]
 03 CAL: U> [.shhn]=
 04 =>W'l l've only< jus' #started this job.=[I mean]=
 05 CT: [Ri:ght.]=
 06 CAL: U> =#uh possible #bu:t y'know it'd be ~unpai:d 'n
 07 CAL: L> I'm [just st](h)artin a new mor(hh)tghage,=han=
 09 CT: [Mm:.]
 10 CAL: =[I .hhh ye know i]ts: (1.3)
 11 CT: =[Ri:ght. Ri:ght.]
 12 CT: Yeah:..HH I mean- ye know at the end of the day i-it's
 13 about priorities isn' it.=an [ye know obvilyously she:'s
 14 CAL: [I know:.]
 15 CT: got to come fir:st in all of this.=[because she's (the-)]
 16 CAL: [Yeah but if I've got]
 17 CAL: L> nowhere to li(hh)ve then she sh- .hhh [ye know,]
 18 CT: [NO::..]=But=
 19 CAL: =[.hhh]
 20 CT: =[ye knlow I mean social services would be sayin to ↓you:,
 21 (.) ye know, i-u- that (.) th-the job would have to come
 22 secondary.=I mean ultimately [as I said]
 23 CAL: U> [But it ~ca:n't]t.
 24 (.)
 25 CAL: L> >Hh-hhsh-hh< [In a] wa:y, i-it c[an't] because I need (.) to:
 26 CT: [We:ll] [Mm.]
 27 CAL: L> (.) earn money te #livehh .hhh ye know,=[An'] she's not willing
 28 CT: [Mm.]
 29 CAL: L> she doesn't <want to live> with m(h)e[:.=Thi]s is the [thing]
 30 CT: [Mm:.] [Mm:.]
 31 CAL: she <doesn't want me.=She hates me.=[She do]esn't want>
 32 CT: [Mm.]
 33 CAL: L> m(hh)e.=.hhh[hh]
 34 CT: [But] all of [that needs to be sorted] out doesn'=
 35 CAL: U> [An I ~can't make #her.~]
 36 CT: =i[:t.=I mean it-]
 37 CAL: U> [~I can't ↑make] [her.~]

Immediately prior to her post-completion laughter on line 10, the caller's continuation of her resistance on line 9 is accompanied by a tremulous delivery, displaying her continued upset. Again, we can see laughter and crying mixed up together in this brief

sequence. However, in action terms, they are working in different ways. The upset displays the caller's stance on the trouble she is reporting and the action-relevant severity of that trouble. The laughter is modulating and managing the advice resistance. The "mixture," then, is public, pragmatic, and in the service of action.

We will develop this further in a more complex example. In the following, the caller is phoning about her 14-year-old daughter, who has been physically and verbally aggressive with her; she proposes, somewhat obliquely, that the daughter be taken into care by social services. The call taker (CT), as is standard in such cases, proposes alternatives, including family therapy, and advises the mother to put more direct time and resources into supporting her daughter. The caller has been resisting this line of advice for the last few minutes and has shown upset at various points during the call. We join the call as the call taker advises the caller to take some time off work to deal with the situation.

As we have emphasized in the previous two cases, appreciating the actions that are unfolding and the way they are emotionally inflected will involve considerable attention to the specifics of delivery. In line 1, CT reiterates a prior line of advice suggesting that

the mother should spend more time working on her relationship with her daughter. This time, she suggests taking time off work as one way to achieve that. The caller resists this advice by claiming to have just started a new job (line 4), meaning that she would not be paid. We can note some subtle elements of possible upset here: First, a short but wet-sounding sniff “shhn” (line 3); second, the “creaky voice” present in “#started” (line 4) and “#uh” and “#but” (line 6), which can accompany upset but is not a defining element; finally, “~unpaid” (line 6) has the tremulous delivery characteristic of talking through upset. Prior to this, the caller has shown some signs of upset at various points in her initial problem presentation, but not throughout much of CT’s subsequent advice-implicative questions [e.g., asking about other family members who could step in and help; see [Butler et al. \(2010\)](#) on the role of advice-implicative interrogatives]. Note that the caller’s subtle displays of upset and perhaps vulnerability here are in response to CT’s initiating question on lines 1–2, which is designed with a negative interrogative at the beginning. [Heritage \(2002\)](#) has shown that turn initial negative interrogatives can package questions that challenge the assumptions or assertions of recipients by embodying questioners’ own contrasting assumptions. By responding in a manner that flags up her own difficulties and helplessness, the mother in this call further pushes back against the unwelcome advice.

Back to extract 3. Another important element of the caller’s advice resistance is her laughter-infused “st]ahrtin a new mo(h)r(h):gage’ (line 7), which is what the caller offers as a further account for not being able to take leave from her job to look after her daughter. Here, the caller’s emphasis on her new mortgage can be heard as embodying a problematic priority: being concerned with material matters more than her daughter’s distressing problems: The mother is “starting a new mortgage” at a time when she should instead be prioritizing her daughter. The laughter that infuses this account functions to modulate its action; she is providing an account while flagging attentiveness to its problematic and limited status. By interpolating laughter particles, the mother can keep her problematic descriptions in play.

[Potter and Hepburn \(2010\)](#) also noted how these kinds of laughter-infused turns can manage the following appropriate action, i.e., they have a role not just in managing the descriptive work of a turn but in modulating the action of a turn to shape the subsequent sequence. In the face of the caller’s laughter modulating her focus on her mortgage, CT reissues her advice in an idiomatic form in a way that we found characteristic of managing advice resistance on the helpline ([Hepburn and Potter, 2011](#)). In this case, “at the end of the day” (line 12) and “it’s about priorities isn’t it” (line 13), CT also rushes on to spell out what the caller’s priorities need to be here: her daughter must come first (line 15).

The caller fights for the conversational floor through the call taker’s advice delivery in lines 12–15. The key element in her pushback—that she would have nowhere to live if she followed CT’s advice—is again inflected with a laugh particle modulating her challenging resistance, marking the limitations of the extreme formulation “nowhere to live,” and perhaps marking

attentiveness to the selfish focus. A similar pattern emerges from line 23. The call taker persists in advice delivery (the caller should not prioritize her job over her daughter), and the caller pushes back, in overlap, with “But it can’t.” This has tremulous delivery through the principal word “~ca:n’t” and follows this directly with post-completion laughter, which again modulates the challenge and the way it has interrupted CT, and maybe also flagging consciousness of being selfish ([Shaw et al., 2013](#)).

From here on, the caller’s pushback against CT’s advice on lines 25–37 is repeated increasingly emotively and is grounded in the child’s perspective—“she doesn’t want me.” While the laughter particles through “me” on 29 and 33 similarly modulate her action of strong resistance, she is also describing the breakdown of her relationship with her daughter. Describing the relational trouble of a daughter who does not want to live with her is when more crying elements come in on 35 and 37.

Let us highlight the implications we wish to draw from this analysis. There is considerable conflict in this interaction; in effect, each party has a competing project: the caller hopes that her difficult daughter can be put into the care of social services; the call taker is proposing a re-focus on the daughter’s welfare with its necessary sacrifices. Despite the conflict here, there is an intricate interactional choreography, with each party paying close attention to the other’s actions. Our focus has been on the role of upset (displayed through creaky voice, elevated pitch and aspiration, and tremulous voice) and laughter particles, both interpolated in words and positioned after turns. What do we make of this? Is this a mixed emotion? If the caller was part of the “descriptive experience sampling” study and her buzzer went off during this sequence, would she say that she was both upset and happy? We cannot know. However, for us, the question is how these two emotional displays might work interactionally. Put simply, the upset underlines the difficult situation of the caller, her need for help, and her difficulty coping in support of the project of social services taking care of her daughter. This upset is not made hearable continually during the interaction but is placed in keywords and in relation to relevant actions on the part of the call taker. The laughter is also interpolated into keywords and follows key turns, showing attentiveness to possible inappropriate selfishness and modulating turns challenging the call taker’s advice. The key observation for us is that what might seem like a mysterious emotional mixture of upset and happiness is understandable as the delicate prosecution of unfolding actions.

Let us consider a final helpline example. The following call highlights the fine line between identifying what might definitively be termed laughter particles and managing some kind of descriptive trouble on lines 6–7 and aspiration associated with the upset, which becomes more apparent a few seconds later. The caller here is phoning in to say that she has just found out that her brother-in-law has been sexually abusing children and that others in the family did not tell her at the time, meaning that she inadvertently exposed her children to potential harm.

4. BN Old abuse 141100 2.55

01 CT: Have you just [recently found out about this,
 02 CAL: [so-]
 03 CAL: Er:: e-e- appairently it came up a-a-a-a month ago:,
 04 (0.3)
 05 CAL: .hhh Er:m (0.5) an-an to be honest is I find it very
 06 strange because appairently .hhh I'm to:ld,=**bhy mhy**
 07 **dhaughter** that my husband kne:w, (0.2) .hh (0.3)
 08 er: some ti:me ago.
 09 (0.6)
 10 CAL: And that I was never ↓to:ld,=an I- I'm afraid I **dh-**
 11 **I ~↑fhind mysehlf very an:grhy.~==as well as very-~**
 12 **.hh ↑uhhh ~very up#se:t.~**
 13 (0.3)
 14 CAL: Be ↑cause (0.8) ~a:[hh.hhh]
 15 CT: [it was] kept from you.
 16 CAL: A-w- >↑In some wa:ys,=and what ↑rhisk were my
 17 ↑children hha- put at.=

By inflecting the source of her shocking information with breathy laugh particles—being told “bhhy mhy dhaughter” (lines 6–7)—the caller shows that she understands that it is problematic to be told by her daughter rather than her husband, who knew for so long without telling her. In line 11, there is aspiration in “fhind mysehlf” and “an:grhy,” yet it is combined with tremulous delivery and an elevated pitch characteristic of upset. Notably, these delivery features are combined with explicit emotional avowals: “I find myself very angry” and “very upset”; in this way, the caller makes her stance on the news very clear. Her “anger” displays an appropriate moral condemnation of the withholding of information; her “upset” displays her status as a victim of the withholding.

In a discussion of the differences between crying and laughing, Hepburn (2004) noted that, although sobbing may look similar in appearance to laughter in a transcript and may indeed sound similar when isolated as sound files, the participants, as practical analysts of one another's talk, typically do not appear to have trouble distinguishing the two. This can be shown by contrasting the uptake between laughing and crying. For example, laughter may solicit reciprocal laughter (Jefferson, 1979; Glenn, 1989), or when employed to “make light” of a trouble-telling situation, it may be ignored to focus on the serious pursuit of the topic (Jefferson, 1979, 1984). Crying recipients in institutional encounters, on the other hand, may delay their turns, allowing the crying party time to compose themselves, often overtly marking the delay as a delay with some version of “take your time,” and, in more extreme cases, adding turns that display sympathy, reassurance, and empathy (Hepburn, 2004; Hepburn and Potter, 2007, 2012).

Discussion and conclusions

In the field of emotion research, prevailing assumptions have led researchers to seek methods that provide access to

the psychological substrate of emotion, treating it as an entity that exists and drives behavior. However, the reliance on research instruments designed to access emotion has proven problematic (e.g., Heavey et al., 2017). Drawing on discursive psychological research, we suggested that even attempts to refine these instruments to capture mixed emotions have the same limitations, assuming that feelings can be accurately intuited and described retrospectively.

We noted that conversation analysts have highlighted the importance of a range of interactional elements that shape how emotions become meaningful for participants. These intricate details are notoriously difficult for research participants to recall and reconstruct. Further, discursive psychologists have shown how emotion avowals and ascriptions construct and respond to actions such as accounts, complaints, and arguments. Despite these insights, descriptions of emotions on scales or in interviews continue to be overwhelmingly treated as neutral representations of inner experiences.

Emotionography offers an alternative approach to the study of emotion by examining how it unfolds in actions and sequences between different parties, across varying everyday and institutional settings, and different practices within those settings. We illustrated the power and relevance of this approach by addressing the contemporary emotion research topic of mixed emotion, focusing on a notable environment of organized helping. This involves respecifying what we understand by emotion, whether mixed or not. Mixed emotion in traditional work has been identified through self-reports, facial expressions, physiological responses, and qualitative interviews, often combining such methods to triangulate data to access “pristine inner experiences.” Our approach is focused on emotion as displayed in and through interaction because this is the primordial site where it becomes live. In our prior research, we noticed that there are occasions where both crying and laughing occur together. The analysis above was designed to explain what might happen when such mixtures occur.

Findings from our analysis of laughing with crying in organized helping

Hepburn (2004) tracked the way upset was displayed in naturally occurring telephone conversations, noting that more conventional signs such as sobs were combined with wet sniffs, breathiness, pitch elevation, and tremulous delivery of specific words. Our prior research showed that upset is mostly not produced as a separate action in our helpline calls but is inflected into the delivery of talk in different ways [see Weatherall (2021) for further discussion of talking through upset]. In most of our examples of upset in this helpline, upset occurs when callers deliver accounts of abuse to children and minors, displaying the effect that witnessing the abuse has had on the speaker and interactionally calibrating the severity of the abuse (see Hepburn and Potter, 2007, 2012). However, in our subset of calls where the upset co-occurs with interpolated laughter, there are more complex interactional tasks to be managed, and this is where we see the introduction of laughter particles.

In our examples, laughter was mostly delivered as particles interpolated into keywords or brief particles placed at the completion of specific actions. At times, we analyzed this laughter as highlighting the insufficiency or problem status of certain descriptions, e.g., “starting a new mortgage” in extract 3, with its potential for being heard as more concerned with financial matters than her daughter’s welfare. Such descriptions were marked as problematic without, nevertheless, retracting or modifying them (for which there would be a normative set of “repair practices”; e.g., Schegloff et al., 1977). Laughter particles also modulate actions, particularly where they might be heard as disaffiliated or challenging—both extracts 2 and 3 involved resisting advice delivery.

One aspect of our analysis focused on the verbal acknowledgments and self-attributions of emotions, drawing from the field of discursive psychology. In extract 1, we observed Penny’s avowal of being upset, highlighting the profound impact her friend’s house burning had on her. In extract 4, we noted how the caller explicitly avowed feelings of “anger” and “upset,” which conveyed her moral disapproval of her family for withholding important information and positioned her as a victim of this withholding. In both cases, laughter particles managed some of the complexities and potentially problematic aspects of the actions being discussed.

Upset and laughter, then, were delicately placed to navigate different interactional jobs. Therefore, the “mixture” is not paradoxical but a coherent and conversationally focused byproduct of the different practices that make up unfolding action. They are not fighting with one another or canceling each other out. Rather, they are delicately placed to work precisely where they are needed. Indeed, it could be argued that we do not have mixed emotions, but emotional displays and avowals issued at just the right moment.

Conclusions

Emotionography treats the currency of experience as laid out in language, texts, and embodied actions employed by individuals. In this article, we draw on a tradition inspired by Wittgenstein (1953), Sacks (1992), Schegloff (1992), and Edwards (1997).

Emotionography studies emotions as they occur naturally, where their display, reception, attribution, and acknowledgment are public. It is grounded in the perspectives of the interactants displayed in real-time through unfolding talk, working with recorded and transcribed materials that capture the granularity that is essential for the interactants. The specificity of our analysis allows us to issue a challenge to researchers using more conventional methods to provide equally precise accounts that disambiguate such cases.

Some emotion researchers will undoubtedly find this approach unsatisfactory as it is systematically agnostic with respect to “experience” and putative cognitive, physiological, or neuronal aspects of emotion. How is this still studying emotion? The answer is three-fold. First, there is the issue of what is prioritized. If your priority is what is public and consequential about emotion, then emotionography is designed specifically to map this domain. Second, experience, cognitions, and even physiology surface in interaction as participants’ issues. Is the caller starting to feel upset? Is the increasing delay in responding a consequence of the upset showing up in constricted vocal cords or blocked mucous membranes? Is the upset about care for an injured child or failure to obtain desired support from social services? The point is that these issues enter emotionography as they become live for participants and are analyzable. Third, as we have noted, the choice is not between directly studying interaction and directly studying experience. In orthodox emotion research, experiences, feelings, or similar things become data when they emerge in descriptions or categorizations generated by the use of more or less structured instruments.

Given that emotion language is pervasively performative, there are considerable challenges in directly addressing experience, as emotion researchers such as Heavey et al. (2017) recognize. It is possible that a better understanding of the public world of emotion practices would help identify ways of improving such measures and highlight areas of problem. For us, however, the public world of emotion is rich, consequential, and, surprisingly, mostly underexplored, and the public world is a central part of the machinery of organized helping.

Data availability statement

The datasets presented in this article are not readily available because they are confidential recordings of helpline interaction. Requests to access the datasets should be directed to alexa.hepburn@rutgers.edu.

Ethics statement

All participants gave full consent for calls to be recorded and used for a range of research and teaching purposes, and ethical consent was granted by Nottingham Trent University’s Ethics Committee, and followed the helpline’s own internal consent procedures. All references to names, places and other identifying features have been anonymized. The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation was not required from the participants or the participants’ legal

guardians/next of kin in accordance with the national legislation and institutional requirements.

Author contributions

All authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships

that could be construed as a potential conflict of interest.

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Appendix 1

Selected glossary of emotion-relevant transcription conventions. (adapted from Hepburn and Bolden, 2017)

<i>Underlining</i>	emphasis through all of the word: <u>Oh</u> : or part of the word: <u>Li</u> nda
<i>Capitals</i>	elevated volume: MAYBE
<i>Degree signs</i>	reduced volume - preceding the word: °Yeh. Or surrounding a string: °here I've godda gid° double degree signs indicate. Whispering or sotto voce: °°I hhave°°
<i>Up arrows</i>	sharp rises in pitch across a string of words: ↑we pl'se bring↑
<i>Down arrow</i>	sharp falls in pitch across a string of words: ↓see yah. Yah. ↓
<i>Underlining</i>	Slightly elevated pitch (may include volume) on the vowel only: Ye <u>s</u>
<i>Up to down contour</i>	an underlined vowel followed by a colon: pa:ssing.
<i>Down to up contour</i>	an underlined colon: ni:ght
<i>Creaky delivery</i>	# before a word: #door enclosing a string of words: #ma best.#~
<i>Animated delivery</i>	exclamation marks: ↑G[r:ea]:t!
Components of laughter	
<i>Voiced vowels</i>	huh/hah/heh/hih/hoh/ha/ehh/
<i>Voiced consonants</i>	'tssh' or 'khuh'
<i>Plosiveness enclose particles in parenthesis:</i>	a(h)wa(h)ay / thi(h)nk
<i>Breathy</i>	hh-hh-hh or hhhmhhhh or uhhhp
<i>Smiley voice</i>	'ε' before a word or enclosing string of words: εcook th'mε
Components of upset	
<i>Sniffs</i>	°.snih' (quiet nasal) or ` .SCHHIIH' (loud 'wet').
<i>Sobbing</i>	HHhuhh >.hih .hih<
<i>Tremulous</i>	enclose in tildes (~): ~↑I'm ↑ <u>sorry</u> .~
<i>Aspiration</i>	in words parenthesis (h) represents plosive outbreath; h represents "breathy" delivery.
<i>Creaky delivery preceded by #:</i>	~THAt wasn' #ma <u>best</u> .#~



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Being right vs. getting it right: orientation to being recorded in psychotherapeutic interaction as disaffiliative vs. affiliative practice

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Introduction: The study focuses on the orientation to being recorded in therapy sessions, emphasizing that these practices adapt to specific circumstances and influence subsequent actions. The study suggests a way to deal with the insolubility of the “observer paradox”: to accept that observation has an impact on the observed, but that the recorder is not necessarily a negative determinant. Furthermore, the study builds on the idea that participants’ orientations to the recorder can be seen as actions.

Methods: The data included in this study were collected from four psychodynamic therapies. A total of 472 sessions were searched for orientation to be recorded. Twenty-three passages were found and transcribed according to GAT2. Of the 23 transcripts, six excerpts have been analyzed as part of this article. The analysis of this study was done through Conversation Analysis.

Results: The study explores how participants use the orientation to be recorded to initiate or alter actions within conversations, which can help achieve therapeutic goals, but can also hinder the emergence of a shared attentional space as the potential to disrupt the therapist-patient relationship. The study identifies both affiliative and disaffiliative practices, noting that managing orientation to be recorded in a retrospective design consistently leads to disruptive effects. Moreover, it highlights the difference between seeking epistemic authority (“being right”) and managing recording situations (“getting it right”) in therapeutic interactions as a means of initiating patients’ self-exploration.

Discussion: The integration of recordings into therapeutic studies faces challenges, but it’s important to acknowledge positive and negative effects. Participants’ awareness of recording technologies prompts the need for a theory of observation in therapeutic interactions that allows therapists to visualize intuitive practices, incorporate active contributions, counteract interpretive filtering effects, facilitate expert exchange, ensure quality assurance, and enhance the comprehensibility of therapeutic processes. These aspects outline significant variables that provide a starting point for therapists using recordings in therapeutic interactions.

KEYWORDS

conversation analysis, recording device, psychotherapy, reference, affiliation, disaffiliation, self-exploration

1 Introduction: natural interaction involving being recorded

This article aims to further explore the areas of overlap between linguistics and psychotherapy-talk. This common area can be grounded anthropologically (Tomasello, 2014) insofar as human experience becomes describable in terms of publicly observable social actions rather than participant-interpreted internal mental activities. Accordingly, the present study attempts to focus on phenomena that themselves refer to the quality of observability and public accessibility.

Since Earl Zinn's first records of psychoanalytic therapies (cf. process research by Earl Zinn, 1933 in Kächele et al., 1973, p. 902), the therapeutic relationship as an observable process—or what was first coined by a patient of Sigmund Freud as “talking cure” (Freud and Breuer, 2004) and later called “therapy as conversation” (overview in Kurri and Wahlström, 2007, p. 315)—has been explicitly taken as a subject of scientific investigation (Friedman et al., 1978; Jaffe et al., 2001; Gulbrandsen et al., 2022). Crucial other developments such as the linguistic turn (Rorty, 2009), the relational turn in psychotherapy research (overview in Beebe and Lachmann, 2003, p. 379), as well as the replication crises in behavior research (Ioannidis, 2005), fostered the willingness to record therapeutic interactions, as well as to study these recordings methodologically.

In their study based on the recording of interactional occasions (Speer and Hutchby, 2003), the authors detect the problem of a “one-way mirror dilemma” (Speer and Hutchby, 2003, p. 333) “which treats [recorded interactions] [...] as neutral mechanisms for the retrieval of information, as separate and distinct from the interactional and social contexts of which they form a part” (Speer and Hutchby, 2003, p. 334).

In other words, when observing a recording of an interactional process, you might think of a neutral position from which the interactional process is registered. However, it must be stated with Labov's observer paradox (Labov and Fanshel, 1977) that the more precise and differentiated an observation or registration process is carried out, the more the process becomes fixated (Bergmann, 1985). This, in turn, has the consequence that the observation itself intervenes in the process of being observed and changes it.

One way to deal with the insolubility of the observer paradox is to accept that observation has an influence on the observed, but “the presence of a tape recorder is not necessarily a determinate and negative force. Recording devices are not automatically significant and imposing, nor do they inevitably encourage only certain kinds of talk. [...] [And] participants' displays of their awareness of the presence of recording technologies are not automatically a hindrance to interaction [...]. Our point is that their reactions (whether positive or negative) can be analyzed as action” (Speer and Hutchby, 2003, S. 334). From the observer's perspective, participants' referring to the recording situation is particularly suitable for pointing out the necessity of a theory of observation or a communicative turn in therapeutic interactions (Buchholz et al., 2022).

2 Data and methods

2.1 Data and participants

We draw from four psychodynamic therapies with (i) 184 sessions in a modified psychoanalytic long-term therapy, two times a week, face-to-face, conducted and videotaped by an experienced male psychoanalyst, involving a male patient in his 40s with a borderline diagnosis (PA3), (ii) 28 sessions of a fully audiographed psychoanalytic short-term therapy from the 1980s with a male patient in his 30s with an obsessive-compulsive diagnosis (PA1) that has been researched extensively (see overview in Dittmann, 2016), (iii) about 180 sessions in another modified psychoanalytic long-term therapy with a male therapist and female patient (PA2), and (iv) 80 sessions in a depth psychological therapy¹ with a male therapist and a female patient (DP1). Both therapies (PA2 and DP1) were diagnosed as depressive, and the therapies were conducted in the context of the Munich psychotherapy study (Huber and Klug, 2016). Patients gave their consent to audio recording in advance as part of the psychotherapy study.

2.2 Conversation analytic method

All 472 sessions were searched for orientation to be recorded. All 23 passages were found and transcribed according to GAT2 (Selting et al., 2011; Mondada, 2018). The authors analyzed all 23 transcripts using conversation analysis (CA), focusing on sequential organization and turn design. Out of the 23 transcripts, six excerpts have been analyzed as part of this study.

This study's analysis was conducted via CA. CA is a qualitative research method developed in the 1960s and 1970s by Harvey Sacks, Emanuel Schegloff, and Gail Jefferson (Sacks et al., 1974; Sacks, 1995 [1992]; Schegloff, 2007). It was originally intended to study the structure and organization of everyday social interaction. However, its scope quickly expanded to include the study of all types of spoken discourse, including institutional interactions, as psychotherapy (Pittenger, 1963; Schegloff, 1967; Lepper, 1996; Madill et al., 2001; Peräkylä, 2013, 2019; Buchholz et al., 2017; Horvath and Muntigl, 2018; Scarvaglieri, 2020). CA assumes that the dynamics of interaction depend heavily on the consistent orientation of the participants to the exchange and management of talk turns. Conversation analysts study this interactional behavior in great detail, how it reflects people's understanding of each

¹ The concept of “depth psychology-based psychotherapy” is unique to Germany. The setting is a one-week face-to-face session of 50 min. Originally born out of the need for a “smaller psychoanalysis” financed by the health insurance companies, an independent form of therapy soon emerged. Usually, up to 100 therapy hours are paid by the health insurance (for psychoanalysis, up to 300 h). Depth psychology therapy revolves around addressing unconscious conflicts and pathological psychological issues within the therapeutic relationship. However, it is more focused than psychoanalysis, which uses free association. Additionally, therapists may employ either more active or more reserved intervention techniques, as described by Jaeggi and Riegels (2018), Wöller and Kruse (2014), Rudolf (2019), and Hauten (2021).

other's actions in talk, and how social relations develop along with it. This analytic quality arises from CA's restraint perspective on participants' motivations. Instead, it focuses on observable utterances, patterns, and (in)regularities in multimodal shared interactions. By observing and analyzing the gradually unfolding conversation in interaction, conversation analysts then draw conclusions about how we establish and maintain connections with each other.

2.2.1 Concept of affiliation

A fundamental concept in understanding how participants in a conversation support and endorse the storyteller's affective stance or treatment of the events being described is affiliation. It is distinct from alignment, which refers to the listener's support of the structural asymmetry in the storytelling (Stivers, 2008). Affiliation can involve the following two interrelated facets: (i) supporting the affective stance of the previous speaker and (ii) aligning with the action preference set in motion by the initiating action. Affiliative responses are maximally prosocial when they match the prior speaker's evaluative stance, show empathy, and cooperate with the preference of the prior action.

Actions that achieve affiliation in conversation include the use of verbal, prosodic, and visible resources to convey (dis)affiliation. For example, verbal resources such as adding intensifiers to evaluations can show strong agreement and affiliation. Response calls that do not distinguish between the speaker's and the respondent's feelings are affiliative. Verbal resources for affiliative reception, such as claims of understanding and congruent negative evaluations, can be accompanied by prosodic matching or upgrading. However, the same tokens can convey disaffiliation when delivered with prosodic downgrading.

Sequential positions also play a crucial role in the display of affiliation. Resources used to indicate affiliation in mid-flow positions, such as head nods, can be treated as disaffiliative at story completion. Instead, affiliative reception at story completion can be achieved with verbal resources like providing assessments or second stories. The role of sequential position in displaying affiliation is influenced by institutional settings as highly relevant for therapeutic interactions.

2.2.2 Interrelations of affiliation and epistemics

Closely related to understanding how participants engage in conversation is the notion of epistemics. As previously discussed, affiliation in CA refers to the ways in which conversation participants establish connections. It involves various actions that signify shared understanding and cooperation. Epistemics in CA refers to how interlocutors display their knowledge, beliefs, or certainty.

Affiliation and epistemic interrelate in (i) sharing epistemic stances and expressing agreement and in (ii) conveying epistemic markers and affiliation strategies.

Firstly, participants often demonstrate affiliation by expressing similar epistemic stances. For example, when one speaker confidently presents information, and another participant responds

in a way that supports this confidence, it demonstrates both affiliation and a shared approach to discussing the topic.

Conversely, participants may also show affiliation by expressing agreement or solidarity with each other's expressions of certainty or doubt. This highlights the nuanced interplay between epistemic positioning and affiliation as they contribute to the cooperative nature of the conversation.

Secondly, participants use various linguistic markers to convey their epistemic stance, such as hedging (e.g., "I think," "maybe"), certainty markers (e.g., "definitely," "certainly"), or modal verbs (e.g., "must," "might"). These markers help signal their level of confidence or certainty in their statements.

Affiliation strategies, as discussed earlier, encompass actions like agreement, repair work, and preference organization. These strategies can be intertwined with epistemic markers to achieve affiliative goals. For example, agreeing with someone's statement may involve aligning not only with the content but also with the expressed level of certainty.

2.2.3 CA contributions to the understanding of psychotherapeutic interactions with a focus on affiliation and epistemics

Certainly, CA has made significant contributions to our understanding of psychotherapeutic interactions, particularly concerning the concepts of (i) affiliation and (ii) epistemics.

In psychotherapeutic interactions, (i) affiliation has enhanced our insights into psychotherapy by at least three aspects: Firstly, CA studies have highlighted the central role of affiliation in building alignment between therapists and patients. Affiliation is manifested through various conversational actions, such as active listening, empathy, and agreement (Heritage and Maynard, 2006). Researchers have shown how therapists strategically employ affiliative responses, like cues ("mm-hmm") and empathetic statements, to create a supportive and empathetic therapeutic environment (Heritage, 2011b; Buchholz et al., 2017; Stivers and Timmermans, 2020).

Secondly, CA research has demonstrated how therapists affiliate with the emotional stances of their patients. For instance, Stivers (2015) examined the use of affiliative responses in the context of emotional disclosures by patients. This research revealed that therapists often align with and validate the emotional experiences of their patients through affiliative actions, reinforcing the importance of empathy and understanding in psychotherapy.

Thirdly, managing resistance. CA studies have explored how therapists handle resistance and potentially disaffiliative behaviors from patients (Hutchby, 2002; Guxholli et al., 2007; Vehviläinen, 2008; Kent, 2012; Muntigl, 2013; Ekberg and LeCouteur, 2015; Bergen et al., 2018; Stivers and Timmermans, 2020; Fenner et al., 2022a,b). Peräkylä and Vehviläinen's (2003) research on resistance management in psychotherapy sessions showed that therapists employ affiliative strategies, such as paraphrasing and exploring patient perspectives, to address resistance without escalating conflicts. This nuanced approach helps maintain a positive therapeutic alliance.

Studies of (ii) epistemics in psychotherapeutic interactions have also advanced knowledge in at least three ways: Firstly, CA has highlighted the importance of therapists' epistemic stance in facilitating therapeutic conversations. Epistemic stance refers to how participants represent their knowledge, beliefs, or certainty about the information being discussed (Heritage and Raymond, 2005). Researchers have shown that therapists carefully modulate their epistemic stance, using markers such as hedging ("I think") or certainty markers ("definitely") to create a conducive environment for open dialogue (Heritage and Maynard, 2006).

Secondly, eliciting patient perspectives: CA studies have investigated how therapists employ epistemic actions, such as asking exploratory questions, to elicit patients' perspectives and experiences (Heritage, 2011a). This approach allows patients to actively participate in shaping the therapeutic discourse. It promotes a collaborative exploration of their concerns and narratives.

Shared epistemic stance: CA research has explored instances of shared epistemic stances between therapists and patients. By aligning their epistemic positions, therapists convey an understanding of and support for the patients' viewpoints (Muntigl et al., 2013). This shared epistemic stance fosters a sense of validation and trust, contributing to the effectiveness of psychotherapeutic interactions.

In summary, CA has made significant contributions to the understanding of psychotherapeutic interactions, primarily through the concepts of affiliation and epistemics. With regard to affiliation, CA research highlights its crucial role in psychotherapy, emphasizing how therapists strategically use affiliative responses, such as active listening and empathy, to establish rapport and a supportive therapeutic environment. In addition, CA has shed light on how therapists navigate emotional alignment and manage resistance using affiliative strategies, ultimately maintaining a positive therapeutic alliance.

In terms of epistemics, CA emphasizes the importance of therapists' careful modulation of their epistemic stance, using markers such as hedging and expressions of certainty to facilitate open dialogue. CA studies also explore how therapists use epistemic actions, such as asking exploratory questions, to elicit patient perspectives and encourage collaborative exploration of concerns and narratives. In addition, CA research highlights instances of shared epistemic stances between therapists and patients that foster validation and trust within psychotherapeutic interactions, ultimately enhancing their effectiveness.

3 Analysis and results

In the context of research on recorded therapeutic sessions, the following study examines participants' orientation to the fact of being recorded.

They do this by asking the respective other to focus on an object in the shared perceptual world, which is known in conversation analytic research as noticing (Schegloff, 2007; Muntigl and Horvath, 2014). Noticing implies references to events, actions or objects/persons. But not every reference is a noticing. In noticing

the previous perception is verbalized, which gives reason for verbalization, and is thus made part of the interaction. That means regarding the recording device: If the patient notices that the recording is running, a device is standing there, the device is new, etc., then it is a noticing. However, if the device is referred to in the course of an argumentation or it is asked why the recording is being made, etc., the action is different, for example, an account, a question, and a request.

Referring to the recording device differs from noticing. Although reference is made to an object in the perceptual environment of both participants, it is not made as a reference to the physical object but as a transformed "object of conversation" (Buchholz, 2016), which is in line with more recent models of reference: It is not the extra-linguistic world *per se* that is mapped or referred to, but rather "the mental concepts we make of the world" (Brinker et al., 2000, p. 306). In this context, discourse is a resource for conveying and shaping the mental constructs participants hold about their environment, highlighting the interplay between language, perception, and cognition in interaction.

3.1 Orientation to the recording device as affiliation

We assume that "observable orientations to the fact of being recorded [...] have a range of interactional uses and relevancies for the current interaction as it unfolds in real time" (Speer and Hutchby, 2003, S. 325) and found two different routes or practices of orienting to the fact of being recorded.

The analyzed data indicate an overall division of the phenomena into those that are oriented toward the recording device and perform therapeutic goals through different actions, for example, that patients explore themselves or elaborate on the previously referred recording device. "In many therapies, it is a central principle that patients should examine their own experiences" (Vehviläinen, 2008, S. 123–124); in short, they are affiliative. Secondly, there are those sequences that do not reach that effect, for example, when patients do not explore themselves or elaborate on the previously referred recording device; in short, they are disaffiliative (see ch. 4.2).

3.1.1 Extract 1: DP1 2nd session

In this first example, it will be shown how the participants orient to the recording device of a therapy dyad in the 6th min of a second-depth psychological psychotherapy session between a male therapist and a female patient. In the beginning, the patient claims that she does not know what to say today because she might be in such a good mood. The therapist offers to understand this as a fear of losing her good mood by discussing it with the therapist. The patient confirms this and says that she has been feeling bad for a long time. However, she likes to tackle problems directly. Seemingly abruptly, the therapist refers to the recording device.

3.1.1.1 Extract 1.1, minute 5

32 (5.4)
 33 T: ich ↑MUSS Ihnen (.) <<len>noch
 was sAgen->
 i have to tell you something
 34 P: [hm_hm,]
 35 T: [und zwar] mit dem (.) !TON!band;
 → *namely concerning the tape recorder*
 36 P: hm_hm,=
 37 T: =<<all>des HAM sie ja mit der frau
 doktor> (*studienleiterin*)
 38 besprO[chen;]
 you have discussed all this with
 NAME-director of studies
 39 P: [<<f>^JA:]
 yes
 40 T: DENK ich;
 i think so
 41 P: JA:;
 yes

In the first place, the remark about the tape recorder is positioned as a reference for follow-up actions by the therapist but also as an expression of authority requiring consent (39, 41). In order to make the following sequence relevant as one that requires active patient participation, the therapist states his knowledge of what he thinks what the patient should already know (37–38). He wraps his knowledge in a polar question (37–38). This entails agreement with the patient, albeit overlapping and loudly intoned. The therapist initiates the patient's agreement by a subsequent hedge (40), which marks uncertainty. The power of the polar question does not extend beyond the next turn, and the reference to the “tape recorder” (35) is answered by the patient as an attempt to project follow-up actions of a polar question (yes/no answers), similar to how anticipatory objection treatment has already been described in therapeutic contexts as “getting to yes” (Muntigl et al., 2020).

In summary, in this sequence, the therapist places an announcement (“I have to tell you something”, 33) in order to prepare the **reference to the recorder** (35) that is secured via a polar question (37–38) and finally confirmed by the patient. The patient aligns with the communicative project (Clark, 1996) of the therapist by answering the polar question in a progressive way and thereby confirming the initiating announcement of the therapist. The preannouncement of the therapist conveys that he will now be addressing a delicate subject. Not only delicate to the patient but probably delicate to himself.

Although the sequence becomes clear as an affiliative one, the therapist marks his epistemic stance by means of hedging (40). This uncertainty marker is not explicitly responded to; thus, we will look at the proceeding of the sequence in order to pursue a further explication of the epistemic dimension and, thus, better understand the function of the reference to the recording device.

3.1.1.2 Extract 1.2, minute 6

42 T: ab HEUTE; (-)
 43 *from today on*
 44 P: hm_hm?
 45 T: lÄufts MIT,
 → 46 *it is running along*
 47 P: hm_[hm?]
 48 T: [<<all>un]_zwar isses> (.) da
 HINter ihnen in der Ecke
 in fact it is there behind you in
 the corner
 49 hINter dem blU[menTOPF: stEht das;]
 → *behind the flowerpot stands the*
 50 P: [oho gOldig ja,]=
 oh yeah cute
 51 =[↑jA ich seh's;]
 yes i see it
 52 T: [<<all>geRÄT>] und da un[ten is]
 dAs-
 → *device and down there*
 53 P: [JA:-]
 yes
 54 <<p>und da LÄUFT [des; >]
 and there runs the
 55 T: [und] (.) da
 UNten ist des mIkrofon.
 and down there is the microphone
 56 P: hm_hm,
 57 T: [nUr dass] sie beSCHEID [wissen.]
 just to let you know
 58 P: [i 'mein] (--) [ja:]
 i mean (--) yes
 59 <<all>JA[ja. (.)]> klar,
 yes yes (.) of course
 60 T: [<<t,all>JAja.]
 yes yes
 61 [hm_hm,]
 62 P: [((lacht))]
 ((laughing))
 63 <<p>schOn OK,>
 Its okay
 64 T: 'JA <<p>was_ [<<creaky>äh:>] is
 ihnen denn dAbei durch_n kopf
 65 ^gegAngen,=
 yes what err went through your
 mind now

In this second continuation of the first sequence, one conversational problem arises, namely, what further actions are relevant to the interlocutors? The orientation to being recorded by the therapist does not seem to entail any clear follow-up actions on the part of the patient, who places slightly questioningly intoned continuers (43, 45). Thereby aligning and continuing with the therapist's project to explore the recording device and its position in the room, but also conveying

disaffiliation, not clearly supporting the affective stance of the therapist.

The reference to objects in the perceptual environment of both participants, “behind the flowerpot there” (47), initiates the patient’s overlapping subsequent utterance, first an ironic attribution of “cute” (48) and then another overlapping placed acknowledgment of the perception, which can also be called “to attend to” (s. German “aufmerken” in Brinkmann, 2016). Noticing establishes the attentional space as shared (Tomasello and Rakoczy, 2003; cf. joint attention in Tomasello and Rakoczy, 2003). Together, the two actions form a shared activity (Clark, 1996) of attending to/noticing and *being* attended to/confirming perception. This conversational reference sequence is made relevant again by the therapist: “and down there the microphone runs” (53). It is uttered as a postponed second utterance part in order to attenuate the shared attention space and possible subsequent utterances by means of epistemic downgrading “just to let you know” (55) after a patient’s continuer (54). This is further demonstrated by the reciprocal closure efforts of the participants (56–61). An elaboration prompt by the therapist (62, 63) defines preferred subsequent actions, namely the recording device or microphone as an occasion for self-exploration or associative subsequent utterances.

In the context of the second and the first affiliative example, the conversational problem of follow-up actions becomes clearer: It appears that the therapist treats the reference of the camera as a delicate issue [“i have to tell you something” (33) and “I think so” (40)]. The presence of the videotape does not challenge the patient here. However, it rather constitutes a potential impingement on the therapist’s epistemic status. Due to the fact that the agreement to the recording of the therapy is done beforehand with the study’s director, the therapist has to, on the one hand, secure this patient as part of the study (confirmation to being recorded is necessary to be part in the study) and on the other hand, he has to create a working relationship, building on trust in him as the therapist. That dilemma is being solved by not only the therapist but also the patient. They create an affiliative sequence of referencing the recorder. The ironic utterance “cute” by the patient can also be heard as a comment toward the therapist’s effort to hide the audiotape behind the flowerpot. Subsequently, she reassures him that “it’s okay” (63). Finally, the therapist refocuses her attention on his uncertainty by reaching out for relevant therapeutic actions enabling change, namely the self-exploration of the patient.

3.1.2 Extract 2: PA1 5th session, minute 35

In the 36th min of the 5th h of a brief modified psychoanalytic therapy of a male therapist and male patient, the therapist points out the initiative competence of the patient by calling him a “fiercely determined young man”. Subsequently, the patient laughs, and the therapist interprets this action as a “vehemence” transformation. The patient elaborates on this interpretation as a “puzzle” (Vehviläinen, 2008), which is the pre-sequence to the following excerpt:

- 128 T: <<h> ↑jA wir können des GLEICH:,
yes in a moment we can
- 129 hm:: (1.3) <<p>zu der sekretÄrin da
gehen,>
hm (1.3) go to the secretary
- 130 die den (1.1) immer AUFnimmt,
who always records it
- 131 die frau ‘(*SekretÄrin*) die
kAnn Ihnen,
madame NAME-secretary can
- 132 das ‘BAND (-) <<h>n stÜck
vOrspielen;> (---)
play to you some part of the tape
- 133 <<p>wenn sie MÖCHten->
if you like to
- 134 (7.6)
- 135 P: °h ‘JA klAr,
yes for sure
- 136 (1.2)
- 137 T: <<creaky,p>hm->>
- 138 (1.1)
- 139 P: ‘GLEICH oder-
in a moment or
- 140 T: <<h>‘gleIch im ANschluss ja,
in a moment afterwards yes
- 141 P: ach im ANschluss-
ah afterwards
- 142 <<p>ich habe gedacht jetzt GLEICH->
i thought right now
- 143 T: <<h>hm::;> (--) ja ich hab
dann_n_ANderen termIn==
hm (--) yes i have another
appointment then
- 144 P: [hm_hm,]
- 145 T: [dann]
then
- 146 P: hm:,
- 147 (6.0)
- 148 P: jetzt DENK ich grad;
now i think about
- 149 °h was DENken sie was::-
what do you think what
- 150 was das bei mIr (.) beWIRken wird;
((lacht)) °hh
what will this do to me ((laughs))
°hh
- 151 (1.2)
- 152 T: <<h,f>da Ihre NEUgierde fÖrdern;>>
encourage your curiosity
- 153 (1.0)
- 154 T: ich FIND [des ähm:,]
i think that erm
- 155 P: [hm-]
- 156 (1.3)
- 157 T: die ‘IDEE dass sie da::- (---)
the idea of you there

158 <<f>äh::: hh° (--) es tatsÄCHlich
berEiche gibt,
err hh° (--) that there are areas
159 die man SELber nicht so mErkt;
that one do not notice oneself
160 P: °h also da (.) m? mit verHALtens:,
°h well there behavioral
161 so also mit so äußerli?
KÖRperlichem <<dim>verhAlten oder
so-
so well concerning exterior bodily
behavior or so
162 °hh da: (--) habe ich so gut wie
noch NIE was gemErkt-
°hh I (--) have hardly ever noticed
anything there

The therapist places a reference to the “tape” (132) and explicitly links possible subsequent actions: “go to the secretary” (129). After a longer pause (134), the patient agrees to the suggestion. When asked by the patient, the therapist specifies that “in a moment afterward” (140) is meant instead of here and now and that he accompanies the patient but will not be part of the follow-up action himself (143). Like in the previous excerpt, the reference to the recording device is explicated by the therapist. After the self-disclosure or explication of the therapeutic intention (152, 157–159), the patient connects that communicatively competent with a mental issue (161, 162), which was not a topic before. The therapist’s initiatives of (i) watching the video recording alone after the session (132) and (ii) disclosing the intention of expressing this suggestion (152) can also be understood as offering solutions to the patient’s formulations of the problem (123–124 and 148–150). In such a way that “the patient has to find himself in the mind of the clinician [...] to experience a mind being changed by a mind” (Bateman and Fonagy, 2016, p. 182). This implies that the therapist takes the patient as the primary actor who can see by himself certain (behavioral) evidence of (certain) psychological issues. And this is certainly a socializing strategy into practices of self-observation and reflexivity. Additionally, the therapist indicates the replay of the video after the session. At the same time, he sees other patients, which would help the patient continue the work beyond the encounter with his therapist.

In summary, the therapist initiates a proposal to go to the secretary (128–129), then attaches the relevant follow-up action again as a proposal via **orientation to being recorded**: to watch the tape of today’s session (130–132). The explicit linking of the orientation to being recorded, plus the affiliative co-creation of the summons-answer sequence, led to the patient’s initiation of self-exploration (160f). Affiliation and epistemics are closely linked in this context. Firstly, they are intertwined because gaining access to an epistemic status that is not yet known or balancing epistemic status by explaining future actions can be considered prerequisites for establishing affiliation. This is achieved by aligning one’s actions with the preference set by the initial action. Secondly, the summons-answer sequence creates opportunities for affiliative interactions based on shared epistemic perspectives. This can involve acknowledging mutual understanding and agreeing on evaluations, forming a basis for shared epistemic stances.

3.1.3 Extract 3: PA2 1st session, minute 19

In this psychoanalytic therapy, we zoom in on the first session at minute 19 with a male therapist and a female patient. Prior to this excerpt, the therapist insinuates that it might be him who hinders her from speaking freely, even though the patient might think of him as her analyst to whom she should be able to talk. The patient imagines “only a tape recorder” as a recipient, claiming the problem of not being able to speak freely lies in her and has nothing to do with the therapist. After self-interrupting her further thoughts about the recording device, she explicitly asks the therapist whether he understands, which makes the answer relevant.

188 T: also n tOnband STEHT ja auch hier;
→ well a tape recorder stands here too
189 P: ja 'gUt ↓nEin ich meinte jetzt NUR
ein tOnband; (---)
→ well yes no i just meant only a tape
recorder (---)
190 also ohne 'SIE nur ein tOnband;
well without you just a tape recorder
191 <<dim>wo ich jetzt ALles
rAufsprechen müsste-
on which i had to record everything
192 (2.0)
193 P: vielleicht dass ich dEshalb (.) °h
proBLeme damit hab wei::l;
maybe i have some problems with
that because
194 (1.8)
195 P: ja weil ich ↑SELber angst davor
hab was:-
well because i myself am afraid what
196 (1.3)
197 T: ^hm_hm
198 P: WAS da ist=
whats there
199 =<<creaky>oder weil ich irgendwie
ANGST davor hatte;> °hhh
or because i was somehow afraid of
it °hhh
200 hh° was die ↑URSache ist;
hh° what is the cause
201 oder irgendwie dInge da:
or somehow things
202 hervorkommen die ich ver↑DRÄNGT
<<dim>hab oder so;>
come out that i have repressed
or so
203 T: ^hm_hm

The therapist complies with this request to speak only after a long pause and initiates a repair of the patient. Interestingly, the repair is initiated by means of an orientation to being recorded located in the local environment, which, however, is not “determined” as noticing, i.e., made identifiable (e.g., by certain articles, description of the place, or actually pointing to it). The misunderstanding (Hinnenkamp, 1998) is already indicated by the long pause (187) after the patient’s request for understanding. It is cleared up by the patient, who refers to a fantasized situation:

“without you—just a tape recorder” (190). In this case, and unlike in excerpt 1.2, the therapist does not enable the subsequent actions of self-exploration by a direct request. The therapist, like in extract 2, responds to the patient’s request to speak, thereby initiating the patient’s work on redressing the epistemic balance. The patient elaborates that she is “afraid” (199) that “things [...] will come out that I have repressed” (201–202). With the help of the mental experiment (only recording device, no resonant therapist), she addresses the problem previously mentioned by the therapist, according to which he is not only a receiver (165) but someone listening.

In summary, in this excerpt, the **recording device** is initially referenced as a physical object in the local environment by the therapist [“a tape recorder stands here too” (188)], which serves as a reminder of an epistemic balance. However, the recording device is then transformed by the patient into a conversational object [“without you—just a tape recorder” (190)], as the patient uses the recording device as a starting point for her self-exploration. Interestingly, the patient aligns with the therapist by the action preference set in motion by his initiating action—this (at least transformation into) orientation to the recording device differs from the following examples.

3.2 Contrast examples: orientation to the recording device as *disaffiliation*

In contrast to the previous excerpts (therapeutic goals via orientation to being recorded) in the following transcripts, the orientation to the recording device is recognizable as *disaffiliation*, which serves to address delicate content. These often “retrospective orientations to the inappropriateness of taping certain topics [...] tend to be [...] bound up with activities of teasing or complaint-making. What we find here is a form of situated morality in which participants use the presence of the recording device to establish that what has just been said is problematic in some way” (Speer and Hutchby, 2003, S. 325). Interestingly, in order to implement the retrospectively organized sequences of orientation to the recording device as evidence or “being right,” the interlocutor’s following disaffiliative actions are “a vehicle for getting someone to do something; [...] telling someone that you know better is equivalent to telling them what to do” (Antaki, 2012, p. 544).

3.2.1 Extract 4: PA2 109th session, minute 33

In this extract from the session that we have already become familiar with (see last extract 3), the patient makes a disaffiliative, incongruent evaluation. She objects to the therapist’s statement about her being not warm-hearted. The therapist gives an example of her being warm-hearted with her partner in order to demonstrate her misunderstanding. However, the two do not reach a shared epistemic status. The patient continued to talk about her irritation about what she understood. The therapist doesn’t object. Instead, he addresses the recording of the last session:

- 179 T: °h also des WÄR jetzt so n pÜnkt- (--)
 °h well now that would be a point (--)
- 180 <<p>ich glaube da würde ich ihnen
 fAst VORsChlagen wollen->
 i think i would almost like to
 suggest to you
- 181 °hh dass wir die MÖGlichkeit
 mal wÄhrnehmen-
 °hh that we take the opportunity
- 182 die letzte ‘STUNde als ‘vIdeo
 nochmal Anzuschauen;
 to have a look into last sessions
 video again
- 183 (3.8)
- 184 P: !NEIN! ich will das gar nicht sEhn;
 no i do not want to see this at all
- 185 T: ‘ja WISsen sie wei:l- (-)
 yes you know because (-)
- 186 meine erInnerung <<dim>von
 Ihrer ABweicht;>
 my memory differs from yours
- 187 (1.5)
- 188 T: ähm:- err
- 189 (1.7)
- 190 T: ich glAube (--) dass (--) SIE:,
 i think (--) that (--) you
- 191 (1.1)
- 192 T: den geDANKen, (--) the thought (--)
- 193 den ICH,
 that i
- 194 (1.2)
- 195 T: ANgestoßen habe; set in motion
- 196 dass (.) wÄrmherzige beZiehung zwar
 STATTfindet;
 that warm-hearted relationship
 takes place
- 197 aber nicht °hh zuSÄmmengebracht
 werden kann;
 but cannot be brought together
- 198 mit lUstvoller <<len>sexualITÄT in
 der beZiehung,>
 with lustful sexuality in the
 relationship
- 199 °h die auch ne gewISse kontinuierÄt
 (.) ähm (---) DARstellt,
 which also represents a certain
 continuity
- 200 °hh dass sie dIesen gedanken
 ‘NACHvollzogen haben und
 °hh that you have followed this
 thought and
- 201 übernOmmeN haben;
 adopted it
- 202 °h jEtzt erleben sie’s aber so:,
 °h but now you experience it
- 203 als hätten sie (.) mich
 korriGIeren müssen,

as if you had to correct me
 204 °h damit das PASST und stImmt;
 °h so that it fits and is right

Like in the previous extract 3, a misunderstanding is triggered via the therapist's utterance, according to which the patient is warm-hearted in the relationship but cannot live a "lustful sexuality" (198). The patient, however, understands that she is not warm-hearted. The therapist shows the expected dispreference of his following utterance by placing relativizations in the epistemic domain (179–181: "would be," "i think," "almost like to suggest," "take the opportunity"), conveying a rather downgraded epistemic stance, and asks her to "have a look into last sessions video" (182). After a longer pause, the patient clearly refuses (184). The therapist justifies his request by referring to the different memories (186) and introduces watching the recording as a resource for clarifying the indecision. However, watching the recording is not realized further on, insofar as the orientation to being recorded fails as a request to initiate a joint project "clarifying misunderstandings". No possible follow-up actions are made explicit by the therapist (unlike in PA1 extract 2), which indicates the long pause after the therapist's suggestion (183) as a possible search for implications. The patient's rejection of the action proposal to view the recording of the previous meeting is followed by a justification for the recording by the therapist in the third position. Thus, the therapist makes an unsuccessful attempt here to present a difference between himself and the patient as in need of repair—for which the previously placed proposal for action was made relevant as a solution. The focus on the proposed action is related to a subsequent action. Thus, to be realized, "viewing the recording of the last hour" is proposed as a common solution.

The misunderstanding seems to have been clarified, and the therapist is probably more interested in being right and showing the patient that she presented the misunderstanding as if he should have corrected it. One could speculate that the therapist wants the conflict to be resolved for him, but this could be the starting point for the patient to reflect on her misperception and her response to the therapist's comments. Clinically formulated, this could be a revealing of unconscious acting. However, the therapist shifts the topic from the sexual relationship in the patient's partnership to the therapeutic relationship in the here and now—and the video serves to "clarify" her behavior or to make it accessible to her self-exploration. Therefore, the video serves to observe the performative level of the patient's and therapist's actions (Deppermann et al., 2020) in order to make these invisible insights viewable and hearable.

This results in opposing courses of action in the epistemic domain: (i) Retrospectively through the thematization of different memories ("clarification of misunderstanding"), whereby what was previously said can potentially be given a new meaning. (ii) Projectively through the design of a potentially subsequent action "watching the recording of the last hour". In this respect, the orientation to being recorded is placed in a projective sequence. However, only after the patient's rejection the sequence is extended but not taken up by the patient.

In summary, the therapist embeds the **reference to the recorder** in a request to replay the video (180–182). Even though he anticipates the other's dispreferred answer, he leaves out an

explicit reason. The patient rejects the request (184). The therapist treats the rejection as OIR and formulates an account for his request (185–186). The patient stays silent after her rejection—what is sequentially understandable as silencing (Thiesmeyer, 2003; Dimitrijević and Buchholz, 2021). The therapist then continues formulating the patient's potential thoughts (191ff) but does not evoke an answer. All in all, it becomes clear that the unresolved misunderstanding affects not only the epistemic domain in terms of different epistemic statuses but also the level of cooperation as disaffiliative. The orientation to being recorded as a resource fails. Even a further self-exploration of the patient does not take place. The sequence illustrates how the orientation to being recorded silences the patient's subsequent utterances, which is also evident in the fact that after the patient's contradiction ("look into last sessions video" 182), no further utterance signals are placed by her. Using the recording as evidence for therapist's reasoning or as a resource to convict the patient does not seem to be effective in furthering the pragmatic therapeutic goal of patient's self-exploration and results in the reference to the recorder as disaffiliation.

3.2.2 Extract 5: PA3 22nd session, minute 09

In this interaction between a male dyad in a modified long-term psychoanalysis in their 22nd session in minute 9, the therapist initiates by proposing a shared project and offers his perspective on what has been discussed so far. The patient initially accepts this offer but later seeks clarification. Eventually, the patient uses the opportunity to introduce his perspective, leading to a mismatch in conversational projects as the therapist attempts to redirect the conversation. This exchange demonstrates a misalignment in the conversational projects of the therapist and the patient within the psychoanalytic context. The different projects are being explicated in the following excerpt.

- 138 T ich mache ihnen ja nicht °h ne
 VORSchrift wie sie sehen müssen,
i am not telling you how to look
at it
 139 sondern ich mach n VORSchlag, °hh
but I make a suggestion
 140 äh und FRAGE im grUNde,=
err and the question at heart
 141 =ob sie sich da <<all>Anschließen
 können und sie sagen !NEIN!>
whether you can join there and you
say no
 142 aber da wird ne HEFTigkeit draus,
but that becomes a vehemence
 143 die ich noch nicht versteh.
that i do not understand
 → 144 P: <<p>und +dEs kucken sie +
 sich bitte jetzt nochmal AN.>
and please watch this again now
 145 p: +((zeigt auf Kamera))+
 ((points to camera))
 146 (1.6)
 147 P: <<ff>[!SIE! sagen>] <<dim>zu mir.>

you say to me
 148 T: [ich hab]
 i have
 149 P: [SIE] sagen zu mir. (-)
 you say to me (-)
 150 T: [ja:]
 yes
 151 P: und FRAGEN,
 and ask
 152 (1.0)
 153 P: und ich wollte grade WÄHREND sie
 gespröchen haben,
 and while you were talking i just
 wanted to
 154 sie natürlich nicht unterBRECHEN,
 not interrupt you of course
 155 aber (.) ich hab mir GE MERKT,
 but i have memorized
 156 am 'ENDE wenn er ne pAUSE macht,
 at the end when he takes a break
 157 sagst du ihm WARUM;
 you tell him why
 158 <<len, dim>WEIL er nicht frAGt.>>
 because he does not ask
 159 sie - FRAGEN nicht herr
 (*therapeut*)
 you do not ask NAME-therapist

After the indirect rejection of the therapist's request, the patient places an argumentative reference (Sacks, 1995 [1992])—by pointing to the video recorder and asking him to watch the recording (144). Subsequently, the patient explicates that he has signaled to the therapist's listenership in order not to interrupt him (155), nurturing the plan to formulate a reproach. He accuses the therapist of telling the patient something instead of asking (159). Only after the patient's orientation to being recorded (144–145), the interactional history is rearranged (153) from a claim of listening into a reproach (159).

The request to focus on the recording refers to a reference potentially perceptible to both. The patient uses the reference as a resource to reinterpret the interaction history in the conflict context (as in PA2 extract 4) and to place potentially delicate utterances in the conversation. This form of retrospective reference enables the connection to the previous interactional history in such a way that a new meaning is produced. The retrospective negative reevaluation of putative listener signals calls into question mutual trust in the participants' activities as reliable and positively intended. From a psychotherapy research perspective, this is a possible alliance rupture that presses for repair as therapy progresses.

In summary, in this sequence, the patient initially demonstrates affiliation by providing listener signals (line 155) that indicate active listening. These signals are essential for maintaining the flow of the conversation and ensuring a supportive environment or affiliation. As the conversation progresses, the patient interprets the therapist's actions and places a reproach (line 159) that reinterprets his benign display of affiliation into a hostile calculation. This shift from signaling active listening to reproach illustrates how affiliation can be challenged within a conversation. The patient's reproach implies a breakdown in

the therapist-patient affiliation, which is crucial for a productive therapeutic interaction.

Also, in terms of epistemics, the patient introduces an argumentative reference by mentioning the recorder (line 144). This reference functions as evidence to support the patient's perspective, reflecting his epistemic stance. The patient seeks to establish a basis for his argument by invoking the potential evidence provided by the recorder. The patient engages in retrospective reinterpretation (lines 153 and onwards) of the interaction history, using the reference to the recorder as a resource for disaffiliation. This reinterpretation involves attributing new meanings to past actions and statements, emphasizing the role of epistemics in shaping the patient's understanding of the therapy session. The negative reevaluation of putative listener signals calls into question mutual trust in the therapeutic relationship. This aspect highlights how epistemic elements, such as trust and reliability, play a crucial role in the therapeutic context. The mention of a potential alliance rupture underscores the significance of maintaining a positive epistemic stance to ensure effective therapy (Safran et al., 2001).

The patient's use of retrospective reference and argumentation serves to assert his epistemic position while influencing the affiliative dynamics of the interaction, ultimately shaping the course of the therapy session.

3.2.3 Extract 6: PA3 29th session, minute 15

The following sequence is of the same dyad as the previous one. In the 29th h, in minute 15, the therapist initially attempts to build affiliation by suggesting that they should reflect on something together. He acknowledges the patient's way of speaking, demonstrating attentiveness and an attempt to align with the patient's communication style. The therapist then shares his observation with the patient about the latter. This itself is a delicate issue because it entails other attributions. He suggests that sometimes, probably contrary to the patient's intention, he may express himself in a very devaluing way. This reflects an epistemic stance, where the therapist judges the patient's communication. He points out the patient's perception and the need to take it seriously, emphasizing the epistemic dimension of understanding the patient's viewpoint. The therapist further addresses the patient's critics of the therapist's lack of empathy and lack of authenticity. Moreover, he expresses uncertainty about the sincerity of the patient's devaluing utterances. The therapist works to balance affiliative and epistemic dimensions of the therapeutic relationship. He fosters understanding and collaboration while addressing potential issues in the therapeutic relationship. While the patient clears his throat, the therapist concludes:

366 P: ((Räuspern))
 ((clears throat))
 367 T: °h dann: ist das ja (.) nun wirklich
 was sehr 'SCHWERgewichtiges,
 °h then it is well really something
 very heavy
 368 wenn sie des <<lachend>Ihrem
 psychotherapeuten sagen,>
 if you tell that to your
 psychotherapist
 369 °h zu dem sie zwEi mal pro

- woche [HINgehen:]
^o*h that you visit two times a week*
- 370 P: [also sie] wErden mir jetzt
zu emotioNAL
well you are getting too emotional for me
- 371 tut mir LEID herr-
i am sorry NAME-therapist
- 372 also jetzt bin ich wirklich
verÄrgert-
so now i am really annoyed
- 373 ^ohh weil ERStens mal-=
^ohh because first of all
- 374 =<<all> +da können wir die +(.)
mags auch gleich nochmal
zuRÜCKspulen,>
*there we can (.) i may as well
rewind it right now*
- 375 p: + ((zeigt auf Kamera))+
((points on camera))
- 376 ähm: (-) verDREHn sie jetzt
die tAtsachen,
err (-) you are now twisting
the facts
- 377 also ich hab NICHT gesagt
so i didnt say
- 378 SIE sInd nicht emPAthisch,
you are not empathic

After this intensification of the conflict, the patient interprets the therapist (as “too emotional”, 370), places an ironic preface (371) and then leads over to his emotional mood (“annoyed”, 372) before using the recording device as a resource for the placement of a reproach (376) by means of argumentative reference.

That this is a misunderstanding (regarding what the patient remembers having said and what the therapist says he heard from the patient), which is commented on by the patient (361) and not the content of the therapist’s confrontation (341–42), becomes clear retrospectively, as the patient says: “i didn’t say you are not empathic” (377–78).

However, as in the previous excerpt of the same dyad (PA3 extract 5), the patient’s reference to the interaction history of the patient’s utterance (361) becomes retrospectively the first part of a reproach sequence—with the current sequence as the second part (376).

The confrontational moment (as in the previous excerpt), in which the therapist questions the alliance with the patient, again serves as a starting point for the patient to introduce the recording device as an argumentative counter-weapon. This thus placed orientation to being recorded indicates that it has a fundamental quality of authentication—it functions like evidence in court and thus, in turn, reflexively indicates the severity of the rupture.

In summary, the patient interprets the therapist as “too emotional” emphasizing his epistemic stance (evaluative judgment). The patient then uses the recording device as an argumentative reference, highlighting the role of epistemics in supporting his perspective and shifting the interaction’s dynamics. Retrospectively, it becomes clear that there was

a misunderstanding, emphasizing the importance of shared epistemic understanding for affiliation. The confrontational moment becomes a starting point for the patient to introduce the recording device as evidence, reflecting its authentication function. Overall, this interaction illustrates how affiliation and epistemics interplay in shaping the therapeutic discourse and dealing with conflicts and misunderstandings (s. also extract 5).

4 Discussion: how does the orientation of being recorded differ for affiliative vs. disaffiliative practices?

The orientation to being recorded reveals a set of practices that are “context-sensitive, as routinized uses of resources for situated actions that are flexibly adapted to the specific circumstances in each case” (Selting, 2016). These practices evoke subsequent actions accordingly; they introduce elements from perception what is available to both participants in the communicative space. The common ground can be both—confused or stabilized.

As illustrated above, the practices of orientation to being recorded involve actions taken by participants in response to the presence of a recording device during the therapy session. These practices serve specific functions within the conversation: (i) In some cases (extracts 1–3), participants use orientation to be recorded as a way to initiate a subsequent action. For example, the presence of the recording device might prompt the therapist or patient to bring up a particular topic or issue for discussion. (ii) In other instances (extracts 4–6), participants use this orientation to alter the meaning of what has already been said. This retrospective transformation suggests that the recording device can influence how participants interpret and frame their previous statements.

The study identifies proactive sequences, which are initiated by both the therapist and the patient, as well as retrospectively organized sequences, which are opened exclusively by the patient. Retrospective sequences often involve bringing up something that was previously withheld or not fully addressed.

This study hints at the idea that certain conversational content when retrospectively introduced can potentially disrupt the common ground between the therapist and patient. This suggests an epistemic dynamic where the act of retrospectively bringing up certain issues can destabilize the therapeutic relationship. Therapists may need to be sensitive to these dynamics and address any imbalances or feelings of discomfort that arise when such issues are revisited in therapy. These instances reveal the interpretation of who is the one who listens and observes. It demonstrates that not only the therapist scrutinizes the patient’s behavior. The patient, too, examines the therapist carefully. Nothing new to clinicians. But it once more shows how patients are themselves competent interactants. They use the evidence of the recording device to gain sovereignty of interpretation in a possible unbalanced power dyad.

The six therapeutic interaction sequences related to the orientation to being recorded differ in their effects regarding affiliation (Muntigl et al., 2012; Muntigl and Bänninger-Huber, 2016):

Excerpts 1–3 refer to effects that are affiliative or related to the therapeutic goals, for example, patient self-exploration;

excerpts 4–6 show disaffiliative effects, for example, reproachful actions by both participants. It is clear from the data in this study that managing orientation to be recorded in a retrospective reference design (excerpts 4–6) always leads to a disaffiliative effect. This confirms findings from a previous study of participants' orientations to being recorded in mundane conversations (Speer and Hutchby, 2003).

The role of the communicative environment is crucial for the interpretation of how therapists interpret patients' (disaffiliative) actions, i.e., when “psychotherapists became stressed when their patients did not want to apply suggested techniques, but rather withdrew, thus jeopardizing the therapeutic alliance. Psychotherapists interpreted this as an expression of the disturbed thought world of their patients, who were then addressed with the same techniques” (Buchholz and Kächele, 2019 transl. by MMF). The result is a rupture. The danger is that if this rupture is not repaired, “repeated cycles” (Castonguay et al., 1996) might emerge.

As a clinician, keeping this “sensitizing concept” (Blumer, 1954) in mind when recording the therapeutic work could prevent potential disaffiliative rupture cycles. If the therapist plans to use the recording device, it is also important to inform and discuss the recording with the patient before the recorded sessions begin. There are study contexts in which patients have to confirm the recordings in order to participate in the study. However, privacy laws usually declare the right to withdraw from the recording of sessions. So, even if patients may not be able to continue therapy in the study context, it is also true that they can at least decide *ex negativo* about the recordings.

When analyzing the sequences, it is noticeable that in three excerpts with disaffiliative effects, video replay as evidence is used (extracts 4–6). In the case of disaffiliative effects, one could note an expression of a dissonance reduction strategy, namely “being right”, to be the holder of epistemic authority. While therapists have deontic authority only (Stevanovic, 2011; Stevanovic and Peräkylä, 2012; Ekberg and LeCouteur, 2015), including the duty to give reasons for requests (unlike extract 6). Instead of being right, what allows speakers to refer to being recorded is when they “get it right”. That is, to manage orientations to being recorded as a resource, namely through actions, such as explicating follow-up questions (e.g., extract 3) or embedding them in an if-formulation (extract 4). On the other hand, disaffiliative practices are not synonymous with poor therapy outcomes. To encounter resistance in therapy does not mean to fail, but to work on the resistance with the idea of enabling the patient to a self-repairing process—one day, without the therapist.

The orientation to being recorded can be a resource, as is especially evident in the follow-up actions that realize a common therapeutic goal (see excerpts 1–3). However, there are equally contrasting examples of how a shared attention space fails to emerge (see excerpts 4–6).

By referencing the nature of the situation in which they are recorded as one that can be viewed in a temporally displaced manner, a method becomes visible with the help of which participants establish the situation as a public and observable one—and observe one another being recorded.

4.1 Why record therapies? “There are areas that you do not notice yourself” (extract 2)

Finally, to return to the beginning of the article, the integration of recordings into the study of therapeutic interactions is challenged by Labov's observer paradox, whereby detailed observations may inadvertently fixate and thereby influence and alter the observed process. However, it is important to recognize that the presence of recording devices is not inherently negative or deterministic. Participants' awareness of recording technologies can either facilitate or hinder interactions, and these reactions can be analyzed as actions (Speer and Hutchby, 2003, p. 334). From an observer's perspective, participants' references to the recording situation highlight the need for a theory of observation or a communicative turn in therapeutic interactions (Buchholz et al., 2022):

- i) **Visualization of intuitive practices:** Within the perspective on the communicative performance of therapeutic work, it becomes possible for therapists to learn to link their own intuition to the observations of the recording, in order to make, for example, therapeutic interpretive strategies visible. Empirical studies, for example, on interpretations in psychotherapeutic sessions offer some suggestions (Peräkylä, 2004, 2010, 2011).
- ii) **Participants' active contribution:** This allows them to take a new position to the formerly intuitive interpretive practice. It helps to be sensitized for future contexts. Recordings can be used to identify and record interpretive strategies and their relationship to therapeutic theories. This also includes that patients and therapists both actively contribute to it instead of starting from Freud's mirror metaphor, which assigned therapists a neutral position, i.e., uninfluenced by the interaction (Thomä, 1974).
- iii) **Interpretive filtering effect** (Druckman et al., 2009): Recordings are an option for therapists to counteract a conflict of interest between attention to note-taking and listening. Taking notes then filters possible interpretations of the here and now. As the recording can then be used as a reference point, the therapist's attention can be fully focused on the therapy. Verbatim dialogue, transcriptions or videos can then be used as the basis for a summary for therapeutic, legal, and billing purposes or for scientific evaluation (Kächele et al., 1973).
- iv) **Exchange between experts:** Intervention groups of therapists and conversation researchers can help to work on one's own blind spots since it is only in the course of the transcript or video analysis that known memories or conceptions are combined in such a way that the epistemological gap between theory and practice can be bridged by generating new conceptions. In this context, it is important to mention the institutionalization of practice and research by JUNKTIM e.V. An association founded in 2020 for empirical conversation research in psychotherapeutic interaction (Franzen and Alder, 2023).
- v) **Documentation as quality assurance instrument:** The “data secure and facilitate the way back to the latent thoughts which, according to theory, must become conscious on the part of the

patient in the course of the process and, as far as they concern the countertransference, should be at least partially conscious, i.e., formulable. [...] They can [...] trace the processes [...] back to a rather faithful starting basis which can be restored at any time. That manifold evaluations thus obtain a secure basis is indisputable” (Kächele et al., 1973).

- vi) **Comprehensibility:** Documentation of therapeutic hours can provide a basis for research and further development on an empirical basis by opening up therapeutic processes to the outside and making them comprehensible. The records are “a prerequisite for the clarification of certain psychotherapeutic and psychoanalytic questions [...] [which] make[s] possible that not only the two directly involved in the therapeutic process give information, but also third parties can deal with the material” (Kächele et al., 1973).

These six points do not claim to be complete but essentially map the influencing variables that follow Labov’s observation paradox and mark a starting point for therapists working with recordings of therapeutic interactions.

4.2 Future research

Most of the recorded orientations thus contribute as a resource to the establishment of a shared attentional space. However, some passages were also found to represent disaffiliating actions and a potential rupture for the therapeutic work. How to deal with these aspects in a therapeutic way has already been described elsewhere (Safran et al., 2001). However, in relation to the recording situation, it could be the subject of future research. Multimodal forms of practices of orientation to being recorded could also be included in further research activities. It could be interesting to see how a longitudinal study of recording orientations could find different individual local management in a dyad or group case in the context of a series of instances and their changes or routines over time. Another line of interest might be to explore how the patient’s (self-)observations are reflected.

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Ethics statement

Written informed consent was obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

Author contributions

MF: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project

administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. M-LA: Formal analysis, Methodology, Supervision, Validation, Writing – review & editing. FD: Formal analysis, Methodology, Supervision, Validation, Writing – review & editing. WK: Data curation, Supervision, Validation, Writing – review & editing. MB: Formal analysis, Funding acquisition, Resources, Supervision, Validation, Writing – review & editing.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Supplementary material

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Spectrum of complaints: practices of complaining in therapeutic conversations as a window to spouses' personalities and couples' relationships

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Introduction: Complaining is a frequent phenomenon in human interactions and it frequently happens during couple counseling. A conversation between a therapist and spouses that requires them to talk about problems inevitably leads to complaining (especially during the first meeting). The institutional context and the presence of an impartial therapist shape the complaining sequences.

Method: We used conversation analysis to explore the interactional organization of complaining in the specific context, which is couples therapy. Our data involve video recordings of nine couple therapy first consultations.

Results: In the results section of our paper, we describe in detail the composition and delivery of complaints in couple therapy setting. Our observations made it possible to propose a nuanced spectrum of ways of complaining that spans the considerateness dimension. Our data suggest that there may be a relationship between the manner of complaining and the presence and severity of maladaptive personality traits of complainers.

Discussion: We argue that paying close attention to complaining practices that arise during couple therapy is an important aspect of clinical work with couples and can be informative regarding the nature of spouses' quarrels and their personality constitutions.

KEYWORDS

conversation analysis, psychotherapy, couple therapy, complaining, blaming

1 Introduction

Problem formulation is a constitutive feature of any professional–client encounter (cf. Pino and Mortari, 2012). Clients need to describe early on the reason why they look for professional support or help. One of the specific contexts for getting help and talking about problems is couples therapy, which involves a complex and delicate triadic constellation (cf. Stivers and Majid, 2007; Stivers, 2012), where clients formulate their marital problems and their complaints for the therapist as the addressed recipient in the presence of the unaddressed but overhearing spouse who is the target of the complaint (cf. Wilkinson et al., 2013). This seems to be vital, particularly in the context of first consultations. The way spouses complain in such a peculiar context is the focus of the following study.

When couples embark on couple therapy, they usually do so to find a solution for their marital problems. For this, the spouses routinely unfold these problems during the first consultation. However, compared with other types of professional–client interaction,

formulating “the problem” in a couple therapy setting is characterized by a unique constellation. Here, both spouses are virtually part of “the problem.” Any description of the problem by one spouse can include the respective partner or make implicit or explicit reference to him/her. Even neutral descriptions of subjective annoyances or the couple’s insufficient functioning may involve the partner and can be hearable as a covert complaint. Moreover, even the question of the nature of the marital problem or whether there is a problem at all may be contentious among the spouses. Spouses who come to therapy usually have a long history of mutual complaining, blaming, and marital disputes. It is a general observation that these quarrels tend to be re-enacted in the therapeutic setting and that clients tend to locate responsibilities, marital problems, and their causes in the other spouse.

1.1 Complaining in couple therapy—Clinical practice and clinical research

Complaining, accusing, and blaming are actions that frequently occur in therapeutic conversations, especially at the beginning of the therapy process. They are closely linked to taking a defensive or offensive position, hindering reflection and ultimately making it difficult to solve problems. They are high-impact attributions that can provoke shame, guilt, anger, or some other aversive emotional state (Friedlander et al., 2000).

In empirical psychotherapy research, some attention has been paid to the verbal forms and social dynamics of complaining as a conversational activity within a triadic interactional constellation. Research was done on the activity of complaining/blaming itself, reactions of others to complaining/blaming, and how therapists deal with this phenomenon in their practice. For example, Stratton (2003a,b) analyzed attributions of responsibility and blame in family therapy using a special, manual coding system. He pointed at “characterological blaming” as the most damaging form of blame and suggested sensitizing therapists to this phenomenon. Some authors studied blame and accusation as elements of a moral discourse in which responsibility is topicalized and negotiated in marital and couple therapy (Buttny, 1990; Edwards, 1995; Kurri and Wahlström, 2005). Others (Beck, 1987; Friedlander et al., 2000) pursued the response of spouses and therapists following blame expressed by family members and singled out different dimensions in the therapists’ actions, including their “neutral” stance (Stancombe and White, 2005). O’Reilly (2005) examined episodes in family therapy during which a client complains to the therapist about a non-present third party (an agency or an individual). She showed that complaints are made by constructing something as negative, attributing moral fault, and assigning agency/responsibility. Although she furthermore observed that the therapist’s responses display an orientation toward the “unhelpfulness of complaints,” she disregarded how the other co-present clients participate or are involved.

Ways of complaining are intertwined with the personalities of the clients. Since complaining and being complained about is an emotionally challenging interaction (Päivinen et al., 2016), one may say that it is particularly difficult for individuals struggling with

regulating their emotions, which is postulated to be a core clinical symptom of personality disorders (PDs) (Livesley and Larsons, 2018). Literature on therapy with personality-disordered couples is still scarce and is mainly concerned with how such persons present themselves in therapy and how to adapt the way of conducting therapy to specific personality styles (McCormack, 2000; Landucci and Foley, 2014). Although there are descriptions of different ways in which spouses with specific psychological problems complain in couple relationships (Lachkar, 2014), in no articles to date have authors paid attention to the details of complaining practices and their interactional relevance in the context of therapy with personality-disordered couples.

1.2 Complaining from a conversation analytic perspective

To get a deeper understanding of complaining practices in couple therapy, a more sophisticated observational perspective is called for. As we have done in earlier research (Janusz et al., 2021; Peräkylä et al., 2023), we adopt a conversation analytic approach which enables us to identify conversational details of complaining activities as well as sequences in which clients prepare and deliver a complaint or respond to it. A conversation analytic perspective on complaining practices in marital therapy is justified because complaints, accusations, and similar ways in which interlocutors deal in everyday life with a deemed wrongdoing are a prominent topic within that research tradition.

In everyday life, “complaining” and its meaning is an unquestioned matter of course. It is, however, difficult to find an exact formal definition for this activity (Pillet-Shore, 2015). Complaining, blaming, and accusing are common-sense concepts, and as such they are essentially vague; their meanings blend into each other, but all of them refer to the display of some negative experience or stance. Although without clear cut demarcations, complaints and related phenomena can be differentiated and ordered in a sequence along their social and moral design. The most neutral way of expressing some pain or the feeling of discontent about some personal mishap is what we call Jefferson’s (2015) “trouble telling.” Trouble can be communicated by moaning, such as when some annoyance is expressed without reference to any cause or culprit. *Complaining*, on the other hand, refers more specifically to the display of some suffering or negative experience, but in complaining, responsibility is either sought or can be attributed to “someone” (Heinemann and Traverso, 2009). *Blaming* is a morally charged form of complaining and is outward-oriented to an identified perpetrator. Compared to complaining and blaming, *accusing* is the most inconsiderate and offensive way of displaying indignation. Accusing is realized as a moral attack and captures a strong way of charging a person directly and quite often by non-verbal means of some infringement. The wrongdoer is known and is confronted with the speaker’s negative experience and his/her supposed social or moral violation (Castor, 2015).

When the interaction is triadic, complaining becomes interactionally more complex. In such a participation framework, the distinction between the recipient and the target of a complaint is pertinent. A speaker can aim the complaint directly at the

co-present addressee, where the recipient and the complaint's target are identical. However, the recipient of a complaint need not be the complaint's target. In contrast to *direct complaints*, in which the recipient is directly made responsible for the speaker's discontent, *indirect complaints* are characterized by the fact that the deemed culprit is either not present in the interaction or, if there, is not addressed. In triadic or multi-party conversations, co-present unaddressed third parties can take sides and can—by commiserating—even affiliate with the complainer (Boxer, 1993), which in effect “collectivizes” the complaint (Laforest, 2009) and often prevents the complaint target from defending him/herself (Heinemann, 2009). For example, in couple therapy, a client can witness how his/her spouse attempts to win the therapist over on his/her side, thus partitioning the conversation and building a complaint coalition against the bypassed partner.

In addition to the relational framework and the associated distinction between direct and indirect complaints, three other dimensions must be mentioned along which modes of complaining can be distinguished from each other. Complaints differ with regard to their *affective* intensity, which may range from a cool slight to a heated allegation. Second, complaints have a *developmental dimension* and can evolve—often in response to the recipient's first reactions—from a seemingly innocent and neutral observation to an offensive charge or from an inconsiderate blaming to a subdued criticism. Third, complaints are also potentially *face-threatening* (Goffman, 1955), and their realization can differ with regard to the degree to which a speaker takes aspects of face-saving into account.

2 Objective

The study we present is part of our ongoing research on the therapeutic conversation in couples therapy with participants with personality disorder traits. Focusing on conversational segments in which the couple was asked to formulate the marital problem to be solved in therapy, episodes in which one spouse complains directly or indirectly about the other are singled out and analyzed in close empirical detail. Against the background of the structural features of complaining outlined above, our main objective is to distinguish and identify practices and typical “styles” of complaining about the spouse in couple therapy and to arrange them in a spectrum that encapsulates the differences between them. We are convinced that the specific ways in which spouses complain about each other may not only illuminate their specific marital relationship but may also be related to their individual personality traits and capabilities of managing close relationships and regulating emotions.

The rationale of our study is that the way in which a complaint is made makes reference to the spouse and is answered by the spouse, which is an important indicator for the therapist. The success of therapeutic efforts to move the spouses' talk away from blame game and to reach a productive mode to work with their problem not only depends on the therapists' attitudes and their professional skills but also on their knowledge of the phenomenology of complaining in couple therapy. We furthermore pursue the idea that couple and family therapists, irrespective of their therapeutic school, can enhance their professional competence by increasing their sensitivity to the client's expressions of blame or accusation and the client's emotional responses to moral actions of this kind.

3 Materials and methods

3.1 Data collection

The data were collected as part of the wider research project called “Facing Narcissism” (<https://www.helsinki.fi/en/researchgroups/narcissism-face-and-social-interaction/studies>). One branch of this project is a study of therapeutic conversations of couples where one spouse has traits of narcissistic (or other) personality disorder (therefore, the decision to include material in the database was driven by clinical features of the interactants). Researchers decided to use material from couples therapy conducted at the Family Therapy and Psychosomatics Department, Jagiellonian University Medical College in Cracow, Poland, where couple therapy sessions are routinely video recorded for supervision and training. The project got the agreement of the Bioethical Committee, Jagiellonian University Medical College no. 1072.6120.76.2020. The participants gave written consent to using video recordings of their interactions for current research.

The couples were recruited to the project in two phases. First, therapists from the department were asked to make, among the couples that they had worked with, an initial clinical judgment and identify those couples where at least one of the spouses presented symptoms of personality disorder. The decision to include a couple in the study was made after they had finished couple therapy; thus, their reason to start therapy was in no way related to the decision to participate in the current study. In the second phase, a member of the research team (BJ) selected couples to be assessed in more detail with the Shedler-Westen Assessment Procedure (SWAP; Shedler and Westen, 2007) and after that selected the cases to be included in the database. The exclusion criterion was the presence of other psychopathology than PD (such as psychotic symptoms or bipolar disorder). For comparative purposes, we decided to include two couples without personality pathology. They were also assessed with SWAP to confirm the lack of such features.

SWAP is an instrument used for making personality assessments and is completed by the clinician who has worked with the patient for some time, not the patient. The result of this procedure is a personality profile of the subject. It is important to note that therapy sessions that make up our database were conducted before the therapists filled out the SWAP questionnaire.

Consultations were conducted following integrated systemic and psychodynamic approaches. According to them, therapists, during first consultations, aim to find out how each spouse defines “the problem” and what husband and wife expect from therapy (Stierlin et al., 1980). Defining the couple's problem may already lead to complaints or blaming during the consultation, which is why the spouses are expected to talk directly to the therapist (not to each other) to prevent the upcoming of their dysfunctional relational patterns (Sprenkle and Blow, 2007).

3.2 Participants

Our database consists of video recordings of initial consultations of nine couples that were conducted by eight different psychotherapists. Spouses were manifesting diverse personality styles—in seven couples, at least one of the spouses

was assessed as having personality disorder features, while in two couples, no personality disorder traits were found. The researchers involved in the project worked with the entire available data. However, for the ensuing presentation of our study, we decided to present extracts from sessions of four different couples conducted by four different psychotherapists. Two of the presented couples were not characterized by personality pathology, and in the other two, spouses were assessed as having traits of either borderline or narcissistic personality disorder. The possible connections between personality pathology and complaining practices will be taken up in the discussion (Section 6.2).

3.3 Conversation analysis

The data analysis in our project did not start from the couples' clinical assessment but followed the bottom-up approach of conversation analysis in the identification of different practices of complaining. It involved (1) extracting all segments from the nine sessions that contained complaining or blaming extracts (according to the definitions described in Section 1.2); (2) unmotivated data analysis of all complaining extracts; (3) identifying more considerate and inconsiderate complaining practices; and (4) choosing four couples that represent the spectrum of complaints from the most considerate to the most inconsiderate.

Conversation analysis (CA) is a social research methodology for the detailed analysis of naturally occurring talk-in-interaction that is audio- or video-recorded and then transcribed with a standardized system of orthographical transliteration and additional suprasegmental markers (Peräkylä et al., 2008; Sidnell and Stivers, 2013). CA studies pay particular attention to the sequential organization of social interaction; however, it also developed methods for the analysis of descriptive practices with which single turns are constructed, objects are formulated, or events are described. Early studies have shown how extreme case formulations (Pomerantz, 1986), idiomatic expressions (Drew and Holt, 1988), "negative observations" (Schegloff, 1988), or the rhetoric device "litotes" (Bergmann, 1992) are applied to mark the moral implications of an utterance.

CA methods have been used to study many types of conversations in non-institutional and institutional contexts, including family conversations, social chats, medical interviews, and mediated communication. For some years, conversation analysis has also been applied to the study of the psychotherapy process, allowing researchers to micro-analyze recorded psychotherapy sessions (Peräkylä, 2008). Studies of psychotherapeutic interaction have so far focused on issues such as formulations (Antaki, 2008), interpretations and responses to them (Peräkylä, 2011), questions (MacMartin, 2008), resistance (Vehviläinen, 2008), affiliation (Muntigl and Horvath, 2014), and expression of emotion (Leudar et al., 2008). Most of this research was conducted in the context of individual psychotherapy, that is, in the context of a dyadic interaction. Some CA studies have dealt with multi-party interaction (Lerner, 1996; Fioramonte and Vásquez, 2019), but studies of triadic psychotherapeutic settings are rare. In their comprehensive review of studies utilizing CA as a methodology for the analysis of family therapy, Ong, Barnes, and

Buus (Ong et al., 2020) found only 25 studies, which document the emerging interest in CA research in this area.

3.4 Data analysis

The data analysis initially involved unmotivated exploration aimed at recognizing interactional practices in couples with or without personality disorders. This led to more focused work on phenomena such as "controlling the interaction" (Janusz et al., 2021) and "disengagement in the interaction" (Peräkylä et al., 2023). The current project was focused on complaining practices. We extracted segments from the nine sessions that contained complaints (according to the definitions described in Section 1.2), and then we started descriptive data analysis of all these extracts. This made it possible to identify more considerate and inconsiderate complaining practices. Finally, we chose five extracts from four couples representing the spectrum of complaints from the most considerate to the most inconsiderate.

4 Results

Our overall impression about the data is that ways of complaining differ across couples: each couple may have their characteristic ways of complaining. In the following, we provide examples of complaining talk of four different couples. The sequential order in which the complaining practices are presented is based on our observation that these practices can be arranged according to the degree to which the spouses consider their respective partners in their complaints. The analysis starts with an extract from a couple in which the spouses complain about each other in the most cautious ways. We then present extracts from complaining in other couples. In these extracts, the degree of inconsiderateness increases so that the last extract shows a couple where the spouses mutually blame each other directly. Thus, the succession of the extracts in the following analysis documents that the manifold practices of couples to mutually criticize or morally attack each other in couples therapy form a spectrum of complaints.

Presented extracts are in Polish. Considering the Polish cultural context, the most expected form of referring to a spouse is to use the phrase "husband/wife/partner" or "my husband/wife/partner." It should be noted that in Polish, there are no prepositions, such as the English "the", "a", and "an." Sometimes, the use of the pronoun "he/she" alone in the presence of the subject of the sentence can indicate the building of relational distance. It is also not typical for spouses to use their partners' names when describing their behavior at the first meeting with the therapist. The use of a spouse's name in a statement can mean shortening the distance with the therapist or not including him or her at all in the context of the conversation at hand (as one can see in Couple 4).

4.1 Couple 1: strict mother

During the talk with the therapist about family problems, the wife described difficulties in disciplining the younger child and conveyed

in a complaint-implicative way that in her view, her husband is too lenient with the children, leaving the task of disciplining to her. In a mitigated way, she conveys that she once hit one of the children. She described the situation as a reversal of the parental roles of father and mother and mentioned her difficulties with this role reversal and her own problematic behaviors. After the wife described the problem from her perspective, the therapist turned to the husband (H) and asked him to present his point of view. In his elaborate answer, H gives his view of the situation, which implies a (counter-) complaint about his wife:

Extract 1a

- 07 H: hhh znaczy, tak, wydaje mi sie (.) moze to nie jest, ze ze zona jest
hhh I mean, well, it seems to me (.) maybe it isn't, that that wife
 08 stanowcza tylko ze: (0.5) e e no: (1.0) bo to ja bo ja bo (4.0)
is strict but tha:t (0.5) um um well: (1.0) because I because I (4.0)
 09 ucieka w sytuacjach w których stanowczość sie przeradza juz
he runs away in situations when strictness transforms
 10 (1.5) juz czasami (1.0) >tak jak zona powiedziała< zda- zdarza sie to
(1.5) sometimes even (1.0) >as wife said< it ha- happens
 11 bardzo rzadko .hh ale przeradza sie juz w jakieś:: (1.0) odrzucenie
very rarely .hh but it transforms into kind of: (1.0) rejection

H starts his account of the marital problem by correcting his wife's (W) prior description of her difficulties with disciplining the younger child, pointing out that the issue is not W's "strictness" but the fact that strictness sometimes turns into rejection. "Rejection" of a child is understood as inappropriate parental behavior, which makes H's account hearable as a complaint about his wife's behavior. However, H produces the account in a cautious and considerate way. He furnishes the account with uncertainty markers (line 7: "maybe it isn't" and line 11: "kind of"), produces self-repair (line 08: "because I- because I"), and mitigates the account by pointing out that his wife's problematic behaviors are infrequent (line 11). Furthermore, he conveys deference to his wife's prior report of the situation by presenting his agreement with it (lines 10–11: "as the wife said it happens very rarely").

After having characterized his wife's problematic behavior, H moves on to depict the situation from his own perspective, describing his own way of handling it. He starts by claiming his own helplessness, pain, and the child's confusion:

Extract 1b

- 14 H: .hhh >ja w takiej sytuacji< nie wiem jak reagować.
.hhh >in such situation< I don't know how to respond.
 15 szczerze mówiac. bo, bo, bo mi jest przykro, a tez
to be honest. because, because, because I'm hurt, and also
 16 (0.5) DZIECKO płacze, nie wie co sie stało.

(0.5) THE CHILD is crying, it doesn't know what has happened.

17 T: Mhm.

This description of helplessness extends and intensifies H's complaint. The description clearly implies that W's way of 'rejecting' the child is causing confusion and suffering; yet, H does not (at this point) mention his wife's behavior, focusing instead on his and the child's suffering.

After the continuer (line 17) from the therapist (T), H elaborates the description of his helplessness in finding the right way to respond to the child's crying. He presents two alternative ways of acting, which for him both feel wrong: holding the child (thereby showing himself as the "loving" parent) or pushing it away (transcript not included). The elaboration focuses solely on the child and the husband himself; yet, the account implies that the child is crying because of the conflicts with the wife.

In response to H's description of his helplessness, T provides a formulation (lines 23 and 25) that preserves the topical focus on H's own behavior (rather than on W's actions):

Extract 1c

- 22 T: mhm (.) to mówi pan o takiej trudności pogodzenia
well you are talking about the difficulty
 23 .hh [] (.) dania wsparcia zonie
.hh [] (.) of giving wife support
 24 H: [tak]
 [yes]
 25 T: i zainteresowania [sie dzieckiem?
and showing interest [to your child?
 26 H: [do- do- dokładnie stanięcia po stronie zony
[ex- ex- exactly to take wife's side
 27 bo bo bo zawsze staram sie >stanać po stronie zony< .hh
cause cause cause I always try to >take my wife's side< .hh

As soon as T formulated H's interest in supporting his wife, H confirms T's formulation in overlap (lines 26 and 27). H's early and emphasized confirmation also forestalls a reading of his prior description as one that is primarily a complaint about his wife, and the reading of his sentiment or motivation being that of complaining.

Yet, after emphasizing his willingness to take his wife's side, H continues his response and returns to talk about her complainable behavior (see Extract 1e below). By disclosing that he does not accept hitting (line 28), he indirectly brings to the topical focus the fact that W was hitting the child. However, he presents the rejection of hitting as a joint decision or policy of the couple (lines 28, 29, 32–34). Thereby, he includes, as it were, his wife in a "team" that is against W's complainable behavior. Thus, H protects his wife's self in a situation where he is discussing episodes in which she indeed has hit the child. Interestingly, in the utterance where H for the second time includes his wife in the anti-hitting collective, he does self-repair from the first-person singular to first person plural (lines 32–33: "and I adopted a principle (.) that: (1.0) we decided together"); the self-repair indicates H's hesitation in talking about the matter.

Extract 1d

- 28 H: nie toleruje bicia i to ześmy przy-
przy- przyjeli >taka zasade
I don't tolerate hitting and we ad- ad- adopted >such a common
- 29 wspólna< od ZAWSZE .hhh hhhh (1.5)
byłem bardzo rzadko bity, przez
principle< since FOREVER .hhh hhhh (1.5) I was beaten very rarely, by
- 30 rodziców. a pamietam to (0.5) .hhhhh
kazda sytuacje.
parents. and I remember it (0.5).hhhhh each incident.
- 31 T: mhm
- 32 H: e:: i przyjałem zasade (.) ze: (1.0) ze
ustalaliśmy
eh:: and I adopted a principle (.) that: (1.0) we decided
- 33 wspólnie ze ze ze >ze nie bijemy<
dzieci i ze ze
together that that that >we do not hit< children and that that
- 34 nie podniesiemy reke na dziecko .hhh i
reaguje (.) złością
we won't raise a hand on child .hhh and I respond (.) with anger
- 35 w sytuacji w której widze ze: (1.5) jes
jestem zdenerwowany
in situation in which I see that: (1.5) I- I am angry
- 36 i i broń Boze do (.) nie chodzi o
jakieś rekoczyńy ale
and and God forbid (.) it's not that there are some physical but
- 37 pokazuje swoje emocje, (.) ze bardzo mi
sie nie podobaja takie
I show my emotions, (.) that I very much dislike such
- 38 zachowania. Pokazuje to n:: dzieci
myśle ze to tez widza.
behaviors. I show this n:: I think that children see this as well.

After having described the couple's principle not to hit children, H moves on to depict more concretely his reaction to hitting (lines 34–38). The account focuses primarily on his own feelings and actions and on the ways in which children see his reaction. What he reacts to is described in very indexical terms, as “that” (line 35) and “such behaviors” (lines 37–8). By choosing these oblique terms, H seems to avoid references to his wife's problematic behavior (i.e., hitting). On the other hand, by describing his anger when he sees “such behaviors,” H presents himself as a moral person who reacts to wrongdoings and wants to protect the children.

After a short repair sequence, H continues his account, now focusing on the children's perception of the problematic family scenes (lines 43–48). As H is seeking to capture what the younger child sees (line 48), his wife cuts in with a rewording confirmation “he registers. yes” (line 49). By offering her confirmatory rewording, W accepts and participates in her husband's depiction of the problematic family scene. Thereby, she treats herself and her husband as belonging to the same social and experiential unit. In

so doing, W at this moment ratifies her husband's account and implicitly admits that her behavior may be problematic.

Extract 1e

- 43 H: tak. (1.0) myśle ze dzieci to tez widza
(.) nie wiem
yes. (1.0) I think that children also see it (.) I don't know
- 44 jak córa, bo córa z reguły
about daughter, because daughter usually
- 45 w w:: tym nie uczestniczy
doesn't participate in i::n this
- 46 bo ona sie gdzieś tam bawi,
because she plays somewhere,
- 47 ale ale .hh myśle ze mały to gdzieś
but but .hh I think that the little-one sees it
- 48 katem oka (0.6) er::m widzi, ze=
with the corner of his eye (0.6) er::m sees that=
- 49 W: rejestruje. [tak.
he registers. [yes.
- 50 H: [rejestruje ze ze ze z- tata jest
niezadowolony
[registers that that th- daddy is not happy
- 51 ze ze ze mama (.) mama mama uderzyła,
(0.4)
that that that mother (.) mother mother hit, (0.4)
- 52 i gdzieś moze gdzieś tam w głębi
psychiki (.) widzi
and somewhere maybe somewhere deep in his psyche (.) sees
- 53 ze ze ze tata stoi (.) po jego stronie.
that that that daddy is (.) keeping his side.

H confirms his wife's rewording “register” (line 50) and continues with an explication of what the child saw (lines 51–52). In describing the child's perception—that “*daddy is not happy that mother hit*”—H eventually conveys a most severe complaint that is deeply threatening for the self of his wife. The description “*mother hit*” is produced in a particularly considerate way. It is not only delayed by serial repetitions of “*that*” and “*mother*” (line 51), but syntactically, the clause “*mother hit*” is nested in several other clauses: “*the little one (...) registers*” (lines 47, 50), “*that daddy is not happy*” (line 50), and “*that mother hit*” (line 51). Noticeably, the most “damaging” description is followed by silence (line 54). Continuing his utterance (line 52), H reflects on the child's perceptions, thus moving topically away from his wife's actual behaviors. By this topical shift in the continuation of his utterance, and through the nesting of his assertion of his wife's behavior, H softens and downplays the message “*mother hit*.”

After H has completed his account, T takes the turn and asks W to comment on what her husband has just said (line 54).

Extract 1f

- 54 T: mhm. a pani jak rozumie taka sytuacje
mhm. and you(f) how do you understand such situation
- 55 kiedy dochodzi .hh do takich e:rm
when it comes .hh to such e:rm
- 56 tez erm różnic rozumiem między państwem
w podejściu?
also erm differences as I understand in your approach?

- 57 H: chciałem powiedzieć tylko jeszcze
jeszcze sie wtrące
I wanted to say I wanted to add only
- 58 ze to [była< .hh przez ostatni rok to
była (.) to było kilka razy
that it [was< .hh over the last year (.) such incidents
- 59 T: [aha
- 60 H: to sie to sie nie dzieje ze to jest
were only few times it doesn't it doesn't happen that
- 61 ze zona leje dzieci[: dziennie
tam pasem
that wife hits children[: daily with a belt
- 62 W: [£TcHh£
- 63 H: to to to było moze nie wiem pięć razy,
sześć razy
it it it happened maybe I don't know five times, six times
- 64 przez ostatn[ie (0.5) półtora roku
over the la[st (0.5) six months

Although T's question is grammatically clearly addressed to W (line 54), H preempts W from answering by repeating and reconfirming his earlier "defense" of his wife. He downplays the number of critical events ("only few times") and emphasizes that his wife was never "hitting the children with a belt on a daily basis." The wife responds to this remark with a laugh particle (line 62), which she produces while being close to crying. Finally (lines 63–64), H gives an estimate of the frequency of the complained-about behaviors. Through his turn (from line 57), he has created a context where "five times, six times" is offered as a low, not high, number.

To sum up, in Extract 1, after W has cautiously complained about the problematic division of parental roles in the family, H started to describe his wife's rejective behavior toward their children. Although the content of his critique is grave ("hitting the child"), he conveyed his complaint in a considerate way by hesitating, using mitigated descriptions and oblique references, and downplaying the amount and severity of his wife's problematic actions. He avoided direct depictions of his wife's wrongdoing and focused instead on his own painful reactions and the children's perceptions. For all his complaints about his wife's behavior, H showed affiliation to her. During the complaint, there were moments when the complainer (H) and the complaint target (W) in different ways displayed togetherness and presented themselves as a team or one social unit.

4.2 Couple 2: being lonely while being together

The next couple, in which the wife complains about her husband's unacceptable behavior, is quite like Couple 1 insofar as the activity of complaining involves balancing between displays of discontent of the spouse's wrongdoing on the one hand and mitigative solidarity, maintaining elements, on the other. The balance is tilted somewhat more toward mitigation and solidarity in Extract 1, as compared to Extract 2, but in each case, discontent as well as solidarity are present. The transcript is taken from that part of the consultation in which T explores the couple's problem. H started his actual talk about problems by describing his wife's complaints about his reluctance

to talk to her as well as about so-called "silent days" (a routine of spouses not to talk to each other for many days). Just before the segment presented below, T suggested that the time has come for the W to describe the problematic marital issues. Thereafter, T asked W directly:

Extract 2a

- 01 T: Pani jak widzi problem °wasz°
how do you(f) see °your(pl)° problem
- 02 W: yyyy no ja:: yyy w naszym małżeństwie:
yyyy uhhh
well I:: uhm in our marriage: uhhh

After some hesitations (line 2) and a pause of 2 s, W formulates in a decisive and undoubtful way the problem in her marriage:

Extract 2b

- 04 problem jest je↓den y taki ze: ja po
prostu
there's one problem that: I simply
- 05 cały czas jestem samo↑tna (.) we dwo↓je
I'm lone↑ly all the time (.) while being toge↓ther

With her formulation "in our marriage (...) there is one problem," W marks the centrality and omnipresence of the problem and signals that something essential is about to come. When she continues and formulates the marital problem from her perspective, she uses declarative statement by saying: "I'm lonely all the time while being together" (line 05). In that statement, her husband is mentioned only indirectly as somebody who is part of the togetherness, in which the wife feels lonely.

The completeness of this formulation is not only marked by a falling intonation and by T's ensuing confirmation token but also by W's subsequent gazing at her husband. Gazing at her husband shows that not only T is the recipient of W's problem formulation but that her turn is also addressed to her husband who is sitting next to her. By turning her gaze to her husband, she transforms her utterance from a simple propositional statement into a relational message. W formulates the core problem of her marriage. The following elaboration of her complaint (lines 08–19) then delivers the justification of her strong and decisive formulation of the central problem in the marriage and of her suffering.

Extract 2c

- 08 W: .hh maz yyy .hh na poczatku naszego
małżeństwa
.hh husband uhm .hh at the beginning of our marriage
- 09 w ogóle ze mna nie rozmawi↑ał na takie
tematy
didn't ↑talk to me about certain topics at all
- 10 ponizej yyy po- powyzej pewnego pułapu
(.)
below uhm ab- above certain level (.) ((W moves her hand horizontally))
- 11 pewnego pułapu powiedzmy informacji
wymiana informacji=
some level let's say of information exchange of information=
- 12 T: =taki[ch biezacy]ch
=the [everyday topics]

13 W: [na tym pie-] bieża↓cych(.)
[on this pie-] every↓day (.)
14 natomiast jezeli byłby jakieś spiecia
jakie yy ze
**on the other hand if there were some tensions such
erhm that**
15 jezeli były jakieś problemy i
dochodziło do do yy to
if there were some problems and it came to to erhm then
((W gestures))
16 po prostu: po jakimś czasie dochodziło
do pewnego::
simply: after some time it came to some::
17 momentu ze:
moment that:
18 (1.5) ((W imitates explosion with a
hand gesture))
19 był wy↓buch
it exp↓**loded**

W starts to further elaborate on her husband's problematic behavior (lines 08–13) by describing the history of their marriage. In her elaboration, she uses certain descriptive devices (line 09) such as negative observation (Schegloff, 1988) “*he didn't talk to me about certain topics*” and the extreme case formulation “*at all*” (Pomerantz, 1986). Her account comes to a description of gradual consequences which her husband's behavior engenders: An accumulation of tensions (line 14–15) that leads to a final explosion (line 19). The emphasized expression “*it exploded*” conveys, together with its gestural illustration, the intensity of problems in the marriage. Despite the dramatic depiction of the central marital problem, it is surprising that it is delivered in an agentless manner (Here, an interesting parallel to Extract 1 can be observed, as there—see Extract 1a, lines 9–11—the husband spoke about “*strictness*” and “*rejection*” without explicitly attributing them to the wife.). With her expression “*it exploded*,” W depicts the event as a kind of chemical reaction in the marriage, thereby avoiding the identification of the person who exploded. The agentless account is picked up by the therapist, who asks W (line 20) who the agent of the explosion was—she or her husband? It seems that T does not accept W's cautious mode of agentless complaint but insists on a clearer picture of the event.

Extract 2d

20 T: eh kto w[ybuchał] pa↑ni czy m↓az
who was ex[ploding] y↑ou or hus↓band
21 W: [eksplozja]
[explosion]
22 (0.5)
22 W: eeeee hhh no wyglądało to tak ze: ze:
eeeeee hhh well it looked that in the way that: that
23 ja chciałam zeby on ze mna rozmawia↓ał a
on
I wanted him to talk to me and he
24 po prostu yyy (.) mm yyy a on po prostu
ze mna
simply erhm (.) mm erhm and he simply ((H grunting))
25 nie rozmawiał tylko zabierał kurtke i
wycho↓dził

**wasn't talking to me he was just taking his coat
and lea**↓**ving**

26 T: mhm

T's question shifting the format of talk from agentless in interpersonal does not immediately stop her agentless way of talking. In her account, W is setting up a contrast between her plausible and “normal” need of talking to her spouse and her husband's obvious strange response of leaving the house. Contrast structures are typically used in verbal interaction to depict someone's behavior as non-normal or at least inappropriate (Smith, 1978). In W's description, a contrast is constructed between her wish, i.e., her own inner world, and H's observable behavior, for which a concrete detail (“*taking his coat*”) is provided, which serves as “empirical” validation of her version.

Extract 2e

27 W: (.) i tak to wyglądało (1.5) od momentu
kiedy:
(.) and it looked like that (1.5) since:
28 weszliśmy do domowego kościoła <musimy>
ze soba
we joined the domestic church we <must>
29 rozmawiać bo to jest nasze zobowiązanie
talk to each other because this is our obligation

After the therapist's minimal confirmation token (line 26), W indicates that the marital problem she was describing occurred at a certain period of their life, after which a turning point happened: “*it looked like that until*” (line 27). The event which marked the turning point was the couple's joining the domestic church, with which the obligation to communicate with each other came along. However, this obligation only partly solved the couple's main problem. In the continuation of her talk (lines 31–38), W comes up with a new complaint about her husband, who treated these couple talks as pure obligation (line 32), something that just needed to be done (line 38). Moreover, again, W uses the contrast format to mark the difference between her husband's attitude and her own experience: “*it helps me*,” “*I want that*” (line 38).

Extract 2f

31 W: .hh ale:: hhh yyyy małzonek podchodzi
do tych
.hh but hhh uhm my spouse's approach to these
32 rozmów ta:k ze ze on to robi (.) bo
musi (.)
talks i:s that that he's doing them (.) because he must (.)
33 to nie jest (.) bo (.) inna rzecz jest
taka .hh
it isn't (.) because (.) it's quite different from .hh
34 ze ja rozmawiam bo faktycznie wiem
that I talk because I actually know
35 ze mi to po↑maga (.) wiem ze tego ch↑ce
that it he↑lps me (.) I know that I wa↑nt that
36 T: mhm
37 W: .h a inna rzecz jest jezeli ja to musze
zrobić (.) yy
.h and it's quite different from that I must do this (.) uhm

- 38 załatwić to (.) i z gł_↓owy (.) mam to
za soba
to have it done (.) and get it over with (.) to leave it behind me
- 39 T: a skąd pani wie że ma_z to robi bo mu_↑si
(.)
and how do you(f) know that your husband does it because he must (.)
- 40 mówi pa_↑ni czy pani to czu_↑[je]
does he tell y_↑ou(f) or do you(f) f_↑eel it
- 41 W: [talk powie_↓dział
[he sa_↓id so]
- 42 T: aha
- 43 W: tak powiedział że ze po prostu za
kazdym razem
he said so that that just every time
- 44 kiedy on yy s siada do tej do do tego
stołu
when he uh s sits to this to to this table
- 45 do tej świecy to (.) no to to jest dla
niego
to this candle that (.) well this this is for him
- 46 yy nie do przeskoczenia to jest dla
niego
uh impossible to bear for him
- 47 takie trudne
so difficult

Answering T's question, W quotes her husband, saying how difficult it is for him to talk (lines 43–47). In her answer, the character of W's account changes, becomes less critical, and shifts to an understanding of the reasons for her husband's behavior that was, a few turns earlier, the object of her complaint.

Extract 2g

- 48 T: a dlaczego ma_z musi to °robić°
and why must the husband °do° that
- 49 W: (0.8)
- 50 W: fhhhh ha ha (0.3) .hhh @dla mnie@ he he
[he he ha ha ha_↓ f
- hhhh ha ha (0.3) .hhh @for me@ he he [he he ha ha ha_↓**
- 51 T: [dla pani [for you miss

T half-jokingly challenges W's moral perspective by inquiring about the reason for H's obligation to talk to her (line 48). In her response, W starts to laugh and answers "for me" (line 50), possibly realizing the paradoxical nature of her complaint. H joins his wife's laughter, which shows his emotional affiliation with her at this moment.

In summing up Extract 2, upon T's invitation to describe the couple's problems, W came up with a complaint about her husband's long-standing problematic behaviors. Her complaint initially included a description of her suffering; however, in the continuation of her account, she depicted in some detail her husband's unacceptable manners that have lasted through the time of the marriage. After the explicit description of her husband's wrongdoing, the W, in response to the therapist's question, showed understanding of the H's motivation. Thereby, W's complaint developed into a more considerate direction. Moreover, even

though W's complaint sequence involves serious matters, it ended in a positive affective atmosphere with W's laughter and H's simultaneous smiling, which protects H's face.

4.3 Couple 3: my wife is afraid of a quarrel

Whereas in Extracts 1 and 2, there are moments during which the couple displayed togetherness and performed as one social unit, such a sense of solidarity and cohesiveness is pretty much missing in the following case. There are signs of affiliation, though, but they are rare, they are only shown by the wife, they are unevenly distributed. The deep split between the spouses becomes visible, particularly when the husband is rounding up his critique of his wife by not just complaining about her behavior but in the form of characterological blaming (Janoff-Bulman, 1979).

In the following, two segments will be discussed, which include two complaints, one from W and a subsequent complaint from H. At the beginning of the session, the therapist tries to elicit from the resistant husband the reasons for attending therapy. Using the opportunity to respond, the wife begins to formulate a list of problems, albeit in a somewhat vague and inconclusive manner, such as "problems in communication," "tension in the house," and "anxiety about the wellbeing of their child"; she also reveals her own troubles such as "insomnia," "stomach problems," and "exhaustion." Subsequently, the therapist asks W to clarify her description and asks, "Well at this point what is your guess? Is it—"

Extract 3a

- 01 W: Domysł jest taki że:
My guess is tha:t
- 02 na pewno bardzo sie różnymi z mezem (.)
temperamentami=
for sure we are really different (.) temperamentally=
- 03 =ja jestem y- wrażliwa osoba raczej
spokojna, powolna=
=I am uhm a sensitive person rather calm, slow=
- 04 =co też denerwuje meza .h
=what also irritates husband .h
- 05 natomiast ma_z jest szybki j- no jest
zaradny życiowo
whereas husband is fast i- well is resourceful in life
- 06 wszystko faktycznie wszystko ogarnia
robi zarabia .h
everything actually everything gets done works earns .h
- 07 tutaj nie ma w ogóle nic do zarzucenia
(1.0)
there's nothing wrong to be said (1.0)
- 08 natomiast yy no jest je- jest bardzo yy
.hh yy (3.5)
on the other hand uhh well he i- is really uhh .hh uhh (3.5)
- 09 fenergiczny bym powiedziała_↓ yyy
[fenergetic I would say_↓ uhhh (((smiling))
- 10 i nie- nie zawsze: yy potrafi yy
panować nad słowami
and he can't always: uhh control uhh his words
- 11 i nad gestami .hh więc yy
and his gestures .hh so uhh

- 12T: co to znaczy? yy yy nie zawsze potrafi
panować nad słowami
**what does that mean? uhh uhh he cannot always control
his words**
- 13 i gestami?
and gestures?

In her response to T's question, W starts to describe what she sees as her husband's problematic behavior. She does not do this in a straightforward manner but approaches her problem formulation gradually and with various caution markers, such as hesitations, pauses, qualifications ("*I would say*"), and a lexical item ("*energetic*") whose meaning is ambivalent: it can be a positive assessment of H, but can also be heard as a euphemistic expression for a disapproved habit, e.g., aggressiveness (lines 08–09). In the continuation of her description, she uses a negative observation ("*he can't control*") to describe her husband's lack of self-control. She qualifies and mitigates her account with two additions: with her remark that her husband is "not always" in control, she implies that at times he indeed is in control of himself; and she limits his lack of self-control to words and gestures (lines 10–12). W's last formulation is immediately taken up by the therapist, who asks W to detail her condensed formulation.

Upon T's question, W starts to specify the description of her husband's behavior.

Extract 3b

- 14W: to znaczy no:, bardzo czesto sie
irytuje złości i yy yy
**it means we:ll, very often he gets irritated angry and
uhh uhh**
- 15 mówi wtedy przykre rzeczy i takie
atakujące raniące
**then he says unpleasant things and so attacking hurtful
((licking her lips))**

Again (line 14–15), W uses hedges ("*it means, well*"), qualifications ("*very often*"), hesitations ("yy yy"), the rhetorical figure litotes ("*unpleasant*"), and other politeness markers through which her critical characterizations of her husband's acting ("*angry*," "*attacking hurtful*") are mitigated. Despite her complaint, she acts considerately and seems to protect her husband by attenuating the severity of his behavior.

In the ensuing talk, T disregards W's account of her husband's behavior and draws W's attention instead to her perception of her husband's acting:

Extract 3c

- 16T: i te (.) w tych (.) wtedy pani sie
zapytuje czy .hh pani jest
**and these, in these, then you (f) wonder whether .hh
you're**
- 17 nadwrażliwa czy to maz jest nadmiernie=
oversensitive or is it husband that is overly=
- 18W: =tak=
=yes=
- 19T: =agresywny, tak?=
**=aggressive, right?=
=**
- 20W: =tak

=yes

- 21T: Czyli nie ma pani jakby rozstrzygnięcia
That is you somehow don't have the conclusion
- 22W: To znaczy generalnie czuje yy .h stałe
takie napięcie
I mean in general I feel uh .h this constant tension
- 23 i yy zastanawiam sie po prostu cały
czas
and uh I just wonder all the time
- 24 >Zreszta, maz to moze potwierdzi< ze co
chwile sie .h go pytam
**>Besides, husband can confirm< that all the time .h I ask
him <--((hand gesture toward the husband))-->**
- 25 czy jesteś zły czy coś zrobiłam nie
ta:k.
are you mad have I done something wro:ng.
- 26 ((W's account of her feelings
continues, describing that she feels
husband's hostile attitude toward her,
that she feels judged negatively and as
if bothering him all the time)).

In T's question, the source of the marital problems is located either in the wife ("*oversensitive*") or in the husband ("*overly aggressive*"). W's confirmation is ambivalent, and she does not take sides and thus evades the answer; T explicitly formulates W's undecidedness in her response (line 21). As W continues her account (lines 22–26), she describes her own irritation and anxious thoughts (rather than her husband's behavior) and invokes her husband's view (line 24: "*husband can confirm*"). She also describes that she is torturing herself with the thought that she herself might be the source of the problem. In sum, while W's complaints about her husband are severe and definitely exceed a normal marital dispute, she protects him and shows consideration for him in several respects. She avoids hurtful expressions and uses euphemistic formulations in describing his behaviors, and she indicates self-doubts and addresses the possibility that she herself may be partly to blame for the couple's problem.

After W has completed her account, T turns to H and invites him to comment on his wife's statement (transcript not included). H starts his answer (Extract 4a, line 10) by declaring that he was prepared for this issue to come up and that he was expecting even prior to the session that this marital conflict would become a topic in therapy ("*when we come here there will be for sure will be about this conversation*"). Then, he moves on to the points which T has raised (lines 13–16):

Extract 4a

- 10H: Znaczą generalnie właśnie myślałem
I mean in general I was just thinking that
- 11 jak >>przyjdziemy tutaj<< to będzie
when >>we come here<< there will be
- 12 na pewno będzie o tym yyyhmmm rozmowa
.hh
for sure will be about this uuuhmmm conversation .hh
- 13y: i tak sam sam myślać o tym no doszedłem
do wniosku
u: and by thinking by myself I came to the conclusion

- 14 ze po prostu moja zona sie boi kłótni=
.hh
that simply my wife is afraid of a quarrel= .hh
- 15 T: **=aha=**
- 16 H: =nie lubi: wyrzucać wszystk- z siebie
.hh e- emocji
=doesn't like throwing everyth- out .hh e- emotions
- 17 T: **=aha=**

H describes his wife as someone who is unable or unwilling to face conflict situations (line 14); additionally, he characterizes her as not an open person who prohibits herself from expressing emotions. He portrays himself in contrast to his wife as an extrovert person who does not restrain his feelings and who acts in an expressive and vivid manner (line 18–19):

Extract 4b

- 18 H: y:: nie wiem no podnosze głos zaczynam gesticulować,
u:: I don't know I raise my voice I start to gesticulate
- 19 czy nie wiem .hh po prostu: widać ze ze
jakieś takie
or I don't know .hh simply: it's visible that that some
- 20 skrajne emocje mna: targaja .hh
extreme emotions are tormenting me .hh
- 21 to (.) natychmiast jest e:: jakaś taka
o: taki odzew
then (.) immediately there is e:: some some o: such
a response
- 22 ze (.) czemu jeździsz po mnie?
that (.) why are you bum-rapping me?
- 23 To [jes]t takie w cudzysłowie tak?
This is like in inverted commas ok?

H claims that his behavior can evidently be seen and understood (*“it's visible”*) as the outward manifestation of an inner *“torment,”* but that his wife is not interested in this background and that she has no understanding of the reason for his agitated way of acting. On the contrary, he complains with the evidential source of a semi-quote (lines 22–23) that she accuses him of mistreating her, using the “why did you”-question format as a typical device for the construction of a reproach (Günther, 1996).

Extract 4c

- 25 H: czy (.) no ale to (.) >>to jest to
jest<< główny problem .hh
What (.) well but it (.) >>this is this is<< the main
problem .hh
- 26 ze ze ja nie dam rady po prostu
that that I won't be able to just
- 27 ro- rozmodlić sie w tym momencie i sie
zamknąć .hh
start praying in this moment and to shut up .hh
- 28 nie nie (0.5) nie uzewnetrzniajac
prawda? .hh
with no no (0.5) no externalization right? .hh
- 29 nic właściwie bo to chyba o to chodziło
by
anything actually because this I guess that's what it
is about

Although H concedes that his behavior is a possible cause of the marital problems, he does not present himself as the one who is responsible. Instead, he rejects the expectations—implicitly attributed to his wife—to stay calm and to control his demeanor, which he describes ironic-sarcastically through an unrealistic exaggeration (*“start praying”*) and a vulgar formulation of obeying the order to stay silent (*“shut up”*). At that point, at which H is still talking to T, W is taking the turn and addresses her husband directly:

Extract 4d

- 30 W: nie nie to m:: bardziej mi chodzi nie
wiem
no no I mean more I don't know
- 31 ze mógłbyś w- właśnie w jakiś taki
zwieźły
that you would actually in some concise
- 32 trafny sposób y: nieraniacy y: formuł
[ować co masz do mnie
accurate way u: not hurting u: formulate [what you have
against me
- 33 H: [Iść pobiegać na przykład
[go jogging for example
- 34 no ale y: jestem za leniwy albo nie
wiem
but u: I am too lazy or I don't know
- 35 nie mam siły albo nie mam czasu
I don't have energy or don't have time
- 36 (4.0)

W strongly disagrees with her husband, requesting that he formulate his critique more precisely and in a decent way (line 32: *“not hurting”*). However, H continues his ironic-sarcastic line (*“go jogging”*) and mockingly gives the blame to himself (lines 34–35).

In sum, in Extracts 3 and 4, two interlinked complaints can be observed. W first complained about her husband's irritable and aggressive behaviors, where after H complained about his wife's inability or unwillingness to understand and tolerate his emotions. The spouses' complaints were performed quite differently. W described her husband's behavior in a resolute yet considerate way, expressed doubts about her perception, and was even open to self-blaming. She displayed affiliation with her husband and treated the couple as one social unit whose malfunctioning can be repaired. In contrast, H took a thorough confrontative stance toward his wife. He took his wife's suggestion to interact in a more friendly manner as a restriction of his freedom of expression. He furthermore accused his wife of being unable—or unwilling—to see his inner ordeal. In his view, the couple's marital problems were first and foremost his wife's problems. An additional outstanding difference between the spouses' complaining practices is that W was complaining about her husband's behavior, whereas H's complaints were directed at his wife's personality and character.

4.4 Couple 4: “you are lying”

Whereas Extracts 3 and 4 were characterized by H's unidirectional hostility toward his wife, in the following case,

both spouses directly and aggressively express their accusations. The intensity of their mutual hostility becomes manifest in the fact that they stop to talk to the therapist and turn directly at each other with repetitive blaming. Mutual blame and denial seem to emerge with remarkable rapidity on the part of both partners. An illustrative example of this process is given below. Just before the following segment, H presented himself as involved in family matters.

Extract 5a

- 01 W: teraz to kłamiesz Romek nie chciał iść
na: urodziny erm
now you're lying Romek did not want to go on birthday party erm
-<making an eye contact with the therapist and redirects her gaze to the husband shortly after
- 02 nie chciał iść na komunie swojego chrześniaka .h
did not want to go to his godson's communion .h
- 03 bo powiedział że tam nie jest potrzebny dopiero go prosiłam.
because he said he wasn't needed there only then I asked him.
- 04 (0.5)
- 05 H: To już wymyślasz ter[az.
Now you're making thi[ngs up.
- 06 W: [Nie Romek. [Tak było.
[I'm not Romek. [That's how it was.
- 07 H: [To już jest kłamstwo.
[This a lie.
- 08 W: Tak było Romek.
That's how it was Romek.
- 09 H: To już jest kłamstwo.
This is a lie.
- 10 W: W pierwszy dzień świat też ze mna nie poszedłeś
First day of holiday you also didn't go with me

W, strongly disagreeing with her husband's statement, directly turns to him and says, "now you are lying." After that, she starts describing his behavior in the third person (lines 01–03). The addressee of this part of the utterance is T, and this redirection is emphasized by W, who performs a brief eye contact with him, and shortly after doing so, she redirects eye contact to her husband while maintaining the third-person description in her utterance. It thus becomes clear why the next turn of speech is taken by the husband (line 05) and not by T. At this point in the conversation, a series of overlapping turns begins during which the spouses take extremely opposing positions; their exchange is an extreme example of antagonistic stance (Dersley and Wootton, 2000). The spouses use repetitions: "that's how it was" and "this is a lie" with increasing vigorousness to make their opinions clearer and stronger. These mutual accusations are made in the lexical form of unambiguous indicative sentences (lines 06–09), after which W, without direct interference from her husband, continues with another argument for her husband's lack of involvement in family matters (line 10). This statement is again countered by H some turns later (transcript not included).

An exchange like that is continued until interrupted by the therapist with a question "what are you doing right now? Are you trying to come to an agreement?" (transcript not included). One might think that taking the conversation to a meta-level (to start communicating about the communication) might stop the mutual blaming, but the conversation takes a different turn. Therapists' question invokes an exchange that can be seen as producing arguments on the meta-level of communication as presented below.

Extract 5b

- 32 H: ni[e:: (.) wygrać (.) to kto ma wiec-
większe atuty::
no[:: (.) to win (.) it who who has stro- stronger assets::
- 33 T: [czy::: czy właśnie-
[or::: or just-
- 34 H: i::: kto lepiej dalej I kto [do tyłu
and::: who better further and who [backwards
- 35 W: [nie::: kto jest biedniejszy:
[no::: who is more poor:
- 36 H: i kto do tyłu [sie
and who backwards [
- 37 W: [nie nie kto jest bardziej
poszkodowany:
[no no who is more of a victim::
- 38 kto jest po prostu::: [bie::: dny::: :::
who is just::: [unfo:::rtunate::: :::
- 39 H: [kto siegnie po mocniejsze argumenty
[who will reach for stronger arguments
- 40 do tyłu:: [w prze-
backwards:: [into the pa-
- 41 W: [nie::: [kto jest po prostu biedny i
[posz-
[no::: [who is just poor and [harm-
- 42 H: [w przeszłość [w przeszłość
[into the past [into the past

In this part of the conversation, the spouses argue about what is the purpose of the conversation they are having. They both acknowledge that their conversation is a kind of performance in front of the therapist, during which they each seek to show a different aspect of how they and their relationship function. W accuses her husband of seeking to present himself as the unfortunate and more of a victim (lines 35, 37, and 41), while H points out that his wife bases her arguments on events from the distant past of their relationship (lines 32, 34, 36, 39–40, 42). T's question, which in principle was supposed to interrupt the sequence of mutual accusations, stops the spouses and makes them reflect on what is currently happening during the therapy session, actually became a trigger for another exchange of accusations, which is eventually crowned with a long statement of H (starting in line 42). This lengthy statement (stretching all the way to the line 68; only fragments are included below) contains many accusatory elements.

Extract 5c

- 43 H: bo:: y::: tutaj e::: ja na przy- pod
tym katem
because:: u::: here er:::m I'm near- from this perspective
- 44 jesteśmy TOTALNIE inni: ja mam (.)
((click)) (1.0)

- we're TOTALLY different: I have (.) ((click)) (1.0)
 45 pamięć ta:↑ka:: (1.0) m ze::: >złe:
 rze↑czy::: < (.)
 su:↑ch:: memory (1.0) m that::: >bad: thi↑ngs::: < (.)
 46 jakoś tak nie wiem tak mnie jakoś
 natura stworzy↑ła
 kind of I don't know that's how nature created
 me somehow
 47 ze złe rzeczy (.) mam wypierane.
 that bad things (.) are repressed from me.
 48 (1.5)
 49 ja naprawdę złych rzeczy nie pamię↓tam.
 (0.5) (click)
 I really don't remember bad things. (0.5) ((click))
 50 bo bym dawno zwarłował °jakbym to miał
 pamiętać°
 because I would go crazy a long time ago °if I had to
 remember them°
 51 a moja zona jest biedna pod tym katem i
 h
 and my wife is miserable at this respect and h
 52 ja jej współczuje strasznie z całego
 serca za ↑to::
 I feel very sorry for her with all my heart for ↑it::
 53 bo tak naprawdę moja zona pamię↑ta
 TYLKO złe rzeczy
 because my wife actually remembers ONLY bad things

H stresses with particular emphasis (making an eye contact with T, saying the word “totally” louder, using hands in an emphasizing manner) on the differences between the spouses in terms of “remembering” or “not remembering” the past situations (line 44). First, he presents himself as someone who does not pay attention to experienced past wrongdoings. He is doing that by giving an undisputable account of his inability to remember bad things: “that’s how nature created me somehow” (line 46). Next, he produces a passive voice sentence as if he did not have any control over his mind (line 47). He also reaches for extreme formulations stating that he himself “would go crazy a long time ago” if he was doing the same thing as his wife (line 50). Then, he continues with the presentation of his wife’s qualities (line 51), portraying her as miserable or suffering and expressing his sympathy toward her (line 52). Non-verbal activity of the wife (pressing her lips, looking away, and covering her face with her palm) suggests that she does not acknowledge this as a sign of affiliation or support. Lines 51 and 52 could be read as an attempt at fake affiliation made with irony. After that, H uses another extreme case formulation (“my wife actually remembers only bad things”), which again serves the purpose of contrasting their ways of “remembering things” and legitimizing the complaint.

In sum, Extract 5 is the most inconsiderate case of unmitigated marital hostility and antagonistic mutual complaining. The spouses do not talk about themselves; instead, they focus on the other’s wrongdoings. Moreover, since they do not back down but insist on their positions and versions of past events, their conversation shows that their marital communication is deadlocked. The object of their complaints is not just a single act or event but comprises the entire person of the other and becomes, thus, a characterological blaming

(“we are totally different”). Moreover, the aggressive complainers, when defending themselves, adopt a meta-perspective and resort to irony and sarcasm, thus demeaning the complaint’s target.

5 Conclusion: the spectrum of complaints

In our exploration of complaint sequences in couple therapy first consultations, we observed a great variation of different ways and modes of complaining. However, this variety of complaint practices that occurred across couples and spouses is by no means chaotic and fortuitous. Complaints can be arranged along various components, but given the triadic constellation of our study object, the most pertinent dimension for the ordering of complaints is the level of consideration the couples showed when talking about the marital conflicts and the problematic behaviors of their respective spouses.

Based on a set of modes and policies, the various complaining practices can be arranged on a spectrum at one end, which is what we will call “considerate complaining,” and at the other end, there is offensive or “inconsiderate complaining.” The couple that was shown in Extract 1 was characterized by the most cautious way of complaining, whereas the complaining practices of the couple in Extract 5 were the most offensive and unmitigated. Extract 2 was close to Extract 1, yet not as cautious as it, whereas Extracts 3 and 4, which were characterized by an asymmetry of hostility between the spouses, leaned toward Extract 5. Taken together, different complaint sequences can be arranged as a spectrum of complaints.

Based on our empirical analysis, three components can be distinguished by which complaints can be constructed as more or less considerate resp. inconsiderate: object, mode, and (dis-)affiliation.

How a complaint makes reference to its object can vary significantly: when the complaint is made considerately, its object—the alleged infringement—is usually left implicit and only referred to with paraphrases, allusions, or euphemisms (“energetic”); in contrast, the object is identified and named explicitly when the complainer does not show consideration for the complaint target (“you are lying”). Furthermore, a considerate complaint is usually limited to the specific conduct of the complaint target, while an inconsiderate complaint focuses on the target’s entire person and character. Moreover, cautious complaining is very often done with a focus on the suffering of the complainer’s self, whereas reckless complainers mostly focus on the complaint target and his/her wrongdoing.

Mode refers to the specific ways and forms in which a complaint is communicated. In general, it can be observed that complainers who act regardful are solution-oriented and keep the integrity of the couple in mind, in contrast to ruthless complainers who are blame-oriented throughout their actions and care less about safeguarding the couple. It can further be observed that in the offensive mode, complainers often switch modality and turn to irony or sarcasm, whereas considerate complainers do not change modality and stay in the serious mode of matter-of-fact talking. Moreover, considerate complaints about the spouse are usually addressed to the therapist, whereas offensive complainers tend to turn directly to the target of

TABLE 1 The spectrum of complaints.

Considerate complaining	Inconsiderate complaining
Object	
Complaint object is expressed implicitly	Complaint object is expressed explicitly
Complaint object involves specific behaviors of the spouse	Complaint object involves the character of the spouse
Complainer is focusing on the suffering of his/her self	Complainer is focusing on the wrongdoing of the other
Mode (Modality)	
Complainer is solution-oriented	Complainer is blame-oriented
Complainer stays in the modality of serious talk	Complainer unilaterally switches to other modalities such as irony or sarcasm
Complaint is delivered in talk to the therapist as recipient	Complaint is delivered directly to the target, blending into blaming
(Dis-)Affiliation	
Complainer acknowledges the other's vulnerability and exercises caution to protect the self-image of the other	Complainer is dismissive about the vulnerability and self-image of the other
Complainer displays commitment to the relation and treats the couple as a social unit	Complainer is uncaring and does not show an interest in the relation
Complainer endorses the perspective of the other.	Complainer is dismissing or devaluing perspective of the other.

their complaints (Here, the complaint may take on the character of an accusatory attack).

The location of a complaint at the complaint spectrum is furthermore determined by the complainer's affiliation or disaffiliation with the spouse as the complaint target. When a complainer acts considerately, she/he acknowledges the spouse's vulnerability and exercises caution to protect the other's self-image. Considerate complaining also implies that the complainer displays a continuing commitment to the couple as a social unit and shows an interest in finding common ground. In contrast, we call inconsiderate complaining when the complainer is dismissive about the vulnerability and self-image of the other and obviously does not care much about the marital relationship.

The following chart (see Table 1) may give a synopsis of the multi-dimensional dichotomy of activity patterns between which the spectrum of complaints stretches.

Features at the respective endpoints of the spectrum are logically related to each other, and, in fact, they often co-occur, thus forming a kind of considerate or inconsiderate "complaining pattern." However, this need not always be the case. The components are not invariably tied to each other and can occur in various combinations. For example, it can be observed that in the delivery of a complaint the considerate and offensive mode may alternate, such that a blaming is followed by an understanding or an accusation is mellowed by a subsequent account.

6 Discussion

6.1 Conceptual implications

It is a key contribution of our study that we have ordered practices of complaining along a spectrum according to their degree of considerateness. Earlier, CA research on complaining has primarily focused on distinct practices that constitute utterances as complaints (such as extreme case formulations, negative observations, or litotes formulations). The spectrum of complaints we have shown in this article complements the results of earlier research with a more holistic view of complaining in one setting. It is, however, important to bear in mind that our findings come from a triadic framework, and they may not apply to other kind of settings. However, based on our observations, the question arises whether other social activities are gradable.. So far, research in conversation analysis has not dealt with this question. Several studies have introduced contrastive conceptual schemes for the description of specific interactional phenomena, e.g., the opposite mode of embedded or exposed correction (Jefferson, 1987) or the distinction between offering and requesting assistance (Kendrick and Drew, 2016). We think that the concept of a "spectrum," which we introduced, would allow for a more nuanced view of various interactional phenomena and would provide a more realistic picture of the social world.

A further implication of our study pertains to the concept of "face." Complaining about a co-present spouse is what Goffman (1955) called a face-threatening act. It is evident that by bringing up complainable matters in the spouse's behaviors or character, the complainer invokes a threat to the spouse's face. Yet, the complainer's own face is also at stake. Complaining about co-present others is generally considered as something to be avoided, and potentially as an indication of a problem in the complainer's own character. The specific setting of couple therapy begs the question of how the practices of "face work" which a couple has developed and practiced over time in the intimacy of their togetherness, are reproduced or altered in the presence of a third observer.

Goffman discusses how potential or actual face threats are mitigated in interaction. Face-threatening topics or actions can be avoided, or if they occur, they can be made ambiguous, blended with displays of respect, or in other ways smoothed (Goffman, 1955, p. 217–219; Brown and Levinson, 1987). Such smoothing is typical in considerate complaining, whereas inconsiderate complaining comes close to what Goffman called aggressive use of face-work. In couple therapy, each spouse needs to decide whether to respect the mutuality of the participants' concern for each other's face (which is typical for most ordinary interaction), or whether to score points to one's own face at the expense of the face of the spouse. How the spouses behave in this situation probably depends in no small part on how considerate or inconsiderate they perceive each other's actions to be. "Face Work" in couple therapy is thus a constellation of double contingency that needs to be taken into account.

6.2 Clinical implications

Exploring our database of nine initial consultations of couple therapy, we observed that, additionally to the differences between specific complaining modes and practices, there are also differences between individuals and couples. Some individuals tend to complain in certain ways and others in other ways and so do couples: some are prone to considerate complaining and others consistently choose to complain in an offensive way. Over the years of marital life and over a shared history of controversies and quarrels, couples obviously cultivate a certain routine or habit of complaining which they quite consistently practice and which they cannot easily abandon in the psychotherapeutic setting.

One possibility is that a couple's habit of complaining may be rooted in the personalities of the spouses. This assumption is supported by the results of the Shedler–Westen assessment procedure (Shedler and Westen, 2007) to which the study participants were subjected. In our small database, the offensive ways of complaining were associated with personality pathology—either narcissistic or borderline personality disorder—while the considerate type of complaining was associated with the absence of such a pathology. In the data presented above, the couples in Extracts 1 and 2 were diagnosed as having no personality pathology, whereas the two other couples had such pathology: in Extracts 3 and 4, the husband was assessed as having marked narcissistic personality traits, and in Extract 5, both spouses scored high in regard to disordered personality traits—narcissistic (husband) and borderline (wife). We should emphasize, however, that our limited data does not give evidence for a one-to-one relationship between personality and ways of complaining. As clinicians, we would rather expect that lack of personality pathology might be associated with flexibility on the part of the complainer in moving between different degrees of considerateness, while personality pathology might be associated with a more rigid way of complaining.

The idea of reflecting on how personality pathology can relate to conflict or discord in marital couples is not new and there is a body of research on this matter (e.g., Chen et al., 2004; South et al., 2008; Bouchard et al., 2009; de Montigny-Malenfant et al., 2013). In our study, we look from a different angle by emphasizing those aspects of patients' personality functioning that seem crucial from the perspective of the conversational practice of blaming and complaining. Our research shows that such aspects as the ability to mentalize, the ability to regulate emotions, make adequate attributions, and perceive causality, as well as the management of the threat to self and the need to defend oneself manifest themselves in complaining practices.

Mentalizing refers to the ability to understand beliefs, feelings, and motivations of the other and is postulated to be compromised in people with PD (Fonagy and Luyten, 2009). In couples therapy, it can express itself in the ability to take the spouse's perspective, concede his/her point, and manage the conflict accordingly. This ability was much more evident in instances of considerate complaining in our data.

The ability to mentalize is closely related to the ability to adaptively regulate emotional states (Schwarzer et al., 2021), which is another construct with clinical relevance and pivotal role in

TABLE 2 The spectrum of complaints in relation to personality functioning.

Considerate complaining	Inconsiderate complaining
Personality functioning	
High level of mentalizing self and other	Poor mentalization, inability to keep others' perspective in mind
Effective strategies of emotion regulation	Complaint is accompanied by emotion dysregulation or ineffective means to regulate

PDs. People who are emotionally dysregulated have difficulties in modulating, assessing, and expressing emotional responses in terms of their intensity, their maintenance, and their ending (Gross, 2014). There are several emotion regulation strategies that can be utilized by people experiencing intense emotions that vary in their level of adaptivity. In our database, it is observable that considerate complaints were accompanied by an effective kind of regulating emotions of the listening spouses.

The way couples were attributing the blame and how they related to the causality of problems at hand was also an important feature of the spouses' personality functioning. In the case of considerate complaining, complainers painted a much more complex map of the causes and circumstances behind someone's behavior and often acknowledged their role in co-creating the difficulty in question. In the case of inconsiderate complaining, it could be seen that the complainer often attributed the source of the problems to the "outside" and "blamed the other." It is assumed that people who have difficulties with emotion regulation can experience distortions in the perception of the social context in which emotion is experienced, thus increasing the likelihood of using the defense mechanism of projection (Kaufmann et al., 2022) and inadequate assessment of reality.

All of the above is relevant to the functioning of the personality and its level of dysfunction and can be linked to the way of complaining observed during therapy session (see Table 2).

6.3 Practical implications

In couple therapy first consultations, the clinician collects information that will help him/her to understand the couple's functioning and problems. It is obvious that the content of the spouses' talk—what they tell about their everyday life, difficulties, disappointments, and quarrels—is an important source of knowledge that facilitates the clinician's understanding. This information is delivered, to a large extent, in complaints. Yet, the fact that couples and individual spouses complain in such different ways suggests that the spouses' practices of complaining are an additional important source of information for the clinician. Considerate ways of complaining might suggest that there exists a firm ground on which processes of positive change can be built. In contrast, an inconsiderate way of complaining might suggest that the couple's problems are deeply rooted and that much work needs to be done to solve them. In sum, the way of complaining

might give the clinician as much, if not more, information about the couple and their problems, than does the actual content of their complaints.

In this study, our analysis was primarily concerned with the composition and delivery of complaints in couple therapy sessions. Further studies are needed that focus on the other spouse's reception and response to a complaint and pay specific attention to the therapist's ways of dealing with a complaint.

Data availability statement

The datasets presented in this article are not readily available because the dataset involves video recordings of couple therapy sessions. Such clinical materials cannot be shared with third parties. On request, we can provide anonymized transcripts of the sessions. Requests to access the datasets should be directed to bernadetta.janusz@uj.edu.pl.

Ethics statement

The studies involving humans were approved by the BioEthical Committee, Jagiellonian University Medical College. The studies were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study. Written informed consent was obtained from the individual(s) for the publication

of any potentially identifiable images or data included in this article.

Author contributions

BT: data collection, data analysis, and writing the article. BJ: designing the study, data collection, data analysis, and writing the article. JB: data analysis, and writing the article. AP: designing the study, data analysis, supervision of data analysis, and writing the article. All authors contributed to the article and approved the submitted version.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Doing-together with words: the sequential unfolding of a moment of meeting in a psychoanalytic therapy session

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Changes in psychoanalytic therapy have been traditionally attributed to self-knowledge (insight) in the client, provided by the therapist's interpretations. In recent years there has been growing realization that such changes can also be the consequence of the development of new forms of relatedness through client-therapist interaction, particularly through special intersubjective moments called moments of meeting. Drawing on the methods and findings of Conversation Analysis about the sequential organization of psychotherapeutic interaction, this single-case study examines the unfolding of a moment of meeting in the final session of a brief psychoanalytic therapy in Peru (in Spanish) with a female client victim of domestic violence. Our analysis shows that the moment of meeting, which resolves a challenge to the intersubjective relationship posed by a now moment, comes about interactionally through a sequentially accomplished shared practice of co-animation. In this sequence the client, who had previously assumed a passive role, exercises her own agency to assume an active role, which the therapist ratifies through his response. In this way, a momentary but significant transformation in the here-and-now relationship between client and therapist occurs. Thus, our analysis contributes to the understanding of how a transformation of relation—the transitory emergence of a new form of relatedness—can take place in and through sequentially organized talk and action in psychotherapy. Our study also sheds light on the role of language in moments of meeting, as the moment of meeting in our segment does not occur in parallel with the exchange of linguistic utterances between client and therapist, but through the exchange of such linguistic utterances and through the sequence of actions carried out by that exchange. In this way, the sequential doing-together with words leads to a moment of meeting, bringing about change, at least momentarily, in the implicit ways-of-being-with-others of the client.

KEYWORDS

conversation analysis, psychotherapy interaction, psychoanalysis, moments of meeting, therapeutic relationship, transformative sequence, transformation of relation, linguistic pragmatics

Introduction

In an influential article, Peräkylä (2019) points to a double task of Conversation Analysis (CA) research on psychotherapy: (1) to investigate how the machinery of interaction (the organization of sequences of action) is adapted for the institutional goals of therapists and clients; and (2) to investigate how therapeutically relevant change takes place in and through these action sequences. Regarding (1), he proposes a *general model of sequential organization of psychotherapy interaction* as a useful heuristic for researchers to identify sequential relations in their data. It consists of a *Prior Action* (PA); an initiating *Target Action* (TA), which is the focus of the analysis; a responding action or *Response* (RE); and a *Third Position Action* (TP) closing the exchange (Peräkylä, 2019; Muntigl, 2020). Regarding (2), Peräkylä points out that transformation of experience plays a crucial role in psychotherapy process; drawing on the CA principle of *nextness* (Schegloff, 2007), he proposes that such a sequence of adjacent conversational turns can be considered a vehicle for transformation of experience: “Nextness” of any turn at talk makes it inevitable that the current speaker will orient him/herself to the experience embodied in the prior turn.” (Peräkylä, 2019, p. 266). He further distinguishes three main, overlapping domains for this transformation of experience: “three psychosocial processes that take place through the sequentially organized talk and action: transformation of referents, transformation of emotion, and transformation of relation.” (Peräkylä, 2019, p. 266).

Regarding the transformation of relation, Peräkylä states that psychotherapeutic encounters document, reproduce, and renew (moment by moment) the particular socioemotional relation between that particular therapist and that particular client. CA research on this topic includes key relational phenomena like *agreement* and *disagreement* or *resistance*, *affiliation* and *disaffiliation*, and the *epistemic relation* between participants (Voutilainen et al., 2010; Muntigl et al., 2012; Scarvaglieri, 2020; Guxholli et al., 2021): “These and other aspects of the momentary relation get transformed through sequentially organized actions.” (Peräkylä, 2019, p. 271).

We can point out an additional, significant aspect of the momentary relation that can get transformed through sequentially organized actions: the change in the here-and-now relationship between client and therapist, as manifested in the interaction between them. From the perspective of contemporary relational psychoanalysis, such changes are construed as changes in “relatedness” (Mitchell, 1988; Stern, 2009). This refers to the basic human capacity to form relations with others, and also to the particular relational patterns shaping a person’s interpersonal life; they are mostly unconscious and derive from early relations with our caregivers in infancy.

The relevance of relatedness for psychoanalytic therapy has been prompted by the “relational” or “intersubjective” turn in psychoanalysis (Mitchell and Aron, 1999; Schwartz, 2012). From a more traditional perspective, changes during the psychoanalytic process have been attributed to self-knowledge (insight) in the client, provided by the therapist’s veridical interpretations, i.e., verbal statements “corresponding” to the client’s conscious or unconscious subjectivity. Thus, in his account of the “classic”

technique of *ego psychology*, Wallerstein (2002) identifies the assumption that “the analyst’s veridical interpretations, properly reinforced through the process of working through” were “the necessary and sufficient road to insight, change, and cure” (p. 141). In recent years, however, there has been growing realization that changes within psychoanalytic therapy are also consequences of “something more than interpretation” (in the sense of making the unconscious conscious), and that this “something more” is linked to intersubjective interactional processes (Stern et al., 1998). In particular, contemporary relational psychoanalysis attributes changes during the therapeutic process to the development of new forms of relatedness through client–therapist interaction (Mitchell, 1997; Stern, 2009). From this perspective, the therapeutic action occurs not only through the content of the therapist’s verbal interpretations but also through the interaction unfolding between therapist and client.

One of the more influential theoretical frameworks accounting for such changes in relatedness—i.e., changes in the here-and-now relationship between client and therapist—comes from the work by D. Stern and the Boston Change Process Study Group (BCPSG). Based on studies of early mother–infant interaction, they claim that therapeutic changes result from the influence of interactional intersubjective processes between therapist and client on the client’s implicit relational knowing. Thus, special intersubjective moments can not only reorganize the relationship between the interactants but also, more importantly, change the client’s *implicit procedural knowledge*—his/her *ways-of-being-with-others* (Stern et al., 1998; Stern, 2004). Standing out amongst such key intersubjective moments are *moments of meeting*. In what follows we draw mainly on the presentation of this concept in Stern’s (2004) influential book. He considers them a special kind of *present moments*, which are small and momentary events that build up our conscious experience. Moments of meeting are intersubjective present moments, because they are shared between two people. Although they also occur in everyday life, they are crucial moments for change in psychotherapy. In the first chapter of his book, Stern (2004) offers a beautiful and touching example of such an event. A therapist used to shake hands with his clients at the end of the session as a goodbye gesture. One day, the client narrated a moving sequence of events that affected both him and the therapist deeply. At the end of the session, during the regular goodbye handshake, the therapist laid his left hand on the client’s right hand, which he was holding already. This resulted in a two-handed shake: “They looked at each other. Nothing was said. The whole thing lasted several seconds. It was not talked about in subsequent sessions either. Yet, the relationship had shifted on its axis” (Stern, 2004, p. 19).

In Stern’s (2004) theoretical account, moments of meeting follow other important intersubjective moments called *now moments*. These interpersonal events challenge the ongoing relation between client and therapist, threatening the intersubjective field and creating a crisis that needs resolution, which can potentially be provided by the moments of meeting. To illustrate, we use another example from Stern (2004, pp. 166–169) concerning a female client in psychoanalytic treatment with a female therapist. During one session, after lying for some time on the couch, the client suddenly said, “I want to sit and look at your face.” She then sat up and faced her therapist, who was sitting behind the couch. Client and therapist looked at each

other in silence, puzzled. This was a now moment that threatened the intersubjective field, testing the therapist and the therapy. Spontaneously, the therapist smiled at her client, lightly tilted her head, and said, “Hello.” They then continued to look at each other for several seconds until the client laid back on the couch and continued talking, doing her analytic work but now more profoundly. This was a moment of meeting, in which the participants seek “intersubjective ‘fittedness’” (Stern, 2004, p. 168). Contributions by the therapist that can lead to moments of meeting are usually authentic responses finely tailored to the momentary local situation. They are spontaneous and personal, not just neutral and technical responses. Stern stresses that moments of meeting do not need to be verbalized to effect change. They would mainly result from interactions at an implicit level, parallel to the exchange of language at the explicit level. We will return to this issue in the Discussion.

Recent research on psychoanalytic psychotherapy has been sensitive to the relational or intersubjective turn in psychoanalysis, assuming the dyadic and interactional nature of psychoanalytic therapy (Bohleber, 2013; Altimir and Jiménez, 2020). Interest is increasing in a microscopic inquiry of the interaction in relevant episodes of therapy sessions (Krause and Altimir, 2016). In that regard, CA is a convenient method to investigate in detail this relational aspect of the psychotherapeutic process as manifested in the sequential exchange between client and therapist. It allows us to examine how significant moments in the psychotherapeutic process come about interactionally. CA has been successfully applied to study psychotherapy interaction (Peräkylä, 2008, 2013; Voutilainen et al., 2011; Buchholz and Kächele, 2013; Guxholli et al., 2021; Peräkylä and Buchholz, 2021). One main result of this research is that to understand therapeutic interaction, we need to examine its sequential organization (Peräkylä, 2013, 2019).

Our paper draws on the methods and findings of CA, particularly Peräkylä’s (2019) sequential model, to present a single-case analysis of an episode from the final session of a brief psychoanalytic therapy in Peru with a female client who has experienced domestic violence. We examine how a moment of meeting comes about interactionally and how a momentary change in the here-and-now relationship between client and therapist takes place through sequentially organized talk and action during that moment of meeting.

Data and methods

We focus on an episode in the last session of a brief psychoanalytic psychotherapy. The data are sourced from the Grupo de Investigación en Psicoanálisis (Research Group on Psychoanalysis) of the Pontifical Catholic University of Peru, in the context of the research project *Dialogic Moments of Meeting. An Application of Conversation Analysis to Sessions of Brief Psychoanalytic Psychotherapy*, supported by a Grant of the Research Committee of the International Psychoanalytic Association in cooperation with the Pontifical Catholic University of Peru, 2022–2023. Our study received ethical approval from the Ethics Committee of the Pontifical Catholic University of Peru. The participants gave written informed consent for the use of the data for research and publication.

The client is a 37-year-old woman, to whom we give the pseudonym “Luz.” She is a migrant from a rural area who lives in Lima, the capital city of Peru, in an economically precarious situation. She has been a victim of domestic violence and presented symptoms of depression and anxiety, along with signs of post-traumatic stress disorder. The psychotherapeutic treatment is given in a public institution that helps low-income women. The therapist is a 31-year-old male clinical psychologist who has received training in psychoanalytic psychotherapy. Only an audio recording of the session was feasible. The therapy comprised 12 sessions of Brief Dynamic Interpersonal Therapy (DIT), a focal psychodynamic psychotherapy centered on the client’s relationships as they are related to current life problems and symptoms of depression or anxiety (Lemma et al., 2011).

Whilst CA commonly draws on collections of multiple instances of an interaction phenomenon, previous research has used analysis of single episodes of interaction to apply prior knowledge on the organization of a domain of talk-in-interaction to illuminate a specific segment of talk (Schegloff, 1987; Whalen et al., 1988). In CA studies of psychotherapy, for instance, a single-case analysis has been used to illustrate how client and therapist manage impasses to emotional exploration, mapping the clinically relevant trajectory through which they can successfully secure extended and intense emotional work (Muntigl, 2020).

We used methods of CA for the transcription and for the analysis of the session. Considered among qualitative research methods in psychology (Willig and Stainton-Rogers, 2008), CA facilitates the investigation of talk-in-interaction based on careful empirical examination of detailed transcriptions of interactional phenomena (Schegloff, 2007; Ten Have, 2007; Wilkinson and Kitzinger, 2008; Stivers, 2013; Raymond and Olguín, 2022). Therefore, it is a convenient method for analyzing the relational aspect of the psychotherapeutic process as manifested in client–therapist exchanges. For instance, the client–therapist relationship has been investigated from an interactionist perspective using CA to analyze the interaction between therapist and client (Scarvaglieri, 2020).

The chosen segment attracted our attention because it revealed a remarkable change in the here-and-now relationship between client and therapist. We then applied CA concepts and tools to analyze the interactional unfolding of that particular change. During our analysis, we noticed that this episode showed some features of Stern’s (2004) “moments of meeting.” A more careful study of this theoretical approach (Stern et al., 1998; Stern, 2004) allowed us to analyze our segment applying categories belonging to that framework, like *now moment* and *moment of meeting*. Our next goal was to bring both approaches together in the analysis of the segment, in order to provide an account of how a moment of meeting comes about interactionally. First, we examined the segment using CA’s activity known as *data sessions* (Ten Have, 2007): the group of researchers analyzed in detail the transcript and the audio recording of the segment, focusing on the sequential relations between turns. Second, we shared our data with two other groups of researchers in online data sessions, the first in the field of CA applied to conversational data in Spanish, the Seminario Permanente de Análisis de la Conversación (SPAC) (Ongoing Seminar in Conversation Analysis), and the second in the field of CA research on psychotherapy, the team of Prof. Anssi Peräkylä (University of Helsinki). Third, we gathered and

systematized observations by participants in both online data sessions. Fourth, based on this systematization, we outlined a sequential interpretation of the whole segment. Fifth, drawing on Stern's (2004) theoretical framework, we tried to identify the now moment and the moment of meeting in our segment. Finally, we applied Peräkylä's (2019) sequential model to illustrate how a change in the here-and-now relationship between client and therapist—a moment of meeting—unfolds step by step in the interaction between therapist and client in that segment.

Results

The following Extract shows the transcription of the audio recording of an episode during the last session of the therapy. We have used CA jeffersonian transcription conventions (Jefferson, 2004; Ten Have, 2007; Raymond and Olguín, 2022; see [Supplementary Appendix](#)). In accordance with the principles of DIT, one main goal of the treatment was to help this client become aware of an interpersonal-affective focus (a representation of self-in-relation-to-another) whereby she perceived herself as a submissive, dependent woman and other people as aggressive and dominant, generating a pervasive relational pattern of passivity toward others. Accordingly, one central objective of the therapist's verbal statements was to foster the client's agency, which is especially relevant for victims of domestic violence (Hirigoyen, 2006). In this last session, the therapist is trying to accomplish an interactional project following the DIT guidelines for terminating therapy: give the client an outline of the main results, highlight her resources, and address the end of treatment.

In our analysis of this episode, we interweave both CA and Stern's (2004) theoretical framework. In that regard, Buchholz (2018) has pointed out the contribution that CA can make to a detailed interactional account of moments of meeting in psychotherapy. Accordingly, we apply CA, particularly Peräkylä's (2019) sequential model, with two goals. First, to examine how a moment of meeting, which resolves a challenge to the intersubjective relationship posed by a now moment, comes about interactionally in this episode. Second, to examine how a transitory transformation in the here-and-now relationship between client and therapist takes place interactionally during that moment of meeting.

Next, we present our single-case analysis of this episode. We divide the segment into five sections. As our analysis will show, the now moment occurs in section 2 (12–17) and the moment of meeting in section 4 (24–30).

Section 1 (01–11)

The interaction business of this episode involves the management of the ending of the therapeutic relationship and the impending separation. In accordance with this, the therapist produces two long turns (01–07) and (09–11), in which he points to the client's agency and autonomy, which should enable her to carry on the work by herself. The client contributes just one single turn (06) in this section, uttering the word “yes” in a rather low voice. The client–therapist interaction in this first section exhibits

some features characteristic of their exchange during most of the session up to this point: the therapist has the turn most of the time and talks in a didactic style to the client, who limits herself to giving weak signals of acknowledgment. We notice that their interaction displays an implicit relational pattern where the therapist has an active role while the client remains passive. This is at odds with the explicit content of the therapist's contributions during the treatment, whose goal is to foster the client's agency and to change her pervasive pattern of displaying a passive attitude toward others. Moreover, it seems that this very relational pattern that the therapy aims to change is shaping the here-and-now relationship between client and therapist and their interaction.

Section 2 (12–17)

After a gap of 7.4 s (12), the client utters the interjection “ay” (which in Spanish conveys pain) and then sighs (13). Next, she says that she wants God to give her strength and not to let her go (15–16); after that, both client and therapist are silent (17). We notice that the client does not embrace what the therapist has said, thus not affiliating herself with his stance. Through her expression of pain and invocation of an external force (God) to remain with her, she projects a vulnerable position dependent on God's continued assistance. It is striking that in the final session, where the therapist is letting go of her, the client confronts him with the hope that God will not abandon her. Her appeal to God for strength fundamentally challenges the therapist's assertion that she can carry on the work by herself, strongly refuting the agency he credits her with.

This powerful situation constitutes the now moment, where a challenge to the intersubjective relationship comes about, unleashing a crisis that needs resolution through a moment of meeting (Stern, 2004). As we will see below, our segment contains two attempts to achieve this moment of meeting. The first one in section 3 (18–23) fails but the second one in section 4 (24–30) succeeds.

Section 3 (18–23)

After a gap of 5.8 s (17) we have a new turn by the therapist (18–19). He tells her that although she feels helpless and vulnerable, she actually has strength of which she is unaware. What kind of action is performed by this turn? CA research has shown that there are two important actions usually performed by therapists when responding to things that the client has said. These are *formulations* and *interpretations* (Antaki, 2008). The action performed by this turn does not seem to be a formulation, which would aim to put into words the content of the client's previous turn but from her own perspective (Antaki, 2008). It seems to be rather an interpretation, because its design displays that it presents the therapist's understanding of the client's experience from his own perspective (Bercelli et al., 2008; Peräkylä and Antaki, 2008; Peräkylä, 2013). We notice that the therapist introduces his interpretation in this turn with the expression “To this I would add.” On the one hand, these words aim to prevent the client perceiving this turn as an attempted topic shift (Jefferson, 1993) by purportedly expanding on the topic she introduced previously.

Extract “ya pues hijita” [26:26 - 27:55] T: therapist, C: client

- 01 T: em: (.) creo que esta ha sido una primera experiencia que
em: (.) I think that this has been a first experience that
- 02 usted ha- ha tenido (.) y que: le puede abrir también (.)
you have- have had (.) and that: it can also open (.)
- 03 nuevas oportunidades para adelante, (1.8) e: como=le=digo
new opportunities from now on, (1.8) e: as=I=say=to=you
- 04 (.)el trabajo no se acaba acá (.) por más que no'otros nos
(.) the work does not end here (.) even if we won't
- 05 dejemos de ver, (.) e: el trabajo primero se queda con
see each other again, (.) e: the work first stays with
- 06 usted (.) no? (.) o sea lo que hemos venido trabajando se
you (.) right? (.) I mean what we have been working on
- 07 lo lleva usted de acá en adelante.
you take it from here on.
- 08 C: °sí°
°yes°
- 09 T: y segundo es que >que ahora que se lo lleva< va a seguir
and second >now that you take it with you< you will continue
- 10 chambeándolo pues <para poder ver> (.) cómo se pueden dar
working on it well <in order to see> (.) how changes can come
- 11 cambios (.) de a poquitos aunque sea,
about (.) little by little at least,
- 12 (7.4)
- 13 C: ay .hh
((sighs))
- 14 (5.2)
- 15 C: lo único que le pido a Dios es quem (2.0) que me dé fuerfza
the only thing I ask God is that (2.0) that he gives me strength
- 16 .hhf (2.2) °que no me suelte°
.hhf (2.2) °that he doesn't let go of me°
- 17 (5.8)
- 18 T: yo: a eso le añadiría (.) que: (1.9) que usted también
I: to this I would add (.) that: (1.9) that you also
- 19 tiene fuerzas=solo que a veces no las ve,
have strength=just that sometimes you don't see it,
- 20 (2.9)
- 21 C: he ahí el detalle=
that's the thing=

(Continued)

- 22 T: =no?=
=right?=
23 C: =hehe f sí:f
f yesf
24 T: a lo mejor Dios lo que tiene que decirle es (.) a↑cuérdate
may be God what he should tell you is (.) re↑member
25 Luz que=ya=las tienes(.) yo no tengo [que]
Luz that=you=already got it (.) I don't have [to]
26 C: [°haha°]
27 T: dártelas,
give it to you,
28 C: he o (.) f ya pues hijita, f=
or (.) fc'mon girl, f=
29 T: ya pues hij[ita]
c'mon [girl]
30 C: [hahaha ha:]
31 T: ↑también sí.
also yes.
32 C: fpon de tu parte no?f
fdo your part right?f
33 T: (.) cosa quem: (.) e: son como men↑sajes que usted puede
(.) so that: (.) e: these are like messages that you can
34 llevar con- con- consigo (.) que: (3.1)
take with- with- you (.) that: (3.1)
[the therapist continues...]

On the other hand, although the interpretation challenges the client's stance and self-presentation, as most interpretations do (Peräkylä and Antaki, 2008; Deppermann et al., 2020), it does not confront her feelings of vulnerability. In both cases, it contributes to preserving affiliation.

Extending Goodwin's (2008, 2018) analyses of cooperation and pointing practices to understand psychotherapeutic interaction, Buchholz (2022a) argues that clients have no possibility to point to a perceptual world but only "to conversational objects like topics, experiences or (reported) events" (p. 61). This applies to not only clients but also therapists. The therapist's interpretation in (18–19) can thus be considered as a pointing action and, accordingly, as an invitation to the client to attend together to her agency within a collaborative participation framework (Goodwin, 1981, 2018). Additionally, the therapist's invitation shows a distinguishing feature of psychoanalytic therapy: he invites her to "see" something that she sometimes does not "see." The therapist uses this verb as a "conceptual metaphor" (Lakoff and Johnson, 1980, 1999;

Grady, 2007): to see is to know. In this particular case, what is not seen is something the client is unaware of. Moreover, the therapist not only points to the unknown object (agency) but also to the client's inability to "see" it, that is, to "know" or become aware of it.

Following Peräkylä's (2019) sequential model, this interpretation by the therapist has the role of an initiating Target Action. Its goal is to solve the challenge to the intersubjective relationship posed by the now moment in section 2 (12–17), which we consider as the Previous Action for this sequence. The interpretation tries to achieve this goal through an "insight" that should lead to the client's recognition of her own agency. According to prior CA research on psychotherapy, interpretations call for confirmations or disconfirmations by the client (Bercelli et al., 2008; Peräkylä and Antaki, 2008; Peräkylä, 2013). We have pointed out that the therapist's interpretation can be considered as an invitation to the client to attend together to her agency. Had the client accepted the interpretation, a situation of joint attention

would have resulted (Moll and Meltzoff, 2011; Carpenter and Call, 2013), with both therapist and client “seeing” (knowing) the same “thing” (her agency) and also knowing that they were doing so together. This would have brought about a moment of meeting and resolved the crisis.

However, the client’s Response in (21), after a short gap in (20), is ambiguous in this regard and does not seem to express wholehearted agreement. It contains the Spanish colloquial expression “he ahí el detalle,” which is difficult to translate into English. Literally, it means “there is the detail,” but a convenient translation in this context would be “that’s the thing.” Thus, the client does not agree with the interpretation and the joint attention situation is not intersubjectively ratified. Her words “He ahí el detalle” thus acquire a clearer meaning: that is the problem, that I cannot “see” (become aware of) my agency. Had the client confirmed his interpretation, the therapist’s ensuing Third Position Action would have likely closed the sequence by intersubjectively ratifying the alignment of the client’s Response to his Target Action. Instead, however, the therapists’ turn (22) is also ambiguous and does not seem to contain such an intersubjective ratification. This section ends with a turn (23) by the client, in which she laughs openly and says “yes.” It could be seen as affiliative but is also ambiguous.

In summary, our sequential analysis of this section shows that the therapist’s initiating TA in (18–19), the interpretation, fails to bring about a moment of meeting, and so the crisis remains. Nevertheless, we notice that something significant has happened regarding the implicit relational pattern between client and therapist described in section 1 (01–11): for the first time in this episode, the client exercises agency in taking a critical stance toward the therapist.

Section 4 (24–30)

As previewed above, section 4 (24–30) features a second, successful attempt by the therapist to achieve a moment of meeting, which resolves the challenge posed by the now moment in section 2 (12–17). To examine the interactional unfolding of the moment of meeting we will analyze this section as two overlapping sequences:

First sequence: The Previous Action (PA) for the first sequence is the now moment in section 2 (12–17). The initiating Target Action (TA) is the therapist’s turn in (24, 25, 27), the Response (RE) is the client’s turn in (28), and the Third Position Action (TP) is the therapist’s turn in (29).

Second sequence: The Previous Action (PA) for the second sequence is the therapist’s turn in (24, 25, 27), the initiating Target Action (TA) is the client’s turn in (28), the Response (RE) is the therapist’s turn in (29), and the Third Position Action (TP) is the client’s turn in (30).

Both sequences share the client’s turn (28). We follow here the fundamental proposal of CA that every contribution in a conversation has both a reactive and an initiating aspect (Deppermann, 1999). Thus, we assume that in its reactive aspect, this turn has the role of Response in the first sequence, and that in its initiating aspect, this same turn has the role of a Target Action in the second sequence. To differentiate both sequences, we will use subscripts ₁ and ₂ for the first and the second sequences, respectively: TA₁, RE₁, TP₁, and TA₂, RE₂, TP₂ (see **Figures 1, 2**).

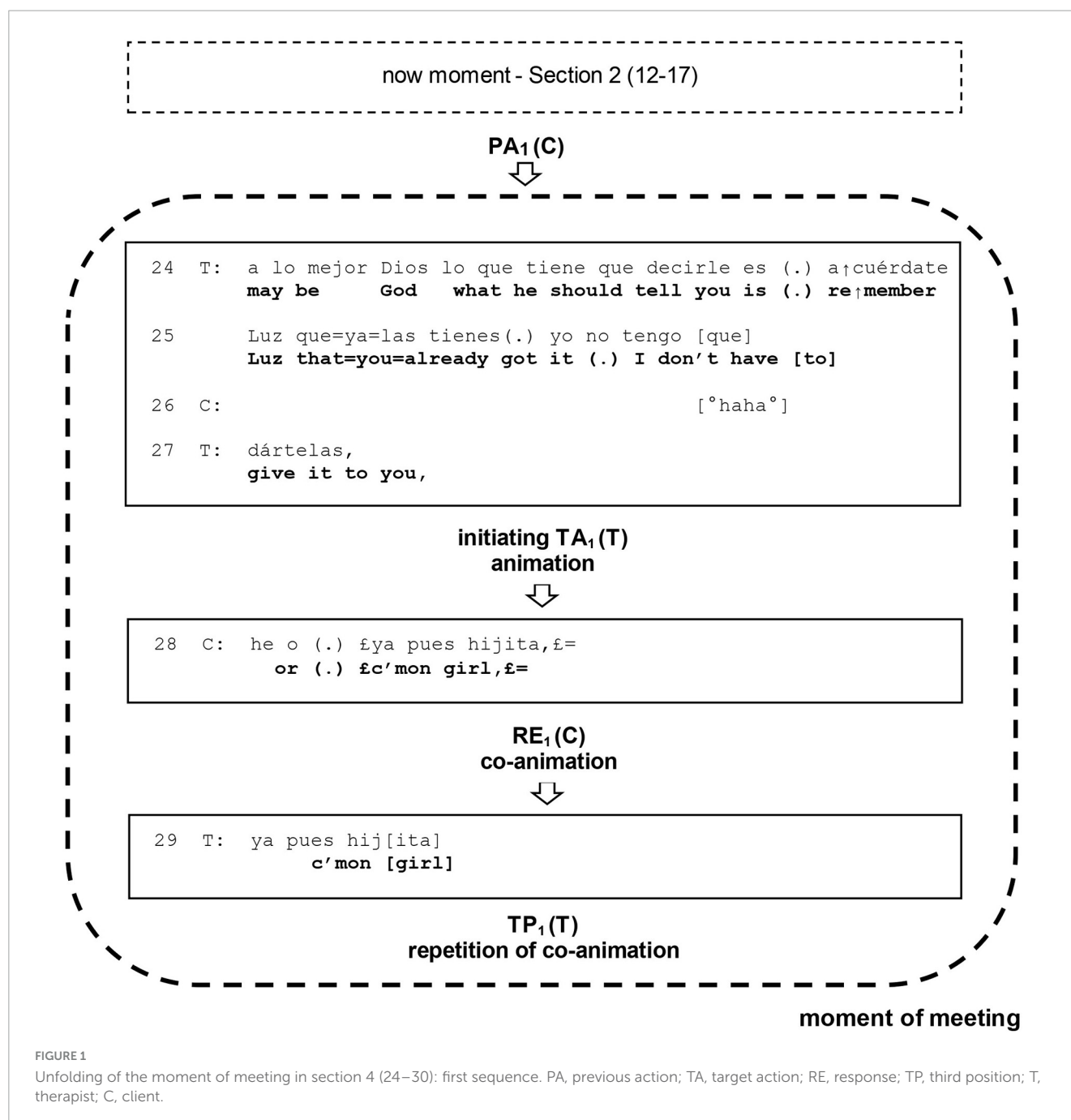
First sequence

This sequence is set in motion by the therapist’s initiating Target Action TA₁ in his turn (24, 25, 27). It aims to solve the challenge posed to the intersubjective relationship by the now moment in section 2 (12–17), which is the Previous Action PA₁ for this sequence. It represents a new attempt to achieve a moment of meeting but now through another path. In this turn, the therapist remarkably deviates from his previous interaction style. He resorts playfully to the figure of God, introduced by the client in the now moment in section 2 (12–17), letting him convey to her the content of his former interpretation. We notice three important aspects in this action. First, the therapist steps empathically into the client’s cultural world. In invoking the figure of God, he treats it as part of their common ground, which is clearly affiliative: the emergence of a common ground is one important aspect of “meeting” in psychotherapy (Buchholz, 2022b). Second, in what could be considered a remarkable rhetorical move, he presents God not as an all-powerful external force that should rescue the client but as an external bystander that encourages her to recognize and use her own agency and strength. Third, which is extremely important, he achieves this in the context of a particular practice: animation.

Based on contributions by Goffman (1981) and Clark and Gerrig (1990), Ehmer (2011) defines animation as the embedding of a figure within one’s own speech and simultaneously adopting this figure’s perspective. The figure can be the current speaker, someone else, or an imagined figure, whether human or mythical. Animation is the demonstration of the figure’s (speech-) action in a mental space, and thus makes us directly experience the depicted aspects of the animated speech. Moreover, this animation by the therapist clearly shows the characteristics attributed by Goodwin (2018) to cooperative action: the “process of building something new through decomposition and reuse with transformation of resources placed in a public environment by an earlier actor” (p. 3). Thus, taking the figure of God previously introduced by the client in the now moment, the therapist transforms it to create something new in the form of animation.

In her study on trouble-talk, Cantarutti (2022) shows that tellers use animation of their own affective reactions to experiences in order to cast themselves as victims and the recipients of their narration as witnesses. Consequently, the therapist’s practice of animation introduces a moment of intense emotion, affiliation, closeness, and intimacy. The client reacts to this playful and affiliative move with a laugh in (26), which overlaps with the last TCU of the therapist’s turn. This laugh can be seen as a reaction to the playful animation and an expression of surprise and joy at this different way-of-being-with-her by the therapist, who is now warm, intimate, and playful, in contrast to his previous, rather distant and formal demeanor (Vásquez-Torres, 2021).

In her Response RE₁ in (28), the client reacts in a strongly affiliative way; however, instead of merely agreeing with the stance of the therapist conveyed in this playful way, she also animates God herself, turning the practice of animation of the therapist into a shared practice of co-animation. Animation is a relevant practice for not only tellers but also recipients. Thus, recipients often offer, in a contiguous position to the teller’s animation, a



responding co-animation of the same figure, thereby validating and amplifying the teller's affective display (Cantarutti, 2022). Co-animation turns the first speaker's experience into a common cause. Consequently, the complementary practices of animation by the therapist and co-animation by the client result in a moment of intense affiliation.

The client does not confine her co-animation to repeating the words of the therapist but in her incrementation she puts new words into God's mouth, sending herself an invigorating message of encouragement and admonition. This wakeup call—"¡Ya pues hijita!"—can be translated as "c'mon girl!" in English. On the one hand, the client thereby appropriates the stance expressed by the therapist's interpretation in (18–19), finally affiliating with

him. On the other hand, in her animation she uses a colloquial and more familiar expression, recycling the very words her own brother said to her on a previous occasion. Her laugh in (28) seems to be a continuation of her previous laugh in (26), and helps to introduce the co-animation with a powerful and humorous message of self-encouragement. This may contribute to framing the playful scenario and display of intimacy (Glenn, 2003).

Thus, the client's co-animation in her Response RE₁ in (28) meets the therapist's playful animation in (18–19). In this way, the complementary practices of animation by the therapist and co-animation by the client prompt a moment of intense affiliation: a moment of meeting. In his next turn in (29), the Third Position Action TP₁ action that closes this first sequence, the therapist

repeats the client's words "Ya pues hijita" ("c'mon girl"). The practice of repetition in this context is highly affiliative, so this move strengthens the affiliation elicited by the therapist's animation and the client's co-animation. Through his repetition of the client's co-animation, the therapist closes this first sequence by intersubjectively ratifying the moment of meeting in third position.

Second sequence

This sequence is set in motion by the initiating aspect of the client's co-animation in (28), which constitutes the Target Action

TA₂. Accordingly, the therapist's animation in (24, 25, 27) is the Previous Action PA₂ for this sequence. The therapist's repetition of the client's co-animation in (29) is the Response RE₂, which "meets" the client's initiating Target Action TA₂. This meeting of actions in the second sequence also prompts a moment of intense affiliation: a moment of meeting. The loud and joyful laugh of the client in (30) is the Third Position Action TP₂, which closes this second sequence, intersubjectively ratifying the moment of meeting in third position.

We claim that in and through these two overlapping sequences in section 4 (24–30), therapist and client achieve a moment of meeting. As our analysis reveals, it is "a present moment in which

24 T: a lo mejor Dios lo que tiene que decirle es (.) a₁cuérdate
may be God what he should tell you is (.) re₁member

25 Luz que=ya=las tienes(.) yo no tengo [que]
Luz that=you=already got it (.) I don't have [to]

26 C: [°haha°]

27 T: dártelas,
give it to you,

PA₂(T)
animation



28 C: he o (.) ¿ya pues hijita,¿=
or (.) ¿c'mon girl,¿=

initiating TA₂(C)
co-animation



29 T: ya pues hij[ita]
c'mon [girl]

RE₂(T)
repetition of co-animation



30 C: [hahaha ha:]

TP₂(C)
laughter

moment of meeting

FIGURE 2

Unfolding of the moment of meeting in section 4 (24–30): second sequence. PA, previous action; TA, target action; RE, response; TP, third position; T, therapist; C, client.

the two parties achieve an intersubjective meeting” (Stern, 2004, p. 151), a moment where “Intersubjective ‘fittedness’ is sought,” where both “share an experience and they know it implicitly” (Stern, 2004, p. 168). In this moment of meeting, the client and therapist finally solve the challenge posed to the intersubjective relationship by the now moment in section 2 (12–17).

What prompted this moment of meeting to occur at this point of the exchange? At first sight, we might think it is mainly a consequence of the therapist’s initiating Target Action TA₁ in the first overlapping sequence, whereby he introduced the animation of God in (24, 25, 26). This turn clearly meets Stern’s criteria for a therapist’s contribution that should be able to bring about a moment of meeting, namely “an authentic response finely matched to the momentary local situation,” that “must be spontaneous and must carry the therapist’s personal signature,” reaching “beyond a neutral, technical response” (Stern, 2004, p. 168). However, our analysis applying CA and particularly Peräkylä’s (2019) model of sequential organization of psychotherapy allows us to give a more complex response to this question. On the one hand, the moment of meeting is prompted by the therapist’s initiating Target Action TA₁ in the first sequence. On the other hand, both the client’s initiating Target Action TA₂ and the therapist’s Response RE₂ in the second, overlapping sequence play a crucial role in the moment of meeting. Thus, in (28) the client turns the animation practice introduced by the therapist into a shared practice of co-animation, and the therapist reacts in (29) with a repetition of the client’s co-animation through which he both aligns and affiliates with her. This is the point of the exchange where the moment of meeting comes about.

We also notice in this second sequence a significant change from how the client–therapist interaction has been unfolding up to this point. On the one hand, the therapist displays through the design of his Response RE₂ that they are jointly engaged in the same interactional project of co-animation. On the other hand, he adopts the more colloquial, familiar expression introduced by the client, thereby granting her an initiating role in this sequence. This markedly contrasts with their previous interaction in most of the session, especially in section 1 (01–11), with the therapist dominating the exchange and talking in a didactic style to the client, who limited herself to giving weak signals of acknowledgment. In both sequences in section 4 (24–30), both participants contribute actively to the exchange, alternatively proposing an initiating action or following the other’s initiating action. Thus, a momentary but significant transformation in the here-and-now relationship between client and therapist comes about, manifested in their interaction: the client now exercises her own agency to assume an active role, which the therapist ratifies.

Accordingly, the occurrence of this moment of meeting is not just the consequence of a remarkable contribution by the therapist in (24, 25, 27): the moment of meeting emerges from the interaction process of therapist and client, and is thus co-created or co-constructed (Ugarte, 2019). As Stern (2004) comments, “A moment of meeting is a special case of ‘doing something together’” (p. 176). The mutuality displayed here can be seen as a practice of “doing We” (Buchholz, 2022a,b). The client’s joyful laughter in (30) can also be interpreted as an affective expression of this moment of playful co-creation, of having done something together, and of the

joy and surprise of being in this new and different place in relation with another.

It is perhaps the therapist’s Response RE₂ in the second sequence, (29), even more than his initiating Target Action TA₁ in the first sequence, (24, 25, 27), that best meets Stern (2004) criteria for a contribution able to bring about a moment of meeting. This is because that Response is an authentic, spontaneous, and personal contribution, reaching beyond a neutral and technical intervention, and is especially finely tailored to the local situation. This turn of the therapist enables the co-creation or co-construction of the moment of meeting and, therefore, fosters the client’s agency. It is very significant that this contribution by the therapist, which should be considered the most “therapeutic” in the whole exchange, is not in an initiating position as Target Action TA₁ but in a reacting position as Response RE₂ to the client’s initiating Target Action TA₂.

As we have seen before, through pointing to the client’s agency in his interpretation in section 3 (18–23), the therapist invited the client to enter a framework of joint attention, but his attempt was unsuccessful. Subsequently, in section 4 (24–30), the therapist introduces the animation in (24, 25, 27) and in this context uses the figure of God to point to the client’s agency again. Interestingly, the client’s Response RE₁ in (28) is not an intersubjective ratification of the pointing through recognition of her agency in a joint attention framework. Instead, her response displays that she takes the therapist’s animation as an invitation to enter a different participation framework (Goodwin, 1981, 2018), namely the playful space of animation, where she exercises that very agency in her interaction with him.

Section 5 (31–34)

Although the therapist’s next turn in (31) is affiliative, through its design he retreats from his more playful and personal interaction style in section 4 (24–30) to a more distanced one. The client’s turn in (32) can be seen as both an attempt to continue with the playful co-animation and an elaboration of the therapist’s interpretation. In his next turn in (33–34), the therapist does not respond to the playfulness. The moment of meeting thus ends. However, the therapist does ratify their mutual agreement regarding the content of his interpretation of the client’s agency, which he now reformulates as “messages that you can take with you,” clearly alluding to the message of encouragement in the co-animation.

We have presented the results of our single-case analysis using CA, particularly Peräkylä’s (2019) sequential model, to illustrate how the interactional unfolding of a momentary transformation in the client–therapist here-and-now relationship comes about, as manifested in their interaction. We have shown that this momentary transformation of relation corresponds to a moment of meeting, which resolves a challenge to the intersubjective relationship posed by a now moment (Stern, 2004). Next, we will discuss some theoretical implications of our results.

Discussion

Many researchers and clinicians would likely agree that this episode contains a therapeutic change, even if only momentary. What makes this episode therapeutic? We can point to the client's acceptance of the therapist's interpretation in (18–19), which explicitly aims at the client recognizing her own agency. From a more traditional perspective on the effects of psychoanalytic therapy, this interpretation is arguably therapeutic because it gives the client an “insight” into her subjective mental life that can bring about changes in representations about herself and her relations to others (Groeben et al., 1988; Krause, 2005).

From a more relational perspective, however, we claim that another significant therapeutic event occurs in this segment. Thanks to the sequentially accomplished shared practice of co-animation in (28–29) a momentary but significant change occurs in the here-and-now relationship between client and therapist. Specifically, the client breaks out of the passive role assumed previously and takes an active role in the interaction, which is then ratified by the therapist. Thus, in this sequence, the client exercises her own agency in interacting with the therapist, thereby enacting the very content of the therapist's interpretation that she has agency and strength in the here-and-now exchange between them. We witness a momentary change in the client's way-of-being-with-another, or a transformation of relation, that emerges in this sequence. Moreover, it is plausible that the client's acceptance of the therapist's interpretation and the relational event reinforce each other: the therapist's animation makes it possible for the client to affiliate with his stance in the interpretation, while the co-animation sequence brings about the change in the relational pattern.

Key aspects of transformation of relation that are investigated by CA research on psychotherapy are *agreement* and *disagreement* or *resistance*, *affiliation* and *disaffiliation*, and the *epistemic relation* (Peräkylä, 2019). One important goal of our paper has been to draw attention to an additional, significant aspect of transformation of relation that can be investigated in this field: the transitory emergence of new forms of relatedness in and through sequentially organized talk and action in psychotherapy.

Our sequential analysis applying CA has shown that the moment of meeting in our segment is interactionally accomplished through speaking practices that foster affiliation and alignment (Voutilainen et al., 2010; Muntigl et al., 2012; Lindström and Sorjonen, 2013; Scarvaglieri, 2020; Guxholli et al., 2021; Peräkylä and Buchholz, 2021). We can describe it as an occasion of heightened emotional intimacy in the interaction, characterized by participants' mutual display of affective attunement to each other (affiliation) and by the disposition of each to “go along with” the other's suggested courses of action (alignment). Another crucial feature of the sequential unfolding of this moment of meeting is the significant role of humor, laughter, and playfulness (Vásquez-Torres, 2021). CA research has shown the importance of humor and laughter in psychotherapeutic interaction (Valentine and Gabbard, 2014; Diogini and Canestrari, 2018). Humor, laughter, and playfulness are thus important ingredients and expressions of the transformation of relation occurring in our segment.

One main conclusion of our analysis is that this moment of meeting does not result from a single contribution by the therapist but emerges sequentially in the interaction between therapist

and client, to which both equally contribute: it is co-created or co-constructed (Ugarte, 2019; Durand, 2023). Using a metaphor introduced by the BCPSG (Stern, 2009), the sequence leading to the moment of meeting in our segment can be compared with a dance, where therapist and client found their own rhythm and own way to move along together during the therapeutic process. In that regard, moments of meeting represent a form of what Buchholz (2022a,b) calls “doing We”: “Psychotherapy cures by perceiving and being perceived. Like in a mother-baby relationship. This mutuality is a practice of ‘doing We’; it is done by observable practices and nevertheless it establishes mind-meeting” (Buchholz, 2022b, p. 321).

A last issue we should address is the role that Stern (2004) attributes to language in moments of meeting. Two passages of his influential book can help us to clarify his view on that issue. In one passage, where he presents a moment of meeting between two persons, not in psychotherapy but in a real life setting, he states: “Once they start talking, they will also act along with the words – small movements of face, hands, head, posture. These accompany, follow, or precede the words. The explicit then becomes the background for the implicit momentarily” (Stern, 2004, p. 175). He further states: “These relational moves are enacted out of consciousness, leading up to the moment of meeting—their hands move to meet” (Stern, 2004, p. 175). In another passage he writes: “It is important to remember that the experience contained in present moments is occurring in parallel with the exchange of language during a session. The two support and influence each other in turns. I am not trying to lessen the importance of language and the explicit in favor of implicit experience. I am trying to call attention to direct and implicit experience because it has been relatively neglected” (Stern, 2004, p. 222). Because moments of meeting are intersubjective present moments, this statement applies to them as well.

We note that in these two passages Stern identifies language with the explicit, i.e., what is communicated directly in the semantic content of the linguistic expressions (words and sentences) exchanged by therapist and client. Because in his view the sequence of relational acts that leads to a moment of meeting occurs at an implicit level, it should be parallel to the exchange of language at the explicit level. Interestingly, although some of his examples, such as the two-handed shake, do not imply words at all, other examples, such as the client suddenly facing the therapist, involve the exchange of verbal utterances. Nonetheless, in his theoretical account, Stern (2004) does not consider the possibility that the exchange of language itself can lead to a moment of meeting. The analysis of our segment applying CA, particularly Peräkylä's (2019) sequential model, suggests a more nuanced view of that issue. The co-animation sequence by which the moment of meeting is brought about is made up of strings of words, i.e., of verbal utterances. It is difficult to imagine how therapist and client could have carried out this sequence without an exchange of language.

This raises a crucial question: how can an exchange of language, which belongs to the explicit level, lead to a moment of meeting, that should be the result of acts that take place at the implicit level? The answer to this question is provided by a key assumption of CA (Wilkinson and Kitinger, 2008), which is also a major contribution of linguistic pragmatics, particularly speech acts theory: talk is a form of action, we can do things with words (Austin, 1962; Collavin, 2011). Every time speakers emit a verbal utterance in a

particular context, they thereby perform an action. Therefore, the co-animation sequence in our segment is brought about by the sequential exchange of actions performed through the production of verbal utterances by client and therapist. Drawing on [Heritage's \(1984\)](#) influential formula, we claim that this moment of meeting is *talked into being* through that exchange. Consequently, the moment of meeting in our segment occurs not *in parallel* with the exchange of linguistic utterances between client and therapist. It occurs *through* the exchange of such linguistic utterances and *through* the sequence of actions carried out by that exchange. It does not result from a sequence of actions that takes place *along with* the words, but from a sequence of actions that are carried out *through* the words uttered by client and therapist in the exchange.

However, that sequence of actions does not take place at an explicit level, because it occurs without the therapist explicitly addressing it in the content of an interpretation. This is consistent with Stern's observation that "The moment of meeting need not be verbalized to effectuate change" ([Stern, 2004](#), p. 220). Thus, a further significant outcome of our analysis is that, parallel to the sequential exchange of verbal utterances at the explicit level, the sequential exchange of actions performed by those verbal utterances occurs at the implicit level. It is at this implicit dimension of verbal interaction that the transformation of relation in the moment of meeting occurs. In that regard, in the last page of his book, Stern makes a remarkable comment about the role of verbal meaning making and narrativizing in talking therapies, which is very close to [Buchholz's \(2022a\)](#) approach on mutuality and "doing We" in psychotherapeutic interaction. Stern states that these verbal activities, which can bring about therapeutic change, can also be a vehicle by which client and therapist *do something together*: "It is the doing-together that enriches experience and brings about change in ways-of-being-with-others through the implicit processes discussed" ([Stern, 2004](#), p. 227). The analysis of our segment reveals that this view of Stern's should be extended beyond the specific "therapeutic" verbal activities of meaning making and narrativizing. It applies to any verbal interaction between client and therapist in which the sequential *doing-together with words* leads to a moment of meeting, bringing about change, at least momentarily, in the implicit ways-of-being-with-others of the client.

Limitations and future directions

One important limitation of our study is that we have access only to the audio recording of the session. An integration of aspects of visual para-verbal and non-verbal interaction would be useful to achieve a more comprehensive analysis of such episodes.

This has been a single case study. The next step in the research should be to build a collection of such episodes in therapeutic interaction in order to find common interactional features between them.

As we have pointed out, the change in the here-and-now relationship between client and therapist that we observe in our segment is momentary. It would be important as well to examine if such changes take place during a whole session and during the course of various sessions from a complete therapeutic process.

The methods of CA do not allow us to correlate such momentary transformations in the relational pattern between

client and therapist with long-lasting changes in the relational pattern and in the emotional well-being of the client during and after the treatment. Investigations that link CA with other methods in the field of psychotherapy research would be helpful in attaining this goal.

Clinicians would surely agree that not every session in a psychotherapeutic process contains salient interpersonal events like the moment of meeting we have analyzed. This does not mean that changes prompted by interpersonal events cannot occur in such sessions. In that regard, [Stern \(2004\)](#) observes that more spectacular interpersonal events like now moments or moments of meeting are unusual, but that progressive changes can also take place gradually through less charged interpersonal moments. An analysis based on CA, like the one we have presented in this paper, can also contribute to the understanding of such moments and of the gradual changes they can bring about.

Data availability statement

All data supporting the conclusions of this study are included in this article/[Supplementary material](#), further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving humans were approved by the Comité de Ética de la Investigación para Ciencias Sociales, Humanas y Artes, Vicerrectorado de Investigación, Pontificia Universidad Católica del Perú (Pontifical Catholic University of Peru). The studies were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study. Written informed consent was obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

Author contributions

All authors have participated in the five steps of the research described in the section Data and methods, contributed to the manuscript, and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships

that could be construed as a potential conflict of interest.

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Supplementary material

The Supplementary Material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1205500/full#supplementary-material>

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"Because he was disgusting": transforming relations through positioning in messenger-supported group psychotherapy

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Introduction: This article deals with positioning in messenger-supported group psychotherapy in terms of transforming relations. The aim of the messenger-supported therapy format is to work through conflicts that have arisen with people via messenger services. This is achieved in different phases of conversation, such as describing the situation, analysing one's own behaviour and defining wishes, by collaboratively drafting a message to the person from the conflict.

Methods: The data basis is a corpus of 14 video-recorded group psychotherapy sessions. Methodologically, the study is guided by interactional linguistics, a linguistic research field that focuses on interpersonal interaction.

Results: Using a case study, I show how the interactants work through a conflict through positioning, constitute group identity and relationships, and thus also transform their stance concerning the issue. Moreover, positioning serves the collaborative formulation of a message and thus also the change of the relationship to the person from the messenger communication.

Discussion: Relationship management in eSA group psychotherapy can be observed on different levels: (1) among the interactants in the room, (2) with the persons from the chat messages, and (3) between the patient(s) and the therapist.

KEYWORDS

interactional linguistics, positioning, helping interactions, group psychotherapy, transforming relationship

1 Introduction and research context

1.1 eSA group psychotherapy as an innovative helping format and positioning theory

In many institutional settings, smartphones are usually perceived as a distraction. This is different in eSA group psychotherapy ("electronic Situation Analysis"), where the use of smartphones is explicitly encouraged. This innovative therapy format was developed at the LMU Munich and aims to treat chronic depression ([Grosse-Wentrup et al., 2020](#))¹. The concept is based on the assumption that people with depression often suffer from interpersonal problems in addition to their depressive symptomatology ([Schramm et al., 2011](#)), which manifest themselves in interpersonal interaction, i.e.,

¹ I would like to express my sincere gratitude to Prof. Dr. Frank Padberg's team at LMU Munich and especially to Dr. rer. nat. Fabienne Große Wentrup for numerous inspiring discussions and the always excellent cooperation.

verbally and in writing. With the help of smartphones in eSA group psychotherapy, the patients' conflictual messages are analysed weekly in the group, and suggestions for solutions are drafted in the form of (re)formulated and co-constructed text messages, i.e., in concrete terms: one person is selected weekly in the session to present a conflict with a friend, colleague or family member that has arisen *via* messenger service.

The aim of eSA group psychotherapy is then to formulate a message for the problem presented to bring about a change in the patient's communication and thus work on interpersonal problems. These two goals can be pursued in group psychotherapy in two ways: firstly by formulating text messages to family and friends and secondly by working on this common project. In this way, relationships are built both between group members and between patients and therapists, which is a current research focus in the field of applied linguistic research on helping interactions (Scarvaglieri et al., 2022b). As social isolation is part of the symptomatology (Bressiere et al., 2008), it is even more important to study the interaction of people with depression.

In group psychotherapies, social systems are established (cf. Preyer, 2012, p. 121). which necessarily form structures with specific structural components, such as role, status or expectation, which are both self-selected and actualised in social interaction. Groups structure themselves as social systems through their structural components as well as the determination of an ingroup and outgroup (Kabatnik, 2023a), resulting in group dynamics (Preyer, 2012, p. 121ff.). Through their function of marking persons or objects of speech as outgroups, positioning thus plays a decisive role in the formation of groups and forms one aspect of their dynamics.

In the following example, which takes up the title sequence and positioning "because he was disGUSTing", the group members discuss the conclusion of the collaboratively formulated message in group psychotherapy.

Excerpt 1 (51:07–51:39):

- 01 P1: besten GRUSS? (1.17) oder beste GRÜße oder
bestn (0.21)
best reGARD? (1.17) or best reGARds or best
(0.21)
[P3 thinks about to decide this later]
- 02 P3: ((lacht)) (0.77) bis dahin GRUSS?
((laughs)) (0.77) until then GREETings?
oder ich glaube am ende hat er auch GRUSS
geschrieben
or I think at the end he also wrote
GREETings
- 04 T: mhmh
mhmh
- 05 P1: "h ja: aber ich glaub ich würd probieren
mich von ihm ABzuhebn
"h ye:s but i think i would try to
differentiate myself from him
weil der war EKlik und da würd ich mich
nicht auf dieses
because he was disGUSTing and i wouldnt go
down
(0.45) niveau herab begeben(0.78)
(0.45) on this level(0.78)

The patients consider together which formulation is most suitable. P1 suggests *best regard* or *best regards*, P3 *until then greetings* and follows up with her assumption that the professor—who will be the subject of this case study and this article—ended his message with *greetings*. P1's suggestions are not

accepted. This is verbalised by a lack of acceptance of the suggestion and by P3 initially postponing this message part until later. In this way, P3 positions herself in a negative way towards the suggestions. P3 considers using the same greeting phrase as the professor. She thereby implicitly expresses that she would imitate his verbal behaviour. This is initially affirmed by P1. However, through the adversative clause *"h ye:s but i think i would try to differentiate myself from him*, a contradictory opinion is expressed, namely to stand out from the professor. P1 justifies this by the predication *because he was disGUSTing and I wouldnt go down*, whereby she evaluates him and his behaviour, expresses her extreme rejection and marks him as belonging to the outgroup.

Positioning can be localised—as this example shows—on different levels, for example, to characterise people or their relationship to each other as well as to evaluate formulation suggestions of the group. In this article, positioning is examined from different perspectives: The analysis shows different points of reference and various practises for positioning.

The different positioning practises (Torres Cajo, 2022) include categorisation practises, in which speakers categorise themselves or others, for example, by means of a category label (e.g., I'm more of an Apple person); attribution practises, in which speakers attribute dispositional characteristics to themselves, for example, by predication (e.g., I'm sporty); evaluation practises, in which speakers evaluate behaviours in order to position themselves morally normatively (e.g., I think his behaviour is bad); narrative practises in which speakers position themselves through narratives (e.g., The other day I was in the shopping centre again for years); authentication practises in which speakers prove their positioning through examples (e.g., I am sporty, I have already won many sports competitions); and enactment practises in which speakers realise their positioning performatively, for example through knowledge displays (e.g., I was there, I heard him say it myself).

I will argue that various positioning practises (Torres Cajo, 2022) take on a central role between interactants in group psychotherapy, e.g., in relation to the people involved, their behaviours, and the formulations suggested by the group. Which interactive practises do the interactants use to position themselves in psychotherapy? And which function do positionings have in this helping format? These are the research questions I address in today's presentation. Because positioning is considered in this article in relation to the constitution of relationships, I begin with an outline of linguistic (interactional) research on the constitution of relationships in helping interactions. After that, I discuss my data basis and methodological approach. Then, I will analyse examples of positioning with regard to their functional aspects and discuss them in a conclusion.

1.2 Relationship constitution in pragmatics research and in helping interactions

The shaping of relationships is firmly anchored in pragmatics research. Through the feature of dialogicity, language in interaction is emphasised as essential in language-theoretical approaches (von Humboldt, 1963; Bachtin, 1979, 1996; Linell, 1998; cf. Mandelbaum, 2003b). For Bühler and Jakobson, interpersonal relations manifest themselves in the functions of expression, appeal,

illocution, and perlocution, as well as the phatic function of speech acts, which both indicate and constitute the relationship among interactants (Jakobson, 1973/2014; Bühler, 1990). Watzlawick et al. (1967) also emphasised the relationship-constituting aspect of language in addition to the information content. Particularly fruitful concepts for the linguistic study of relational constitution in interaction come from the sociology of interaction, for example, through Goffman's (1955, 1967) remarks on role and face, as well as Brown and Levinson's (1978, 1987) politeness theory. The concept of positioning was developed by Davies and Harré (1999), which, as a social constructivist approach, focuses in particular on dynamic aspects of interpersonal relationships. According to Davies/Harré, social identity emerges through its production in discourse, whereby they assume a reflexivity of discourse and different positions (see also, e.g., Harré and Van Langenhove, 1991; Davies and Harré, 1999). Through the dynamic concept of positioning, the static, formal and ritual-focused concept of role in social interaction can be expanded (cf. Davies and Harré, 1999: 43). Role and positioning are structural components of social systems through which groups structure themselves dynamically and in interaction (Preyer, 2012). Role, positioning, and thus group dynamics can be further influenced by institutional constraints—caused by different hierarchies (cf. Magee and Galinsky, 2008, p. 351). Holly (2001) also addresses relations and describes them as elementary. They are ubiquitous, every day and mostly implicit—which makes the study of relationships difficult. Relational work encompasses the entire spectrum of interpersonal aspects of social practises (Locher and Watts, 2008). Mandelbaum (2003a, p. 217) describes relationships “as collections of communicative practises, or things that we do through communication, in contrast to thinking of them as social structural things that we have”. Bucholtz and Hall (2005) followed this by outlining a framework for the construction of identity that emerges in social interaction. Through the premise of the construction of relationships in interaction, conversation analysis can be used to analyse relationships and their construction (Sidnell and Stivers, 2013). In successive sequences, interactants constitute linguistic actions, action goals, and relationships (Kabatnik et al., 2022). In helping interactions (Graf et al., 2019), it is precisely this constructional character of interpersonal interaction that is elementary. Because of the asymmetrical constellation of help-seekers and help-receivers, the co-construction of help is essentially shaped and supported by the formation of relationships in conversation. This requires both joint interactional work and the establishment and achievement of common goals (Muntigl et al., 2012; Muntigl and Horvath, 2014; Kabatnik et al., 2022, p. 144f.). Setting up and achieving shared goals is considered a core element of successful therapy in psychotherapy (Muntigl et al., 2020). The therapeutic alliance is even postulated as the most effective success factor in psychotherapy, whereby the constitution of relationships in helping interactions is the best and most reliable predictor of desired psychotherapeutic change and calls for appropriate research intensity (see also Horvath and Greenberg, 1994; Horvath, 2006; Ardito and Rabellino, 2011; Flückiger et al., 2012; Lambert, 2013; cf. Ribeiro et al., 2013, p. 295). Scarvaglieri et al. (2022a), for example, dedicate an entire anthology to the shaping of relationships in helping interactions, in which different helping formats are examined from the point of view of the co-construction of relationships, e.g., doctor–patient conversations

(Džanko, 2022; Günthner, 2022; Kuna and Scarvaglieri, 2022; Thurnherr, 2022), psychotherapy (Buchholz, 2022; Guxholli et al., 2022; Kabatnik et al., 2022; Muntigl, 2022; Pawelczyk and Faccio, 2022), coaching (Graf and Jautz, 2022; Winkler, 2022), as well as newer helping formats in the social web, such as support through illness-related forums in social media (Kabatnik, 2022). The research focuses there, for example, on the constitution of a sense of community between psychotherapist and patient (Buchholz, 2022), the face-threatening question *What about you* in psychotherapy (Guxholli et al., 2022) or semi-responsive answers (Winkler, 2022). What these studies have in common is that mostly only dyadic helping formats and the constitution of relationships between professionals and clients are examined.

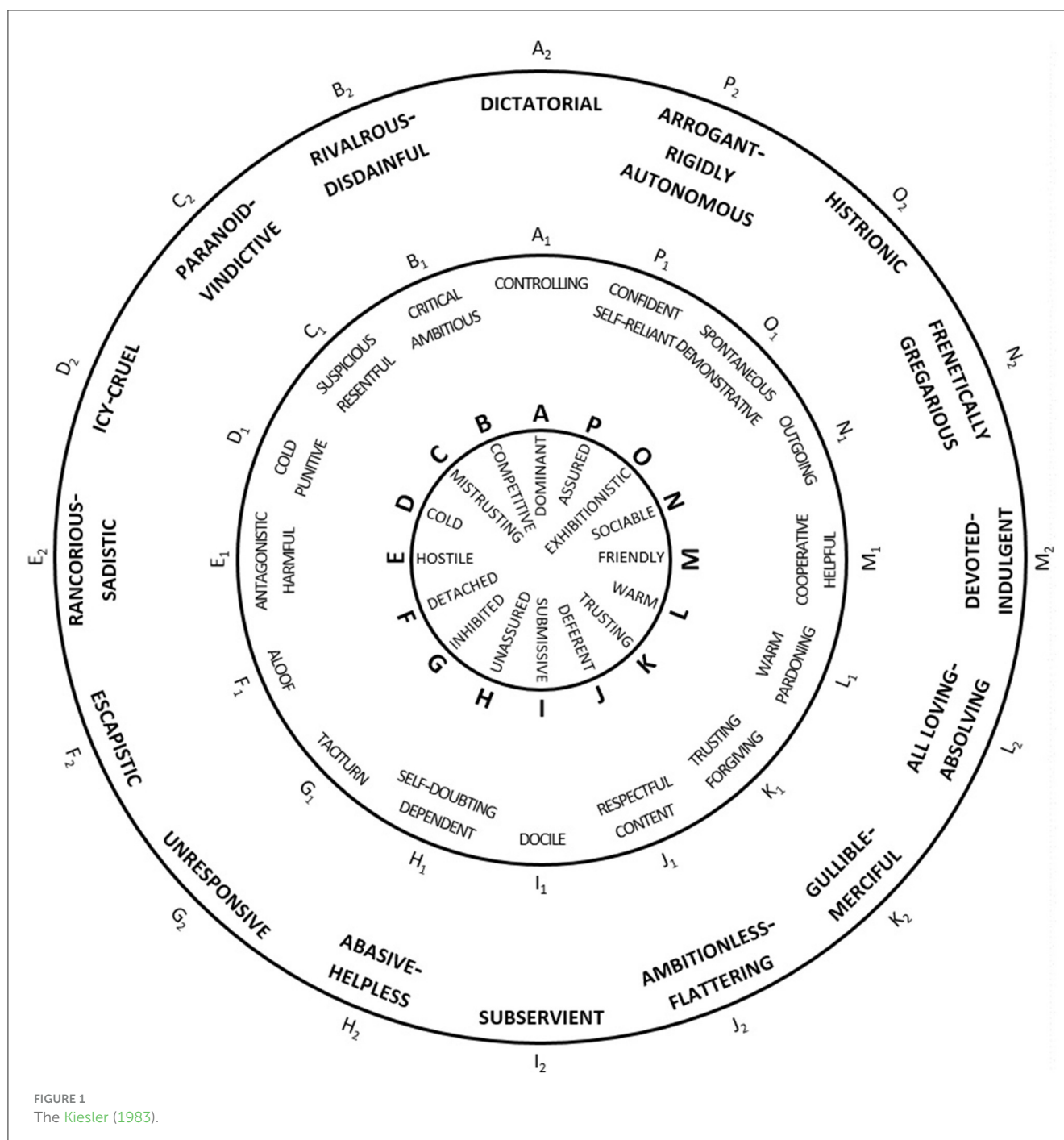
The present article joins this tradition of interactional linguistic research on the formation of relationships in helping interactions by examining positioning practises. It complements this focus of research with a study on messenger-supported group psychotherapy. Analysing therapeutic group interaction (instead of dyadic communication) by focusing on positioning practises from an interactional linguistics perspective is what is new and innovative in the field of helping interactions.

2 Materials and methods

The data basis for the study is a large corpus of 14 videotaped group psychotherapy sessions. These were recorded between October 2021 and October 2022 at the Department of Psychiatry and Psychotherapy (LMU Munich). The sessions have an average length of about 1 h. Thus, the collected video material totals about 14 h and 43 min.

The messenger-based therapy format takes place weekly on a voluntary basis. The sessions are led by one to two therapists (1 T = male, 1 T = female). In the whole data material, there are 30 different patients (8 P = male, 22 P = female). In addition to the patients and therapists, in the room, there is a flipchart and a poster of a psychotherapeutic instrument, the Kiesler circle (see Chapter 3 and Figure 1). Important intermediate results and the draught message are written down on the flipchart. The poster with the Kiesler circle is used by the interactants to evaluate their behaviour, goals, or wishes.

For the analysis of interactive practises for positioning, I will take a closer look at one video recording of one group psychotherapy session (minimum transcription according to GAT2, Selting et al., 2009). The session has a total length of about 57, 56 min. Three patients and a therapist are present, as well as a trainee who records the conversation. The three patients are female and aged between 27 and 43 years at the time of admission (P1 was born in 1983, P2 in 1977, and P3 in 1993). All three are patients with chronic and/or recurrent depression who have been in the cognitive behavioural analysis system of psychotherapy (CBASP) programme (McCullough Jr et al., 2014) and also in the electronic Situation Analysis (eSA) group psychotherapy (Grosse-Wentrup et al., 2020) for 4–6 weeks together (although with changing members). The CBASP approach is based on the assumption that people with recurrent or chronic depression have not (sufficiently) learned to verbalise needs, wishes, and thus positioning in social interaction due to traumatic experiences in childhood. Traumatic



experiences cause patients to transfer (mostly unconsciously) (repressed) emotions, reactions, and expectations but also wishes or fears to new social relationships (transference hypothesis). In order to correct their negative-depressive assumptions about life in other experiences, people with depression have to learn that different people can react differently in the same situation (cf. Schramm et al., 2011). This is accompanied by a subjectively experienced low ability to act, depressive thoughts, and social isolation (cf. Brakemeier et al., 2012, p. 6ff.), which not only justifies but also makes a (conversational) linguistic examination of the positioning of people with depression relevant. The original data are in German but were translated into English for this article.

The research method is interactional linguistics (Imo and Lanwer, 2019). Interactional linguistics studies language in interaction and takes the participants' perspective to analyse their mutual understanding from the (sequentially) next turns and utterances. Thus, the focus is on interactional language use, which is characterised by its sequentially structured, collaborative, and situation-based construction of meaning and structure (Imo and Lanwer, 2019, p. 2). In this way, conversations fundamentally rely on sequentiality, i.e., successive utterances, in verbal interaction (Deppermann, 2008). Psychotherapy is a verbal and co-constructed treatment format that relies on structural features of communication. Through the sequence

of utterances by (at least) two interactants, intersubjectivity is established in (psychotherapeutic) conversation, i.e., through the exchange of knowledge and positions, a common knowledge base emerges among the interactants (e.g., [Heritage, 2012](#)). This shared knowledge base then forms the basis for therapeutic effectiveness and relationship building ([Peräkylä et al., 2008](#); [Kabatnik et al., 2022](#)).

3 Analysis

The group psychotherapy can be divided into different phases of the conversation (Kabatnik u.r.). I derived the phases of the conversation in an inductive and deductive analysis process. The deductive derivation procedure is based on the given structuring of the psychotherapy according to the CBASP approach. Following this approach, the therapy is initially divided into an analysis phase and a solution phase. The analysis phase of eSA group psychotherapy includes the following steps: description of the communication, interpretation of the other person's message, characteristics of the message, actual outcome, desired outcome, and comparison of the actual outcome with the desired outcome. The solution phase follows the revision of the interpretation and the change and reformulation of the message.

The inductive derivation of the phases ensued from the data set by analysing the transitional formulations. Each phase is introduced by the therapist with a transitional formulation, such as in phase 4 (see [Table 1](#)). The analysis of one's own behaviour through *if you look at your (.) OWN behavior (1.28) so (.) [repeated behavior] where would you place yourself in the KIESler circle?* (17:30–19:13). From the linguistic analysis of the transitional formulations, a classification of the conversation phases into 10 phases results, which partly overlap with the structure inherent in the psychotherapy format. The following 10 conversation phases could be identified as follows: the phase of greeting, the definition of the session goals, the description and interpretation of the situation, the analysis of one's own behaviour, the actual result, the desired result (ca. 10 min Ventilation break), the formulation phase, the comparison with the desired result, the final reflection on the session, and the conclusion of the discussion.

situation, the analysis of one's own behaviour and the actual result as well as the desired result, followed by the formulation phase, the comparison with the desired result, followed by a final reflection on the session, and the conclusion of the discussion (see [Table 1](#)).

The solution phase in the psychotherapeutic concept corresponds to the formulation phase in the linguistic analysis. A further subdivision of the solution phase based on linguistic features could not be observed. The phases of conversation produce affordances for positioning, i.e., possibilities for evaluations and the expression of attitudes are already inherent in the conversational format. In the phase of describing the situation, for example, the speakers can position themselves in relation to objects or persons (Chapter 3.1). Further possibilities for positioning are inherent in the phase of classifying the speaker's own behaviour in the Kiesler circle (Chapter 3.2). The Kiesler circle ([Figure 1](#)) is a psychotherapeutic instrument for classifying feelings and behaviours, i.e., it is used for positioning or determining them and physically hangs as a poster in the group psychotherapy room. The concept was developed by the US psychologist Donald Kiesler in 1983 (cf. [Guhn and Brakemeier, 2022](#)). [Kiesler \(1983\)](#) assumed that difficulties in social interaction can be described on two axes, namely firstly, the axis with the opposite poles dominant/open and submissive/closed and secondly, the affiliation or relationship axis with the opposite poles friendly/close and hostile/remote, including mixed forms such as friendly dominant or submissive-hostile (cf. [Kiesler, 1983](#), p. 186f.). This diagram can then be used to classify—especially communicative—behaviour, i.e., to position oneself in relation to it. The Kiesler circle training aims at adapting actual behaviour to the desired behaviour depending on the situation (cf. [Guhn and Brakemeier, 2022](#)). The formulation phase (Chapter 3.3) opens up further space for positioning—the group is required to decide together which formulation is suitable for the goal that has been set.

In the following, I will start with the analysis of the description phase in which Patient 3 presents the conflict to be discussed and positions herself in her description.

TABLE 1 Speech phases in eSA group psychotherapy.

Phase	Description	Timecode	Introduction
1	Greeting	01:23–01:44	T: exactly (.) nice that you are THERE (.) in our little ROUND,
2	Definition of the session goals	01:44–02:50	T: what are your PLANS for today?
3	Description and interpretation of the situation	02:50–17:30	T: what kind of situation IS it?
4	Analysis of one's own behaviour	17:30–19:13	T: if you look at your (.) OWN behavior (1.28) so (.) [repeated behavior] where would you place yourself in the KIESler circle?
5	Actual result	19:13–20:36	T: if you look now (.) ACTual reSult? °h (0.23) how did you SHAPed the relationship (.) h° by your behavior? how did it turn OUT for you?
6	Desired result (ca. 10 min Ventilation break)	20:36–38:57	T: okay (.) and what would you have liked (.) for the situation to turn OUT like? (1.36) how would you like to have behaved
7	Formulation phase	38:57–52:50	T: then we get down to formuLATING;
8	Comparison with the desired result	52:50–53:57	T: where did you end up in the KIESler circle?
9	Final reflection on the session	53:57–57:05	T: then we go into the FInal round: ,
10	Conclusion of the discussion	57:05–57:37	T: then MANY thanks, all of them, (.) [Farewell]

3.1 Description of the situation

In the phase of describing the situation, a patient from the group psychotherapy presents a conflict that has arisen *via* the messenger service. In doing so, the person presenting has to bring the group to the same level of knowledge (e.g., cf. Spranz-Fogasy et al., 2018; Kabatnik, 2023b). In the case study chosen for this article, Patient 3 presents her conflict with a professor, which is caused by the professor's use of an incorrect and insulting form of address in an email to the patient. Different positionings are verbalised in the description itself and in the reactions to it, which play a decisive role in the further interaction in the group psychotherapy.

Excerpt 2 (02:53–09:34)—Description of the situation

01 P3: h° ähm (.) es es geht um eine email ähm (0.35)
 02 h° uhm (.) it's about an email uhm (0.35)
 03 llund zwar **ne berufliche mail?** ähm (.)
 04 and it's **a professional email?** uhm (.)
 05 die ich erHALten hab? ähm von
 06 that i RECEIVED uhm from
 07 °h ähm einem der professoren mit denen ich eng
 08 °h uhm one of the professors with whom i
 09 ähm (0.23) zusammenarbeiten musste EIGentlich
 10 [lachen]
 11 had to work closely uhm (0.23) ACTually
 12 [laughing]
 13 aber er war sehr schwer erreichbar war die
 14 ganze zeit?
 15 but he was very difficult to reach all the
 16 time?
 17 UND äh so für den KONtext ich weiß nicht hmm
 18 also es geht halt (.)
 19 AND uhm so for the CONtext i don't know hmm so
 20 it's just (...)
 21 also **der bereich wo ich ARbeite das ist halt**
 22 **der weiterbildungsbeREICH** und wir haben so
 23 moDule [...]
 24 so **the area where i WORK that's just the**
 25 **advanced education aREA** and we have so moDules
 26 [...]
 27 **da der HERR sehr beSCHäftigt ist ähm HAT er äh**
 28 **innerhalb von drei MONaten**
 29 **because the GENTLEMAN is very BUSY um he**
 30 **ANSwered uh within three MONTHs**
 31 hh° **auf nur zwei meiner mails geANTwortet?** und
 32 hh° **to only two of my mails and**
 33 (.) ich brauchte die materialien unbedINGT **hab**
 34 **dem die mails immer wieder gesCHICKT** [starkes
 35 Gestikulieren]
 36 (...) i needed the materials absolutely i **sent**
 37 **him the mails again and again** [strong
 38 gesticulating]
 39 ja:= weil ich ich brauchte das (.)
 40 yes:= because I needed it (.)
 41 aso es ist notwendig weil (0.28) ähm
 42 well it is necessary because (0.28) um
 43 (1.21) JA ohne können wir hier nicht ARbeitn=
 44 aso **wir sind ABhängig sozusagen;** (.)
 45 (1.21) YES without it we can't WORK here= well
 46 **we are DEPENDENT so to speak;** (.)
 47 ähm: ((schmatzt)) und (.) ähm er hat
 48 geANTwortet?
 49 um: ((smacks)) and (.) um he answered?
 50 (0.24) ((schmatzt)) °h **mit äh liebe**
 51 **werauchIMMer?**
 52 (0.24) ((smacks)) °h **with uh dear whoEVER?**
 53 (1.22) in der (.) eingang?
 54 (1.22) in the (.) salutation?

18 T: **aso SO hat er das auch geSCHRIEbN?**
 19 **so that's how he WROTE it?**
 20 P1: [hahaha] ((lacht bebend))
 21 [hahaha] ((laughs tremulously))
 22 P3: [ja]
 23 [yes]
 24 T: **okAY.** °h
 25 **okAY.** °h
 [...]
 26 P2: **aso ich wurde keine lust mehr HABen (.) mit so**
 27 **einem mensch zusammen zu ARbeiten=** ((schüttelt
 28 den Kopf))
 29 **so i wouldn't want to work (.) with someone**
 30 **like that** ((shakes head))
 31 oder für eine firma fü solche firma ((streckt
 32 Hand aus))
 33 or for a company like that ((sticks out hand))
 34 die so: mit mit (.) ARbeiter betrachtet;
 35 who looks at (.) workers like that;
 36 (.) wer auch immer;
 37 (.) whoever;

Patient 3 describes the conflict situation for the group. She begins by contextualising the (conflict) situation, describing the type of correspondence and the relationship with the person from the messenger communication, i.e., the allocated professor. She continues with a brief description of the problem, namely the (in)availability of the professor for upcoming common tasks. P3 then goes into more detail about her professional situation in the university context and repeats the problematic contact with the professor. This is followed by justifications for her multiple contacts with him—she absolutely needed materials from him and could not continue working without them, i.e., she was dependent on his input. She then reads out the message with the inadequate salutation “dear whoEVER”.

Regarding the positionings in this excerpt, P3 first classifies the situation categorically, namely that it is a professional email, not a private one and that she works in a university context. The utterances *it's a professional email* and *the area where i work that's just the advanced education area* from the narrative of Patient 3, which functions here as a categorisation practise (Torres Cajo, 2022, p. 65/70) and serves to classify the conflict for the group in comparison to other conflicts, for example, with family or friends. This classification by the patient activates specific knowledge in the group members, through which the patients can access their knowledge about professional (conflict) situations and provide adequate formulation suggestions in the further course of the conversation (see Chapter 3.3).

The patient then goes on to describe how she had a hard time reaching the professor, so that the expression *since the gentleman is very busy, he has replied to only two of my emails in 3 months* can be classified as another positioning practise. Through the ironic *gentleman*, Patient 3 socially categorically ranks the professor higher. The thematisation of his poor email correspondence serves moral-normative blame as an evaluative practise (Torres Cajo, 2022, p. 142ff.). By addressing the professor as a gentleman and informing the group about her communication behaviour with the professor, Patient 3 implicitly verbalises her relationship with him. She ranks him higher in the hierarchy and, at the same time, ridicules this hierarchical higher ranking through the expressed irony. Thus, P3 marks her and the professor's positions as asymmetrically in terms of institutional roles (“he above her”)

by emphasising her professional dependence on him as well as in terms of morality (“she above him”) by ridiculing him.

The asymmetrical relationship constellation between her and the professor is also expressed by the professor’s writing behaviour. This is because he does not reply to the patient—without any institutional consequences—which can generally be interpreted as impolite, potentially face-threatening and relationship-destructive behaviour (cf. [Simmons, 1994](#)). Thus, the evaluation practise here functions not only as a moral-normative assessment of his behaviour but also as a characterisation of the patient’s relationship with the professor.

She goes on to say that she tried to contact him several times (*i sent him the mails again and again*) as a narrative practise ([Bamberg, 1997](#); [Lucius-Hoene and Deppermann, 2004](#); [Georgakopoulou, 2007](#); cf. [Torres Cajo, 2022](#), p. 158ff.). By displaying repetitive behaviour, the patient shows her effort to get in touch with the professor. She thus positions herself as very engaged, which is expressed by the iterative *again*. She concludes the narrative by saying that she was absolutely dependent on his help, (*we are dependent*), describing her relationship with the professor through predication as dispositionally dependent, i.e., as an attributional practise ([Torres Cajo, 2022](#), p. 108ff.). The patient then reads out the professor’s salutation, namely *Dear Whoever*, in a professional email, which is realised by the patient with numerous hesitation markers. In this way, she expresses the delicacy of the topic ([Spranz-Fogasy et al., 2023](#)).

The therapist reacts here with *so that’s how he WROTE it?* (*‘aso SO hat er das auch geSCHRIEbN?’*). She marks her surprise about the professor’s formulation by using *so “aso”* (see, e.g., [Golato and Betz, 2008](#)) and the question *that’s how he wrote it?* Through the formal question, the therapist, on the one hand, assures her understanding and, on the other hand, expresses her bewilderment, through which she evaluates the professor’s behaviour and positions herself in this way. This could be seen as an affiliative utterance towards the patient. [Muntigl and Scarvaglieri \(2023\)](#) state, that “[a]ffiliation can be understood as trust, commitment and intimacy [...] and is related to the emotional agreement and the bond [...] created in interaction. Patient 1 reacts with trembling laughter, which also expresses her position towards this form of address: She considers this behaviour too extreme (cf. [Glenn, 2003](#), p. 112ff.). Patient 2 voices her unwillingness to work for such a person or company, taking herself as an example, i.e., she would no longer want to work for the professor in place of Patient 3 as a performative positioning practise ([Torres Cajo, 2022](#), p. 194ff.).

According to her role in the session, P3, as a patient with the messenger conflict, has to mark an outgroup person. Through the patient’s description with different positionings, Patient 3 shows how she relates to the professor and evaluates him and his behaviour. This evaluation is understood by the interactants, and they side with the patient through their reactions and thus express their first solidarity. Furthermore, following the group dynamics, the group members have to reaffirm or repeat this marking afterwards. This is expressed here by the further positionings.

The therapist has a key role in this process: Because of her role and status in the conversation, she has the function of guiding and structuring the conversation (cf. [Marciniak et al., 2016](#), p. 4f.). This is also revealed by the sequential order of the utterances since the

therapist has the right to speak directly after P3’s description. Her positioning on the conflict situation is decisive here. In a case of contradiction on the part of the therapist, subsequent positioning could deviate from P3’s stance. This comparison makes it clear that the therapist’s positioning is crucial for the subsequent interaction and the group-building process.

3.2 Classification of behaviour in the Kiesler circle

In the phase of classification of the patient’s behaviour in the Kiesler circle, the conflict is viewed and classified from the perspective of the patient involved. He/she is supposed to evaluate and classify his/her own behaviour. In this phase, positionings are requested, which are crucial for the subsequent formulation phase and are presented in the example of the Excerpt 2.

Excerpt 3 (17:38–18:57)—Classification of behaviour in the Kiesler circle

- | | | |
|----|-----|---|
| 01 | T: | (.) wo würden sie sich im KIESler kreis einordnen? was sagen die anderen?
(.) where would you place yourself in the KIESler Circle? what do the others say? |
| 02 | P3: | (2.1) ALSO ich ich würde mich tatsächlich unter feindselig unterwürfig (.) NA?
(2.1) WELL I I would actually place myself under hostile submissive. (.) WELL? |
| 03 | | weil im endeffekt sage ich nicht das was ich denke
because in the end i don’t say what i think |
| 04 | T: | sie sagen nicht WAS sie denken
you don’t say WHAT you think |
| 05 | P3: | exakt (.) ja (.) und GANZ PASSiv bin ich auch nicht weil ich ja (.)
exactly (.) and (.) i’m not COMPLETELY PASSive either because (.) |
| 06 | | im endeffekt (.) zwar jetzt nicht auf die NACHricht reagiere
in the end (.) i’m not reacting to the MESSAGE now |
| 07 | | (0.6) aber ich halte meine GeDANKen zurück
sozusagen (.) und eine frage
(0.6) but I hold back my THOUGHTs so to speak |
| 08 | | (.) and one question
(.) sage ich JA zu dem TerMIN und EIGentlich innen drin denke ich mir so (.)
nein ((lacht))
(.) i say YES to the appOINTment and actually inside i’m thinking (.) no ((laughs)) |
| 09 | T: | und sie sind da auch zu dem termin geKOMmen
den hat er VORgegeben und da haben sie sich dran gehalten
(.) and you also atTENDED the appointment that was SET by him and you kept to it |
| 10 | P3: | (.) ja, JA, aber ICH meine wenn dann wenn ich so ABhängig bin von diesen informaTIONen um einen gewissen (1.3) ja auch meine dienstleistung zu erMÖglichen
(.) yes, YES, but I mean if then if i am so dePENDent on this informaTION to enABLE a certain (1.3) yes also my service |
| 11 | | (.) es obLIEGT in meiner verantwortung auch natürlich?
(.) it also FALLS within my responsibility of course? |

- 12 T: (1.6) Ja
(1.6) yes
- 13 P2: ich SEhe es genauso (.) **feindselig unterwürfig** (.) aber ja
i SEE it the same way (.) **hostile submissive** (.) but yes
14 (.) ich würde **wahrSCHEINlich auf konfrontATIONskurs** gehen
(.) i would PRObably go on a **confrontATIONAL course**
(.) also **feindselig dominant**.
(.) so **hostile dominant**
- 15 (.)also (1.7) NUR so als (1.3) wie MEine erste reakTION wäre
(.) so (1.7) JUST like (1.3) how MY first reACTION would be
- 16 (1.3) also (.) **WIRKlich?**
(1.3) i mean (.) for **REAL?**

The therapist introduces the phase with “*Where would you place yourself in the Kieser Circle? What do the others say?*”, thereby eliciting a positioning of Patient 3 and the whole group. P3 classifies herself as hostile and submissive in the Kiesler circle, thereby evaluating her own behaviour (evaluation practise; [Torres Cajo, 2022](#), p. 142ff.). She justifies her classification by the fact that she does not express any positioning towards the professor. She further evaluates her behaviour because she is not entirely passive either (attribution practise; [Torres Cajo, 2022](#), p. 108ff.). The ambivalence in her behaviour can be seen because she actually wants to come to the Zoom meeting out of a sense of duty, but *actually inside [she is] thinking (.) no*. She has come to the meeting because she is in a relationship of dependency with the professor and wants to make her service possible, which represents a categorical classification through the institutional context at the university (professor vs. assistant) and constitutes the core of the conflict: She wants to position herself towards him, but cannot due to the dominant relations of power.

P2 then takes another positioning of P3 by confirming her classification as hostile and submissive (evaluation practise; [Torres Cajo, 2022](#), p. 142ff.) and then suggests what she would do, which is probably to go confrontational, and classifies her affect as hostile-dominant, thereby evaluating her hypothetical behaviour (evaluation practise; [Torres Cajo, 2022](#), p. 142ff.). Patient 2 concludes her utterance with *I mean for real?*, thus repeatedly referring to the professor’s salutation and verbal behaviour and again expressing her negative evaluation. Such positioning, which evaluates the professor or his behaviour, is found numerous times in this conversation, such as the title-giving *because he was disgusting*. In this way, the whole group opposes the professor and supports the patient, which has group identity-forming and relationship-constituting functions ([Deppermann and Schmidt, 2003](#), p. 25ff.).

The therapist ratifies P3’s positioning by repeating her explanation, through which the therapist implicitly agrees with P3. In this way, she supports the patient in classifying her behaviour in the Kiesler circle and thus lays an important milestone in the process of change. The positionings here serve to establish an actual state; the patient should recognise and discuss how she has behaved verbally in order to define a desired state in the next steps, which forms the basis for the joint project of message formulation. The actual state can then be compared with a target state, namely, writing a dominant message to the professor and setting a boundary.

3.3 Formulation phase

The formulation phase is the phase in messenger-supported group psychotherapy in which the patients collaboratively formulate a response to the person from the conflict situation. In this phase, a text message is created that can be sent to the corresponding person at the end of the session. During this phase, numerous positionings can be found that refer either to a formulation suggestion or a behaviour, which are presented in the example of the Excerpt 3.

Excerpt 4 (44:01–44:52)—Formulation phase

- 01 P2: (0.99) ich WÜnsche mir (0.26) ja:
(0.99) i WISH (0.26) yes:
- 02 (0.34) dass sie mich nicht meh:r so:
(1.28) hh° unre aso (0.58) pff (1.54) mmmh
<<creaky>> (0.62) so:= tittulieren oda=
und irgendw ja:
(0.34) that you wouldn’t titullate me
anymore like this: (1.28) hh° unre aso
(0.58) pff (1.54) mmmh <<creaky>> (0.62)
like this:= and anyway yes: (.)
- 03 (.) kann ich das nich (0.25) richtig
ausdrücken= aba °hhh (1.53) ähm (1.22)
i can’t express this (0.25) properly= but
°hhh (1.53) um (1.22)
- 04 T: hnhm (5.4) was sagen sie frau patientin_3
hnhm (5.4) was what do you think mrs.
patientin_3
- 05 P3: (0.34) mhm (3.10) °h ich weiß es nicht ob
ich überhaupt n wunsch äußern würde an dem
[punkt] h°
(0.34) mhm (3.10) °h I don’t know if I would
even express a wish at that [point] h°
- 06 P1: [mmh] würd ich au nicht machn <<leise>>
<<creaky>>
[mmh] i wouldn’t do that either
<<quietly>> <<creaky>>
- 07 P3: ((lacht))
((laughs))
- 08 T: °h ich ich (0.37) frag mich grade ob der
WÜnsch so bisschen vorsichtig ist was wären
des KLArere des [dominantere:],
°h i i (0.37) was just wondering if the Wish
was a little bit careful what would be the
CLEarer the more [dominant:],
- 09 P3: [hnhm] (0.25) ah ich würd sagen (.) ich
erwarte von ihnen (0.33)
[hnhm] (0.25) ah i would say (.) i expect
from you (0.33)
- 10 T: hnhm (.) ne erWARTung (0.40) JA!
hnhm (.) an exPEctation (0.40) YES!
- 11 P3: aso (0.43) h° ich erwarte von ihnen= dass
sie mich ähm mit meinem NAMen ansprechen?
soo (0.43) h° I expect you= to address me
um with my name?
- 12 T: (0.33)GANZ konkre:t;
(0.33)ComPLETely concrete;

The context here is the writing of the message part, which is about the lack of verbalisation of P3’s positioning to the salutation. P2 proposes the formulation *I WISH (0.26) yes: (0.34) that you wouldn’t tittulate me like that*. P3 then expresses her dispreference through an *I don’t know* construction and positions herself, rejecting P2’s suggestion (cf. [Helmer et al., 2016](#); [Helmer and Deppermann, 2017](#)). P3 has established in the wish formulation phase that she wants to write a dominant and boundary-setting message. Thus, the wish does not fit her goals, which causes P3 to make a categorical evaluation

of the positioning (categorisation practise; Torres Cajo, 2022, p. 70ff.). P1 follows this through *i wouldn't do that either*. The therapist responds to this categorisation and attributes the property carefully to the wish (attribution practise; Torres Cajo, 2022, p. 108ff.) and requests the category with more dominant properties. P3 then reformulates the wish into an expectation, which the therapist evaluates as an adequate formulation by saying YES (0.40) (evaluation practise; Torres Cajo, 2022, p. 142ff.). The patient then formulates a new sentence for the text message, which is evaluated as completely concrete by the therapist.

Here, the positionings serve the joint project, namely the writing of a message to the professor that is oriented towards the patient's wishes. In this way, proactive help is provided, the situation is worked through, and the patient is helped to increase her agency.

In a constant process of formulating text components as well as their acceptance, rejection, and reformulation, a draught message to the professor is created, which is oriented towards the wishes and goals established by Patient 3. The message is as follows:

"Dear Professor xy,
I consider the way of greeting inappropriate and disrespectful.
I expect you to address me by my name.
Hoping for a constructive Zoom meeting.
Until then,
best regards,
First name Last name Signature"

In the draught message, the patient positions herself in relation to the professor's inadequate form of address. She evaluates it as *inappropriate and disrespectful*, thus making up for her initial passivity and lack of reaction to the message. The evaluation with a corrective function is followed by a verbalised expectation with a limit-setting function. The professor is urged to address the patient only by her name in the future.

In response to the therapist's question about the evaluation of the message, Patient 3 answers: (1.44) *mmh* (1.05) *yes* (1.46) *good*; (1.16) *yes: in any case uh much better than uh (.) than being silent yes;= and I think that also sets another uh* (1.61) *uh hhh° ne another f form of uh* (2.59) *yes: of uh boundary and uh* (1.22) (52:24–52:48). The many hesitation signals, pauses and reformulations are striking in this utterance. These can be interpreted as reflection markers (cf. Gilquin, 2008, p. 120): P3 is in the process of feeling into herself and perceiving the transformation, which is supported by the various affirmations of the good feeling and the changed state (*yes, good, much better*). P3 is, therefore, reflecting and evaluating the current state in comparison to the initial state.

Patient 3 prefers the message to her silence and sees the response as setting a boundary, i.e., her goal of writing a dominant and boundary-setting message has been achieved. In the subsequent final phase of the conversation, the patients make it explicit that they have all learned something from this situation analysis.

Through the collaborative conception of this message draught, the group has co-constructed a counternarrative to Patient 3's actual response. In the protected setting of messenger-supported group psychotherapy, the situation can be re-enacted. Namely,

the interactants pretend to write to the professor and rebuke him for his misbehaviour through the positioning. Through the support of the group and experimentation with different formulations, the stressful situation can be hypothetically worked through, co-constructing change in relationship and agency. This is because the patients not only have a changed possibility of a reaction, i.e., increased agency, but can also fall back on the solution path of this interaction situation and rely on the solidarity of the group. Therefore, transformation can be observed here on different levels: Transformation here concerns the response, the reaction, the ability to act, and the relationship to the group through the clear identification of a person in the outgroup, i.e., through the expression of positioning. The transformation also concerns the manageability of the conflict from "being alone with the problem" to "solving it together". Through the exploration of the transformation and its authentic reporting, it can be concluded that a psychological change has taken place as a result of re-enacting the conflict.

4 Conclusion

The patients in eSA group psychotherapy use different practises for positioning. Categorisation, evaluation, attribution, narrative, and authentication practises could be identified. With regard to the different phases of the conversation, the positioning practises differ from each other: In the phase of describing the situation, categorisation, attribution, and narrative practises can be identified. This phase is characterised by the exchange of knowledge between the interactants. Here, the positionings primarily serve to classify the conflict and to describe the relationship to the other person. The phase of classifying one's own behaviour in the Kiesler circle is predominantly characterised by evaluation practises: The patient's behaviour is evaluated by means of given adjectives and verified by the group, which functions to raise awareness of one's own behaviour. Here, the patients are supposed to define an actual state before they formulate goals and wishes about their own behaviour, which is the basic component for the change of (maladaptive) behaviour. The formulation phase also mainly involves evaluation practises and refers to the formulation suggestions or the behaviour of the professor. The group successively formulates and reformulates text element by text element. In this process, the interactants are guided by the previously established goals and wishes of the patient concerned. The evaluative activities that refer to the professor's behaviour can be differentiated according to whether they remain internal to the group or are to be included in the message. This is because they also differ from each other functionally: Intra-group evaluations express solidarity with the patient and are thus group identity and relationship constituting. Evaluations in the message have the function of setting a limit to the professor and confronting his behaviour. In this way, these evaluations help patients to verbalise themselves and increase agency.

Relationship management in eSA group psychotherapy can, thus, be observed on the following different levels: (1) among the interactants in the room through the help provided in the form of solidarity and the formulation suggestions and (2) with the persons

from the chat messages through the working on the common conflict. The patients can send text messages together with the positioning they contain and process the conflict in this way. The third level concerns the relationship between the patient(s) and the therapist. The therapist, by institutional format, takes a leading role in the interaction and provides the space for group formation and relationship building through the therapy concept and the specific successive steps. She moderates the group through all phases of conversation; she agrees, expresses compassion and intervenes. In addition, through her initial and tone-setting positioning towards the presented conflict, she enables the other patients to take further (sometimes extreme) positions, such as “because he was disGusting”. The therapist supports P3 in classifying her behaviour in the Kiesler circle and thus sets a decisive milestone in the process of change: By becoming aware of an actual state and comparing it with a target state, change can be recorded in the first place. Through her final questioning, she supports the patient in noticing the transformation she has achieved. In addition, she intervenes for the purpose of formulating an adequate—in the sense of ‘matching the patient’s goals’—message, thereby providing proactive help. Through this work on common goals, she contributes significantly to the therapeutic alliance.

The interactants position themselves through evaluative adjectives, predication, laughter, or questions. In doing so, they refer to categorical characteristics of the conflict situation, evaluate their own behaviour or the behaviour of the professor, and formulate suggestions. Through positioning, implemented in narratives, interactants indicate how they relate to the persons in the messages and how they evaluate their behaviour. Such evaluations are perceived and understood by the interactants, so that in this way the possibility of expressing solidarity arises. By expressing solidarity in positionings, the group supports the patient, which contributes to the constitution of relationships and the formation of group identity. Furthermore, positionings are central in the collaborative formulation of a message. Because through them, formulation suggestions are accepted, rejected or reformulated. In this way, the interactants actively provide help.

With regard to transforming relations, the following can be concluded: A sense of unity develops between the group members, which is triggered by the distancing from the professor, i.e., “us against the professor”. The affected patient thus no longer feels alone with her problem. She is supported by the whole group. Furthermore, the whole group benefits from the exercise of solving a conflict in written form. This is because all those involved in the formulation can also refer back to the solution outside the session, so that their relationship to conflictual situations can change due to the increased ability to act. In addition, the conflict can be worked through in the various phases of group therapy, so that their attitude and feelings towards the conflict can also change as a result. Through the collaborative processing of the conflict, the solidarity of the group, and a concrete solution (including the way to it), the patient is supported in messenger-supported group psychotherapy to increase her ability to act.

In relation to the transference hypothesis of CBASP, it can also be stated that the patient’s painful experience is consciously repeated in group psychotherapy, but with a different authority this time, namely the therapist. By re-enacting the painful experience in a new setting, the patient realises that

different people can react differently in the same situation. The expectation of the transference hypothesis, namely that the difficult situation will also be repeated with other people or authorities, does not occur, so that the negative old experience can be overwritten by the positive new experience in therapy.

The eSA is thus an innovative psychotherapeutic format at the interface of therapy and writing counselling, through which knowledge is generated, relationships are shaped, and in this way, change is co-constructed. People with depression learn in eSA group psychotherapy to deal with other people in a more self-determined way and to experience new (positive) relationships.

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Ethics statement

The studies involving humans were approved by Ethics Committee of the LMU Munich. The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation in this study was provided by the participants’ legal guardians/next of kin. Written informed consent was obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

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Resisting wh-questions in business coaching

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Introduction: This study investigates clients' resisting practices when reacting to business coaches' wh-questions. Neither the sequential organization of questions nor client resistance to questions have yet been (thoroughly) investigated for this helping professional format. Client resistance is understood as a sequentially structured, locally emerging practice that may be accomplished in more passive or active forms, that in some way withdraw from, oppose, withstand or circumvent various interactional constraints (e.g., topical, epistemic, deontic, affective) set up by the coach's question.

Procedure and methods: Drawing on a corpus of systemic, solution-oriented business coaching processes and applying Conversation Analysis (CA), the following research questions are addressed: How do clients display resistance to answering coaches' wh-questions? How might these resistive actions be positioned along a passive/active, implicit/explicit or withdrawing/opposing continuum? Are certain linguistic/interactional features commonly used to accomplish resistance?

Results and discussion: The analysis of four dyadic coaching processes with a total of eleven sessions found various forms of client resistance on the active-passive continuum, though the more explicit, active, and agentive forms are at the center of our analysis. According to the existing resistance 'action terminology' (*moving away* vs. *moving against*), *moving against* or 'opposing' included 'refusing to answer', 'complaining' and 'disagreeing with the question's agenda and presuppositions'. However, alongside this, the analysis evinced clients' refocusing practices to actively (and sometimes productively) transform or deviate the course of action; a category which we have termed *moving around*.

KEYWORDS

business coaching, wh-questioning sequences, resistive actions, clients' resisting, conversation analysis

1 Introduction

Resisting behavior by clients has received considerable attention in research on psychoanalysis, psychotherapy and beyond (see Fenner et al., 2022 for a recent overview). In psychological discussions, client resistance is framed as an inner or mental phenomenon. It functions as a pertinent feature of the therapeutic process which, while indicating non-complying, opposing or avoiding behavior on the clients' side, represents an important window to clients' therapy-relevant thinking and feeling. As such, it should be treated productively as an instrument to work with clients, rather than against them (Safran and Muran, 1996). A growing body of conversation analytic/CA-based research on helping professions (e.g., psychotherapy, counseling) conceptualizes resisting as an interactional

phenomenon. Thus, resistance is not an inherent feature of clients, but rather a joint construction between helping professionals and help seekers as they orient to interactional norms and constraints (Muntigl, 2013, 2023, p. 254; see, e.g., Keselman et al., 2018 for therapy; e.g. Peräkylä, 1995; Silverman, 1997 for counseling; or West, 2021 for supervision). The identification and management of resistance as a mental process is thereby considered as embedded in the practices of managing interactional resistance in the process of psychotherapy or other formats (Yao and Ma, 2017, p. 217).

Within CA (and ethnomethodology), resistance is given different conceptualizations that range from ‘narrow’ to ‘broad’ (see Humă, 2023). For example, whereas more narrow descriptions equate resistance with dispreferred actions, such as disagreeing with assessments or refusing requests, that essentially inhibit the progressivity of the sequence (Craven and Potter, 2010), broader conceptualizations see resistance as going ‘beyond the sequence’ to include social and moral aspects (Joyce, 2022). For our study, we adopt a middle ground by viewing resistance as actions that in some way withdraw from, circumvent, or oppose various interactional constraints set up by a prior action (Muntigl, 2013, 2023). These constraints not only involve some requirement to match the design preference indexed in the prior action (e.g., a polar interrogative inviting a *yes* response), but also to the prior topical agenda and different stances (i.e., epistemic, deontic, affective). Thus, a resistive action may orient to one or many of these features / constraints. The current study builds on a body of CA-based research in questioning sequences (Hutchby, 2002; MacMartin, 2008; Muntigl and Choi, 2010; Yao and Ma, 2017), by examining resisting actions in a previously unexplored setting: business coaching. It aims to shed light on clients’ resistive responses to professionals’ wh-questions in systemic-solution oriented business coaching interactions.

From a CA perspective, both systemic solution-oriented business coaching as well as resisting actions (in wh-questioning sequences) in coaching represent novel research foci. Coaching is a helping intervention of intermediate length that transpires, face-to-face or online, in dyadic sessions of one or two hours between a professionally trained coach and a mentally healthy client. Business coaching is a learning and development format that addresses clients’ work-related concerns from a holistic perspective (Greif, 2008; Graf, 2019; Schermuly, 2019). While many different coaching approaches exist, systemic solution-oriented coaching is most widely practiced across the German-speaking coaching market (Middendorf and Salomon, 2017). It is conceptualized as “a co-active, person-centered, process-oriented and solution-focused form of organizational intervention that aims to support clients’ striving toward self-awareness, self-reflexivity and self-regulation (in an organizational context)” (Graf, 2019, p. 25). There is a relatively recent shift in coaching outcome research from proving its overall effectiveness in the context of common success factors, in particular the working alliance (Schermuly, 2019; Molyn et al., 2022), to critically reflecting its negative side effects (see Graf and Dionne, 2021). The quality of the coach-client bond and a possible resistance in or rupture of this working alliance seems to notably influence the emergence and degree of negative side effects in coaching (Ehrenthal et al., 2020, p. 492; see also Schermuly, 2018; Schermuly and Graßmann, 2019; Graßmann et al., 2020). Although Schermuly (2019), among others, discussed them as naturally occurring phenomena in interaction, resistance and ruptures have so far only been investigated via interview data or

questionnaires. In contrast, resisting in coaching as locally emerging, sequentially organized phenomena has so far received little empirical attention. To the best of our knowledge, only two CA-based research papers exist, Sator and Graf (2014) and Winkler (2022).

This study addresses this research gap by further investigating clients’ resisting in coaching conversations. More specifically, we focus on how clients display resistance when responding to coaches’ wh-questions as a locally emerging sequentially structured phenomenon. The motivation underlying this focus is twofold. First, based on insights from a current research project on questioning sequences in coaching (Graf et al., 2023), questions are a prolific intervention in coaching.¹ What is more, wh-questions are frequent in business coaching interactions.² By virtue of their less constricting character, wh-questions allow for a variety of responses to emerge in second position. The following research questions guide our analysis: How do clients in coaching display resistance to answering coaches’ wh-questions? How might these resistive actions be positioned along a passive/active or withdrawing/opposing continuum? Are certain linguistic/interactional features commonly used to accomplish resistance? While we focus more on second positions, i.e., clients’ reactions to coaches’ wh-questions, we also look at third turns and beyond to show how coaches orient to clients’ responses as *resisting*.

2 Resisting in interaction

Our approach to resistance is in concert with Humă et al. (2023), who view this phenomenon as an interactional accomplishment. Humă (2023) has identified varying, yet related conceptualizations of resistance with respect to a *narrow* vs. *broad* focus. For our paper, we adopt a view of resistance that lies within this narrow-broad continuum (Glenn, 2003; Muntigl, 2013, 2023; Berger et al., 2016). In our view, resistive responses are taken as actions that contest or avoid the production of an affiliative or aligning response in various ways. Thus, it is not only disagreement, refusal, ‘not answering’ that would count as resistance, but also actions that misalign with a prior speaker’s stance (affective, deontic, epistemic) and delay, defer, or block the trajectory of a certain course of action or interactional project.

One of the central concepts in CA that has gained a lot of currency in explicating resistance is termed *preference organization* (Schegloff, 2007). In responding to a prior action, for example, preference may be characterized as non-equivalent options within a sequence (*preferred* or *dispreferred*) (Schegloff, 2007, p. 58). Preferred responses are generally produced without delay and are ‘pro-social’ in function, often indexing some form of ‘agreement’ or ‘compliance’ with the prior, initiating action (Schegloff, 2007; Pomerantz and Heritage,

1 In the entire QueSCo project data (see below), we identified 3,023 question and questioning sequences across 14 coaching processes and 50 sessions with questions amounting to 16% and questioning sequences amounting to 83% of the entire transcribed data.

2 In a sample of 9 different processes (27 sessions) from the QueSCo project data (see below), and from a total number of 1,914 questions asked by coaches, 1,018 are wh-questions. This amounts to 53.2%, while the remaining 46.8% are distributed among polar interrogative questions, alternative questions, and declarative questions.

2013). Dispreferred responses, on the other hand, are generally *delayed* in their production, signaling a form of disagreement or non-compliance. Dispreferred actions are also *disaffiliative*, which means that they do not work pro-socially and, thus, do not match the projected preference or the affective stance of the prior action (Stivers et al., 2011). Disaffiliation may broadly be seen as a form of non-cooperation with what a prior action is seeking to accomplish, such as disagreeing with a prior assessment, declining a request or not answering a question (Levinson, 1983; Heritage, 1984). Research has shown that dispreferred responses tend to come with certain interaction features, e.g., delaying the production of the response, using mitigating terms, elaborating through accounts, other-initiating repair or using 'contrastive' terms (Schegloff, 2007).

Disaffiliation, because it does not offer the 'preferred' next action, may be viewed as a form of *resistance*. Here, resistance does not refer to psychotherapy notions involving someone's conscious or unconscious intentions, but rather to interactional practices that do not support or cooperate with prior action, by not producing an agreement, acceptance, answering the question, and so on. A related term, *disalignment*, also plays an important part in resisting. It refers to actions or conduct that do not move the sequence forward (toward completion) or in some way impede the interactional project underway (Stivers et al., 2011; Steensig, 2020). For example, not taking up a respondent role of 'empathizer' to someone telling their trouble would be misaligning because it does not further troubles talk. Not answering a question is also misaligning because the project embodied in the question is momentarily placed on hold. In general, resistance has been viewed as actions or responses that are non-conforming (Stivers and Hayashi, 2010), by not aligning with preferences, topical agendas or stances (epistemic, deontic and affective) and disconfirming presuppositions (see Heritage, 2010).

Resistance has, in the literature, also been viewed in terms of interactional tendencies such as *passive* vs. *active*, which relates specifically to either stalling or directly suspending the progressivity of the interaction (see Joyce, 2022). Eubanks et al. (2015), working within the domain of psychotherapy, conceptualize resistance instead as *moving away* vs. *moving against* (see also Muntigl, 2023). We prefer this conceptualization because we feel it better captures the *action-orientation* of resisting. Whereas moving away may be more or less equated with *withdrawing*, moving against can be seen as a form of *building opposition* (Goodwin, 1990). A range of withdrawing practices have been identified in psychotherapy interaction: Withholding from responding, acknowledging/weakly conceding, displaying reluctance, denying relevance or validity of someone's claim. Moving against, on the other hand, is associated with explicit oppositional actions that work to forcefully challenge the constraints of the prior action. Some examples include rejection / disagreement, blame and criticism (see Muntigl, 2023 for a discussion of these forms of resistance in psychotherapy).

3 (Resisting in) Questioning sequences

In view of the considerable amount of conversation analytic (or CA-inspired) research on question-answer sequences (e.g., Raymond, 2003; Steensig and Drew, 2008; Tracy and Robles, 2009; and, more recently, Stivers, 2022), little is to be found with a main focus on describing sequences initiated by wh-questions and the types of

responses which accompany them, both in mundane or institutional settings such as helping professions. Considering that wh-questions can be implemented in a manner that is less constraining as well as inviting of longer responses (see below), this type of question seems particularly fruitful for (self-)reflection and the co-construction of transformation and change (see Köller, 2004, p. 662), endemic goals across helping professions. Accordingly, the present work contributes to filling this research gap by looking at wh-sequences and systematically describing practices of resistance to answering in the institutional context of business coaching as a helping profession (Graf and Spranz-Fogasy, 2018). In this section, we first review general characteristics of questions, then zoom in on the form of questions under study here, namely wh-questions, before describing established resisting practices associated with this type of question.

3.1 Questions

As Hayano (2013, pp. 395–396) states, “questions are a powerful tool to control interaction: they pressure recipients for response, impose presuppositions, agendas and preferences, and implement various initiating actions.” Indeed, as initiating actions questions make answers (or, at the very least, some type of response) conditionally relevant (Schegloff, 2007). In asking them, speakers communicate their assumptions or presuppositions and these, in turn, may be corrected by the recipient with varying consequences for the progressivity of the sequence (Stivers and Robinson, 2006). Clayman and Heritage speak of presuppositions’ “depth of embeddedness” (Clayman and Heritage, 2002, p. 204): if it is impossible for recipients to refute the assumptions contained in the question while still answering, one might speak of deeply embedded presuppositions. Here, recipients must decide whether to ‘simply answer’ and thus accept the presuppositional content of the question, or to modify or reject them, but in doing so avoid answering the question as it was stated (Hayano, 2013, p. 402; see also ‘transformative answers’ by Stivers and Hayashi, 2010). Beyond conveying presuppositions, questions also set both a topical and an action agenda, which convey certain preferences as to what the response should do and contain, as well as how broad or precise the response to the question might be (cf. Clayman and Heritage, 2002; Hayano, 2013, p. 403). Specific question forms also contain preferences regarding how they should be formulated: among others, there is a preference for answers (vs. non-answers such as no-access claims, or a lack of reaction altogether; cf. Stivers and Robinson, 2006; Hayano, 2013, p. 404) and one for type-conformity (vs. non-conformity; cf. Raymond, 2003; Hayano, 2013, p. 407).

3.2 Wh-questions

In light of the breadth of the phenomenon “question-answer sequence,” we focus on one specific form, namely wh-questions. Following Couper-Kuhlen and Selting, we define wh-questions as interrogatively marked utterances which make use of ‘question words’ to request specific kinds of information: the who, what, when, where, how and why of a given situation or state of affairs” (Couper-Kuhlen and Selting, 2018, p. 20). Wh-questions are accordingly most frequently heard as requesting information from a lower epistemic stance (K-) perspective (Yoon, 2010; Heritage, 2012; see also Couper-Kuhlen and Selting, 2018, p. 221) and as such make the delivering of

the sought-after information in an answer relevant. Within this relevance constraint, wh-questions are characterized by a general open-endedness as regards answer possibilities, which may be modified by using prefaces (Clayman and Heritage, 2002, p. 201). A major feature of wh-questions is their propitiousness for deeply embedded presuppositions (*ibid.*, p. 206). According to MacMartin (2008), this last feature makes them a particularly thought-provoking intervention in helping interactions. However, little research has been done so far focusing on wh-questions and questioning sequences in these (institutional) contexts.

In psychotherapy, MacMartin (2008) investigated optimistic questions, defined as wh-interrogatives that “prefer answers from clients that affirmed their agency, competence, resilience, abilities, achievements, or some combination thereof” (MacMartin, 2008, p. 82). Though designed to secure client cooperation, MacMartin found client disaffiliation with the optimistic agenda remained a possibility (see below). Mack and colleagues, in 2016, published an investigation of verb-first and wh-questions occurring in four German-speaking first psychotherapeutic interactions. Exploring whether questions may fulfill the same four functions that formulations do (see Weiste and Peräkylä, 2013), they found wh-question forms to do mostly highlighting and rephrasing actions. Beyond this, Mack and colleagues’ study also found two other functions of questions: collaborative explanation-finding questions (Mack et al., 2016, p. 86) and solution-oriented questions (*ibid.*, p. 81). While the former made use of both types of interrogative syntax, the latter was mostly designed using wh-questions. Kabatnik et al. (2019) also focused on solution-oriented questions and found that clients’ responses were mostly dispreferred or insufficient.

As already indicated above, (wh-)questions in coaching have remained largely unexplored from a CA perspective, with only a few studies reporting on comparative findings between coaching and psychotherapy (e.g., Spranz-Fogasy et al., 2019 with example requests; Kabatnik and Graf, 2021 with solution-oriented questions). This existing research has not yet focused on the format of the question, but rather investigates particular (functional) question types and their interaction-specific sequential development following Peräkylä’s (2019) model of transformative sequences.

3.3 Resisting in the context of wh-questioning sequences

Thompson et al. (2015) provide a systematic examination of the breadth of possible linguistic forms which occur in recipient turns to wh-questions from a discourse-functional/interactional linguistic perspective. Basing their findings on mundane interactions occurring in English, they distinguish two types of wh-questions that set different kind of relevancies: “Specifying Questions seek single, specific pieces of information. Telling Questions, on the other hand, seek extended responses – reports, stories, accounts, explanations, and so on” (Thompson et al., 2015, p. 20). On this basis, they identify three response types for wh-questions: phrasal responses, expanded clausal responses, and unrelated clausal responses, which in their morpho-syntactic form index problems with the initial question, e.g., expanded clausal responses to Specifying questions.

While Thompson, Fox and Couper-Kuhlen provide an overview of the grammatical forms that responses to wh-questions may take, MacMartin (2008) offers further insights into responses to optimistic (wh-)questions indicating trouble in psychotherapy sessions. She

investigates the strategies used to resist and thus disalign and disaffiliate with the optimistic agendas contained in wh-questions (made difficult by the presuppositions’ depth of embeddedness) and distinguishes two main types of resisting responses: answer-like and non-answers. Answer-like responses include optimism downgraders, joking or sarcastic responses, and refocusing responses, which move the focus away either from the optimistic dimension or attribute it to external factors. Non-answers represent more explicit forms of resisting and disaffiliating in that clients openly position themselves as unable or unwilling to engage with the optimistic agenda of the questions (MacMartin, 2008, p. 89) via complaining, or refusing to cooperate with elements of the question, e.g., some presuppositions.

In the context of coaching, Sator and Graf (2014) tackle resistance in connection with knowledge management and more specifically, with (dis-)aligning forms of client participation in (re-)structuring knowledge within question-answer sequences. Their analysis focusses on one coaching session and investigates both the thematic contexts of the client’s resistance as well as the sequential organization of interactional trouble. Winkler (2022) explores ‘semi-responsive answers’ to all types of questions. The study applies a (CA-based) coding scheme for (semi-)responsive answers following criteria pertaining to the topical dimension (e.g., topical shifts and expansions to additional topics, topical narrowings, refusing to engage with the agenda) and formal dimension (e.g., shifts in perspectivation and verb tense as well as use of mitigating strategies) (Winkler, 2022, pp. 159ff). The focus of the analysis lies on degrees of responsiveness in client answers as well as on categorizing coaches’ reactions to these in third positions.

Previous research has centered on resistance in the context of a particular (thematic-functional) question type and within question-answer sequences in general. Though categories for semi-responsiveness have been introduced by Winkler (2022) and MacMartin has distinguished dis-aligning / dis-affiliative responses to wh-questions, no systematic conversation analytic investigation of resistive answers to wh-questions has so far been carried out for business coaching. In our contribution, we build on previous findings but describe the variety and extent of resisting in recipient turns, thereby paying attention to interactional tendencies on the passive vs. active or ‘moving away’ vs. ‘moving against’ spectrum previously identified in other helping formats.

4 Data and methods

4.1 Data

The data for this study stem from a larger corpus of systemic-solution oriented business coaching interactions that were collected between 2021 and, 2023 for the international and interdisciplinary research project *Questioning Sequences in Coaching* (QueSCo–Questioning Sequences in Coaching, 2023).³ The coaching processes

³ Questioning Sequences in Coaching (I 4990-G) is funded by the Austrian Science Fund (FWF), the German Research Foundation (DFG) and the Swiss National Research Foundation (SNF) and runs from 2021 to 2024. The project aims to shed light on the nature of questioning sequences in business coaching as well as their change-inducing potential, combining linguistic and psychological perspectives and using mixed-methods to do so. More

were audio- and video-recorded by the coaches and subsequently minimally transcribed following cGAT2 conventions (Schmidt et al., 2016). The extracts included here were then adapted to reflect conversation analytic conventions (e.g., Hepburn and Bolden, 2013).

For the present study, we randomly selected four dyadic coaching processes with two to three sessions each, which amount to approximately 13 h of coaching interaction. The dyads include different coaches and clients; the first process, CO3-KL1, takes place between a female coach and a female client; the second, CO7-KL1, occurs between a male coach and a female client; the third process, CO9-KL1, has a male coach and a male client; finally, the fourth process, CO10-KL1 involves a female coach and a male client. Whereas CO3-KL1 and CO10-KL1 occurred in face-to-face setting, both CO7-KL1 and CO9-KL1 took place online. Though the coaches all work within the systemic solution-oriented approach, their procedure displays idiosyncratic features. The variation of the data aims to demonstrate that clients' resisting practices are not specific to particular coaching approaches and relationships, but can be identified across different processes.

4.2 Method

For the purpose of this study, we drew on the methods of Conversation Analysis (CA). CA aims "to identify structures that underlie social interaction," and thus to detail "the intertwined construction of practices, actions, activities, and the overall structure of interactions" (Stivers and Sidnell, 2013, p. 2). This is based on the ethnomethodological premise that participants share practices of reasoning that they use to make sense of each other's actions, and because these practices are enacted in conversation, they can thus be systematically described (Heritage, 2001). To do so, conversation analysts look at sequences of talk to determine how participants accomplish actions, convey meaning, and display understanding both from an initiating and recipient perspective. Accordingly, a speaker who initiates an action such as a request for information can be understood as doing so on the basis of a shared common-sense knowledge of what a request for information 'is' and 'does'; the recipient, in turn, will show their understanding of the speaker performing this action by, for example, providing the sought-after information made relevant by the initial request. In cases in which recipients do not orient to the initial speaker's talk as requesting information, repair might be initiated by the latter to re-establish a mutual understanding—i.e., intersubjectivity—of what is currently being pursued in the conversation (see, e.g., Kitzinger, 2013). All in all, this means that knowledge and understanding but also social relations are co-constructed and indeed updated on a turn-by-turn basis in conversations through the participants' mutual orientation.

On this basis, CA has gained particular ground in the field of helping interactions as it enables the tracking of change as it develops through the means of sequential analysis. Indeed, as Peräkylä (2019, p. 267) convincingly argues, transformation can be documented within sequences, as referents, emotions, and relationships are

updated turn-by-turn and by the same move modified to some extent by the speakers. Close sequential analysis, then, can illuminate the process through which ways of thinking and feeling about actions, events etc. are changed, new knowledge is shared and acquired, and relationships are negotiated and nurtured (*ibid.*). In the same way, ambivalence and difficulty in these tasks can be observed by looking at sequences of talk in which the recipient resists some or all aspects made relevant by the initiating action (see, e.g., Voutilainen et al., 2011 and various works by Muntigl et al. on psychotherapeutic interactions). Uncovering the practices through which such resistance is manifested is an endeavor which we undertake here in the context of coaching interactions.

4.3 Procedure

The first step consisted of gathering all questioning sequences with interactional trouble (in the sense of sequences with dis-/misaligning and/or disaffiliating reactions) in the clients' responding turns from the transcripts and the recordings of all selected sessions. As the data used for this study was collected for the project *Questioning Sequences in Coaching*, questioning sequences had already been determined. The first round of analysis led to a discussion as to what may be considered 'resisting' in coaching, taking prior work on resistance (in questioning sequences and in other professional formats) but also the specificity of the interaction into account. Considering the wide array of possibilities these questions offer to clients for responding, the focus on wh-questions was established.

In a next step, wh-questioning sequences which displayed similar resistive actions in the second pair part (e.g., remaining silent, modifying question's terms or invalidating the coach's course of action through a limitation of agreement) were grouped into preliminary categories thereby inductively carving out relevant (categorization) criteria and features for resistive responses in coaching. These criteria were then used to re-analyze the entire data in a second round of identification: all sequences initiated with wh-questions in the four selected processes were again systematically verified for these markers of resistance. This yielded a collection of 82 wh-questioning sequences containing all practices of resistance on the active/passive or explicit/implicit continuum; this also included 'no response', 'minimal acknowledgement', 'initiating (other-)repair' and 'accounting (for not answering)', which function as 'moving away' or 'withdrawing' practices. However, since these phenomena have already been dealt with extensively in existing conversation analytic literature (see Muntigl, 2023 or Humă et al., 2023 for a recent overview), they will not be further discussed in the present work. Table 1 presents the distribution of the all resistive sequences according to the coaching process and session.

The following section presents the results of our analysis of the remaining wh-sequences, detailing their distinct features and illustrating these with examples.

5 Findings

Overall, we found that a large majority of sequences initiated by a wh-question in our data (indeed 219 out of a total of 303

information regarding the corpus and project can be found on the official project website: <https://questions-in-coaching.aau.at/en/>.

TABLE 1 Distribution of sequences displaying client resisting actions across processes and sessions.

Process	Session 1	Session 2	Session 3	Total
CO3-CL1	12	10	7	29
CO7-CL1	5	5	9	19
CO9-CL1	6	2	3	11
CO10-CL1	14	9	<i>n.a.</i>	23
All processes				82

TABLE 2 Distribution of instances for each resistive reaction (sub-) category.

Type	CO3	CO7	CO9	CO10	Total
Moving against/Opposing					
Refusing to answer	0	0	0	1	1*
Complaining	0	2	0	0	2*
Disagreeing with question's agendas and presuppositions	3	2	3	1	9
Moving around / Refocusing					
Not answering and refocusing	1	1	0	4	6
(Partial) answering but refocusing	2	3	2	1	8
Total	6	8	5	7	26

*Even though the number of instances for these categories is low, they (must) constitute possible forms of resistance.

wh-questioning sequences; i.e., in average approximately 73% per process) develop without clients resisting in their recipient turn; resisting occurs in about 1/5 to 1/4 of the wh-questioning sequences within an entire coaching process. Accordingly, this might showcase a tendency for affiliation by clients with their coaches, and, by the same move, strong personal engagement in their coaching project, i.e., change and development—at least in respect to this particular questioning sequence type.⁴

In the analysis of wh-sequences displaying resistance, consideration was given to the relative strength of the resistive responses in terms of whether the progressivity of the ongoing course of action was suspended or not and whether clients performed resisting while or without responding (Humă et al., 2023). We found practices that can be attributed to the previously established category of ‘moving against’ or ‘opposing’, in which clients resist or “push back

against” (Humă et al., 2023) the question constraints by overtly disagreeing with presuppositions, or the plain asking of a (wh-) question thereby (actively) opposing or blocking the smooth progression of the wh-questioning sequence. Subtypes include ‘refusing to answer’, ‘complaining’ and ‘disagreeing with the question’s agendas or presuppositions’.

However, we have also identified client practices that work to change, transform or deviate the question’s course of action in more cooperative ways, thereby establishing a middle ground between ‘moving away’ and ‘moving against’. Clients sidestep the question’s constraints, i.e., the suggested trajectory of the coach, but do not (entirely) block the progressivity of the sequence. This means that the overall coaching project may move forward regardless of the non-compliance with the suggested action. We have assigned them to a third category, i.e., ‘moving around’ or ‘refocusing’. Clients’ refocusing thereby includes circling or ‘looping’ back to the underlying problem or from inner states to external contextual factors, but also the introduction of alternative solutions or topics than those introduced by the coach. We have found instances of refocusing with or without a preceding (pro-forma / partial) answer (see Table 2 for an overview of the distribution of the number of instances for these (sub-)categories).

In our findings below, we first present examples for each of the subtypes of ‘opposing’ (organized according to decreasing displays of client resistance), and then turn our attention to the ‘refocusing’ subtypes, which constitute the categorical novelty introduced in this paper.

5.1 ‘Moving against’: opposing

‘Moving against’ in the sense of opposing (part of) the constraints contained in the wh-question is realized through three subtypes, namely ‘refusing to answer’, ‘complaining’ and ‘disagreeing with the question’s agendas and presuppositions’.

5.1.1 Refusing to answer

Unlike its non-verbal counterpart, remaining silent, which may index a disengaging (i.e., a *withdrawing*) form of resistance, a verbalized refusal to answer constitutes a strong form of explicit opposition by the client to the coach’s question and the suggested course of action embedded in the wh-question. It blocks the progressivity of the sequence and marks a possible rupture in the working alliance between coach and client (Muntigl, 2013). Extract 1 displays this form of ‘opposing’. The sequence under study follows a questioning sequence that topicalized an ideal coaching outcome to the client’s problem of being overworked. This was first met by silence and – after the coach produced various (explanatory) increments—a counter-question from the client inquiring about the coach’s knowledge of the “Serenity Prayer.” Using said prayer to structure his response, the client alludes to a wish of being able to differentiate between things that he can and cannot change (data not shown).

Since the ideal coaching outcome made relevant by the coach’s former question remains unclear, the coach follows up with the question “what does this mean for your concern” (line 1), making a connection to the client’s initial concern conditionally relevant. The

⁴ Such strong personal involvement on the part of clients was also found in Spranz-Fogasy and colleagues’s comparative study on example requests in psychotherapeutic and coaching interactions (2019). Indeed, they evinced that clients often did not need to be prompted at all by the coaches and tended to provide examples of their own volition.

EXTRACT 1 Refusing to answer.

1	CO10	↑was bedeutet des für ihr thema. (0.2) what does this mean for your concern
2	CO10	des sie: (0.3) ((druckst)) eben formuliert haben mit (0.6) that you (0.3) ((stammers)) have just formulated as (0.6)
3	CO10	ich bin am limit nich nur überstundn, sondern auch mental. i am at my limit not just overtime but also mentally
4		(24.9)
5		((klacken)) ((clacking))
6		((CO10 blättert in notizen)) ((CO10 browses notes))
7		((CO10 schreibt, 7.3s)) ((CO10 writes, 7.3s))
8		((rascheln)) ((rustling))
9		((CO10 blättert in notizen)) ((CO10 browses notes))
10	CL1	°hm (.) <u>keine</u> . (.) <u>antwort</u> .° hm (.) no (.) answer
11		(4.2)
12		((CO10 blättert in notizen, 1.58s)) ((CO10 browses notes, 1.58s))
13		((CO10 schmatzt)) ((CO10 smacks lips))
14	CO10	ich bi- >ich ich bin mir jetzt nich ganz sicher,< i a i i am not quite sure now

asking is in itself mildly disaffiliative, perhaps implying that the client has been talking off topic. Since the client does not take up speaking rights at the next transition-relevant place, the coach further explains her meaning in increments (Schegloff, 2016; lines 2–3), thus insisting on the relevance of a response by the client in relation to his previously formulated concern. Following this, an extremely long gap (24.9s) ensues in line 4, only intermittently interrupted by the coach's reviewing and completing her notes. By withholding from taking back speaking rights, she signals that she expects at least some form of engagement from the client.

The client finally produces a verbal response in the form of a short acknowledgment token, a micro-pause and an explicit refusal to engage with the question (“no answer”) (line 10). In doing so, the client fully and explicitly stops the progressivity of the course of action (Joyce, 2022), both disaligning by producing

a non-answer and disaffiliating by opposing the coach's project and disregarding her insistence for a response. Beyond this, the act of refusing to answer a question and baldly saying so is threatening to social cooperation and therefore the coach-client relationship. Another silence emerges (4.2s), with the coach consulting her notes and in which the client does not provide an account for his refusal to answer. As the coach reclaims speaking rights, her turn begins with cutoff speech and an admission of uncertainty or insecurity (line 14).⁵

⁵ Such an explicit resistive move by the client seems to derive and culminate from prior occurrences of more implicit client resistance. Prior to the sequence of Extract 1, the client had shown tendencies of refocusing to avoid talking

5.1.2 Complaining

In this subtype, clients express trouble with the wh-question by complaining. They voice some (moral) indignation or dissatisfaction *about* or *to* the coach, e.g., for asking the question in the first place or about the difficulty of the question (MacMartin, 2008) and, thus, they direct criticism toward the coach and/or coaching process. In this way, a complaint sequence gets initiated instead of answering the question. Complaints as first pair parts do not have typed second pair parts, but may be followed by, for instance, offering a remedy, denial, justification, rejection, excuses, or acceptance (Laforest, 2002; Schegloff, 2007; Couper-Kuhlen and Selting, 2018). Since complaints are potentially face-threatening and as such usually formulated indirectly, it is up to the recipient to decide whether their behavior is being reprimanded (Laforest, 2002; Pomerantz, 2021). Because clients do not orient to the question in a productive way, thereby suspending the conditional relevance of the question and blocking the progressivity of the sequence, complaining constitutes non-answering and thus a more direct form of resisting the asking of the question. In Extract 2, after having spent the

about himself (see below for refocusing; see also Fenner et al., 2022 on verbosity as a form of resistance). It is by refusing to answer a question positing a direct connection to his concern that the client's resistance becomes explicit (see also Clark et al., 1994 on the trajectory from implicit to explicit resisting). This tendency marking a trajectory from implicit to explicit resistance was not generally observed in our corpus.

first 15 min of the session on extensive problem exploration, the coach first summarizes his client's concerns and then invites her to select one of these issues as a focus for the session. This is the coach's second attempt at inviting the client to set a goal; however, at the beginning of the session the client was unable to do so. Yet again, the client expresses trouble or reluctance to select a focus by complaining.

In lines 1–2, the coach finishes a multi-turn formulation of the client's concerns supporting it via evidential markers ("that I also hear from you"). This is followed by a proposal from the coach to start thinking about a potentially helpful way forward (lines 2–6). While the coach makes use of his deontic right to suggest a subsequent action (see Jautz et al., 2023.), this is mitigated via his offer of support ("maybe together with me"). He immediately follows up on his request with a wh-question asking the client to select a suitable goal for their session ("what would maybe now be useful for this session").

After a 2.2s turn-initial delay, the client breathes in audibly before uttering her complaint (in line 8), which teasingly expresses her dissatisfaction with her role as questionee, i.e., about being "forced into a discursive role" (Muntigl, 2023, p. 293) and the "requirements or constraints placed upon [her] mode of conduct" (*ibid.*, p. 292). The use of the adverb "again" constructs this as a repeated activity. Her assertive utterance, which functions as a non-answer, is followed by a question tag "right" inviting agreement. Since complaints threaten social cooperation (Laforest, 2002), the client then produces acknowledgement tokens (line 9) suggesting reflection and, after a 1.3s gap in line 11, starts giggling. In doing so, she signals that her complaint should be understood as a joke,

EXTRACT 2 Complaining.

1	CO7	und es gibt persönliche them die ich da auch höre <i>and there are personal temas that i also hear</i>
2	CO7	äh v von ihn, und (.) ich möcht sie gerne (0.6) <i>uh f from you and (.) i would like to (0.6)</i>
3	CO7	einla:dn vielleicht mit mir zusamm da mal drüber (.) nachzudenkn <i>invite you maybe together with me to just think (.) about</i>
4	CO7	was denn (.) jetzt ein guter weg wär für sie. <i>what would now (.) be a good way forward for you</i>
5	CO7	↑was (0.4) wär denn vielleicht nützlich jetzt für diese session <i>what (0.4) would now maybe be useful for this session</i>
6	CO7	↑dass wir das uns (0.4) als ziem (.)↑ziel (0.2) nehm (.) könntn. <i>that we could take (0.4) as goam (.) goal</i>
7		(2.2)
8	CL1	.hh °sie wolln jetzt wieder von mir die antwortn habn ne,° (0.3) <i>.hh you now want to get the answers from me again right (0.3)</i>
9	CL1	hm (.) [hm]
10	CO7	[[schmatzt]] [[smacks lips]]
11		(1.3)
12	CL1	((kichert)) ((giggles))
13		(0.6)
14	CO7	ëbin ja auch da. (.) sie sin ja nich allein. <i>i'm here too (.) you are not alone</i>
15	CO7	wir könn das zusamm machn.ë ((lacht)) <i>we can do that together ((laughs))</i>

EXTRACT 3 Complaining.

1	CO7	was noch unterstützt sie jetzt .h (0.5) hier im moment zu sein. <i>what else helps you now (0.5) here to be in the moment</i>
2		(2.9)
3	KL1	fjtz hab ich ja schon so viel gesagt (.) sie wolln noch mehr wissenf <i>now i've already said so much (.) you still want to know more</i>
4		(1.0)
5	KL1	((lacht, 1.4s)) <i>((laughs, 1.4s))</i>

thereby constructing a 'non-serious' frame and minimizing the threat to the coach's face. In his response, the coach makes himself available in his supportive role, reducing the pressure on the client as the sole person responsible for finding answers. He then repeats his invitation to work collaboratively, constructing coaching as a conversation at eye level (Jautz et al., 2023) and echoes the client's affiliative laughter first in responding in a 'smiley voice' (lines 14–15) and then in joining in (line 15).

The client's complaining response in Extract 3 is designed similarly. Earlier in the session, the client had explained that she generally has difficulties staying "in the moment" and tends to think of the future instead (data not shown). Just prior to the sequence, the coach and the client have been discussing various motivations and strategies she uses to help her focusing on the present. After the client has already named a few, the coach asks for further strategies (line 1).

Following an initial silence of 2.9s in line 2, in a smiling voice, the client criticizes the coach's request to further elaborate. She claims that she has "already said so much" (line 3) and lightheartedly accusing the coach of being still unsatisfied with her cooperation ("you still want to know more," line 3). A 1.0s gap ensues as the coach withholds from taking a turn (line 4)⁶ and then the client finally starts outright laughing outright here again (line 5). As in Extract 2, she pushes back against the constraint of having to answer at all, and by the same move demonstrates (good-humored) opposition to the simple asking of the question.

5.1.3 Disagreeing with the question's agendas and presuppositions

In the subtype "disagreeing with the question's agendas and presuppositions," clients problematize the question's formulation and/or the presuppositions contained therein, i.e., they problematize a part of the prior action. In line with Clayman and Heritage's (2002) as well as MacMartin's (2008) findings on responses to questions with deeply embedded presuppositions (i.e., wh-questions), we generally found an explicit refutation of these. In contrast to the first two 'opposing' categories, though clients refrain from answering the initial wh-question, they might be working toward changing the embedded presupposition so as to answer a (slightly) different question or provide material for the coach to adjust their question or initiate another intervention (e.g., a follow-up question as in Extract 1). In other words, clients may respond in a way which may allow the coaching project to progress although retroactively modifying the coach's initial question (similar to transformative answers to polar

interrogatives, see Stivers and Hayashi, 2010). In our first example (Extract 4), coach and client had previously been discussing the client's reported inability to remain or return to a more serene state in the hectic of her work life. The extract sees the interactants exploring the relationship between the client's 'hectic' and 'serene' states.

In line 1, the coach starts formulating a question before aborting to search for the right expression, which he metapragmatically comments on "i just call it states for now yes" (line 3). Referring back to what had been discussed so far, the coach elaborates on "these states". Having now set the context for his question (Clayman and Heritage, 2002), the coach reiterates his initial question. By making a reflection on the nature of the "connection" conditionally relevant, the coach presupposes that there is such a link. It is precisely this presupposition that the client then identifies as problematic.

After a gap that already indicates probable misalignment (line 9), the client repeats the core element of the presupposition ("the connection," line 10). By means of this partial repeat, the client mirrors an aspect of the coach's prior talk (Ferrara, 1994), which not only functions as a request for elaboration but also possibly locates this element of the question as repairable (Schegloff et al., 1977; Robinson and Kevoe-Feldman, 2010) and suggests a divergence of views and impending disagreement. This is also in line with earlier findings, in which repetition is indicative of resisting (Peräkylä, 1995, p. 279; see also Heritage and Raymond, 2012). A 14.9s gap (line 11) ensues, in which the coach does not engage in elaboration nor in self-repair, and indeed withholds from responding altogether, thereby implicitly "insisting" on his question, i.e., the presupposed "link" between the client's states. This puts pressure on the client to reflect and formulate her own thoughts on "the connection" problem, i.e., to solve the issue (see also Muntigl et al., 2020b for psychotherapeutic interactions).

Following the coach's declining to take a turn, the client disagrees with this deeply embedded presupposition, thereby veering into non-answer territory (MacMartin, 2008). To mitigate, she prefaces this with a deprecating disclaimer ("as stupid as it sounds," line 12) and frames her explicit refutation of the presupposition in line 13 as the problematic element that she in fact needs to address. She adds precision to this by highlighting her perceived disconnection of work life and private life with the adverbs "effectively so." The preface "well" also constitutes "an alert to the non-straightforwardness" to follow (Schegloff and Lerner, 2009, p. 102) and suggests a resistance to the question's project (Muntigl, 2013). The turn-final conjunctive "but" in line 21 serves as a "trailoff" (Schegloff, 1996) allowing speakership transition at a pragmatic but not syntactic turn-completion. The client thereby indicates a "possible action completion for 'contrasting' that has been constructed in the current and prior courses of action" (Hata, 2016, p. 139).

⁶ A look at the video recording reveals that they are smiling at each other in that moment.

EXTRACT 4 Disagreeing with the question's agendas and presuppositions.

1	CO7	((schluckt)) .hh ↑was ist denn vielleicht die <u>verbindung</u> ((swallows)) .hh what is maybe the connection
2	CO7	zwischen diesen zwei unterschiedlichn (1.0) between these two different (1.0)
3	CO7	ich nenn_s jetzt mal zustän:dn ja, (.)↑einmal (0.6) i just call it states for now yes (.) on the one hand (0.6)
4	CO7	wo sie sagt ↑ja, ich hab ja schon, und weiß ja schon, und total where you say yes i have already and know already and totally
5	CO7	im griff, und eigntlich schon gut, under control and actually pretty good
6	CO7	und dann das andere. (.) ahm (2.0) and then on the other hand (.) uhm (2.0)
7	CO7	ja:, hm wo wir so gesprochn habn notfallmodus. yes hm when we have talked about emergency mode
8	CO7	↑was- was is die verbindung zwischn diesn zwei zuständn. .h what what is the connection between these two states .h
9		(1.2)
10	CL1	°die verbindung° the connection
11		(14.9)
12	CL1	so blöd das klingt ich glaub genau das is das thema, as stupid as it sounds i believe this is exactly the concern
13	CL1	dass ich da keine verbindung seh. that i do not see a connection there
14		(0.5)
15	CL1	also well
16		(0.7)
17	CL1	es is wirklich so (1.0) arbeitslebn, und das andere leben (0.3) it is effectively like (1.0) work life and the other life (0.3)
18	CL1	die ha[bn (.) net wir]klich ah verbindung (.) they d[o (.) not rea lly uh have a connection (.)
19	CO7	[hmhm]
20	CL1	zueinander. (.) >ich mein das eine finanziert das andere to each other (.) i mean the one finances the other
21	CL1	aber< (0.8) ähm but (0.8) uhm
22		(1.3)
23	CL1	ich i
24		(2.1)
25	CL1	ich würd mir manchmal halt wünschn diese (.) dieses gefühl ne i would sometimes simply wish this (.) this feeling you know
26	CL1	was ich dann so (.) vielleicht dann außerhalb that i like (.) maybe then outside

Extract 5 is another example of the client retroactively modifying the question's agendas and presuppositions. The sequence takes place shortly after the client has finished reporting about a recent job interview, which had left her disappointed. The client has wondered whether she should be less "demanding" in terms of criteria for the

positions she applies for, which prompts an exploration about how she could have been less demanding, and then, as shown in the extract, why the client feels that way (lines 1–2):

With the wh-question, the coach conveys the presupposition that the client believes that such a change in behavior (i.e., being less demanding)

EXTRACT 5 Disagreeing with question's agendas and presuppositions.

1	CO3	und warum mein sie and why do you think
2	CO3	dass nicht anspruchsvoll zu sein für sie n guter weg wäre? that not being demanding would be a good path for you
3		(0.4)
4	CL1	ich weiß nich ob_s n guter weg isch i don't know if it is a good way
5	CL1	ich überleg mir halt ob ich damit irgendwie (0.4) i'm just wondering whether somehow with this i (0.4)
6	CL1	ob_s mich weniger zermürbn würdef .h whether it would be less demoralizing to me .h

would be “a good path” for her (Extract 5, lines 1–2). By virtue of being a why-question, the interrogative here can double as both a genuine request for an explanation and as a challenge to the client's possibly problematic belief (Bolden and Robinson, 2011). It is to this assumption that the client first orients to in her response: she first refutes the presupposition in correcting that she is unsure whether it would be “a good path” (line 4). In doing so, the client disagrees with the question's agendas and presuppositions. Instead, she offers an alternative explanation to the coach's erroneous assumption, namely that it would possibly be “less demoralizing” to her (line 6). Thus, resisting the coach's challenge of a positive perception of being less demanding, the client adjusts the question and maintains her framing of it as an alternative solution which may have a more positive outcome.

5.2 ‚Moving around’: refocusing

In this category, clients move around the coaches' initial course of action and refocus on their own. They may do so all the while engaging with the question in some manner, for instance by answering in what then reveals itself to be a pro-forma manner, or they may also pursue their own alternative course of action right away.

5.2.1 Not answering and refocusing

In this subtype, clients do not provide a (partial or pro-forma) answer in their responding turn and solely refocus the course of action. At times, this is due to the deep embeddedness of the presuppositions. The refocusing may take place on various levels, as Extract 6 shows. It follows the description of a problematic situation in the client's work environment. The client had complained that a colleague refused to follow the standard procedure for looking up information, turning to his team instead. This eventually resulted in the colleague insulting him as a “know-it-all.” In spite of the client's report of the incident to their supervisors, the colleague faced no consequence.

After the client shortly brings up the possibility of remaining silent, which is immediately rejected as an appropriate alternative

behavior, the coach asks the hypothetical wh-question under study here: “suppose you would come to be in such a situation again and you would shape it in the best way possible for yourself, how would you do it?” (data partly shown, line 1). By doing so, the coach makes an ideal solution, i.e., a hypothetical, ideal scenario in which the client could adapt his own behavior, thinking or feeling in any imaginable way, conditionally relevant in the responding turn.

Upcoming disalignment from the question is foreshadowed by the 9.1 s silence in line 2, an evaluation of the question as “difficult,” i.e., troublesome to answer (line 3), and the repetition of this in line 5. The rise-fall contour of the first evaluative “difficult” is striking here and might point to the speaker's contrasting or conflicting attitude regarding the question (Zahner-Ritter et al., 2022). Nonetheless, the coach withholds from taking turns. After another 2.1 s gap in line 6, the client formulates a possibility using the impersonal, no-agent pronoun “man” (translated as “one” here; lines 7–9), thereby distancing himself from the solution as being ideal for him and speaking from a more general position. The imagined alternative remains quite vague and does not index any “best” or more suitable way to deal with such a situation. This is the first element of refocusing, i.e., the client refocuses the solution orientation away from himself as the agent circumventing the question's constraints. This results in a 1 s silence in line 10, leading the client to explicitly indicate that he has concluded his turn in line 11 with “yes.”

In response to this, the coach produces minimal ratification (line 12), which in combination with the 1.1 s silence in line 13, prompts the client to continue with an elaboration. From there on, the client further refocuses away from the conditionally relevant solution orientation and brings back the problem orientation by accounting for his previous reaction and referring to common practices within his department. The client's account also displays elements of verbosity (Fenner et al., 2022) as indicators for resistance, such as directly quoted dialog, re-counting the problematic situation in detail, a focus on third parties, and emotional distancing. Again, the client steers away from the coach's solution-oriented interactional project of

EXTRACT 6 Not answering and refocusing.

- 1 CO10 wie würden sie_s tun?
how would you do it
- 2 (9.1)
- 3 CL1 ((schmatzt)) schwierig.
((smacks lips)) difficult
- 4 (9.1)
- 5 CL1 das is schwierig.
that is difficult
- 6 (2.1)
- 7 CL1 **man könnte sagen (0.4)**
one could say (0.4)
- 8 CL1 **schau ma hast du schon mal da und dort geguckt,**
look did you already have a look here and there
- 9 CL1 **da wir haben doch da die äh- bitte.**
there we do have these there uh there you go
- 10 (1.0)
- 11 CL1 ja?
yes
- 12 CO10 hmhm
hmhm
- 13 (1.1)
- 14 CL1 ((schmatzt)) ich mein
((smacks lipI)) i mean
- 15 CL1 **ich glaub ich habs auch so ähnlich versucht erst mal**
i believe i tried something like that at first
- 16 CO10 hmhm,
hmhm
- 17 (0.6)
- 18 CL1 und dann kam immer dieses (0.4)
and then this always came (0.4)
- 19 CL1 such_s für mich raus ↑schick mir den link.
look this up for me send me the link

(Continued)

EXTRACT 6 (Continued)

20		(1.3)
21	CL1	und (.) da hab ich gedacht <i>and (.) here i thought</i>
22	CO10	hm:hm hmhm
23	CL1	also das is- & das is halt diametrial gegen das <i>so this is this just diametrically opposite to that</i>
24	CL1	was wir immer predigen nach dem motto <i>which we always preach following the motto</i>
25	CL1	wir sind nicht google für alle, <i>we are not google for all</i>
26	CO10	hmhm hmhm
27		(0.4)
28	CL1	und äh ((druckst)) ja dann ha hat sich bei mir <i>and uh ((stammers)) yes then there something in me</i>
29	CL1	so n bisschen wahrscheinlich äh ((druckst)) <i>like a little maybe uh ((hesitates))</i>
30	CL1	is da sowas- (.) wie sagt man auf deutsch, getriggert. <i>got (.) how do we say in german triggered</i>
31	CO10	hmhm (.) hmhm hmhm (.) hmhm

“describing the client’s ideal alternative behavior” suggesting a need for further problem-orientation.

In some cases, however, clients do not answer and (partially) refocus on solution-orientation, as the next example shows. [Extract 7](#) begins shortly after coach and client have set the goal that the client wants to feel more self-confident in her abilities and generally more serene. For the moment, she still lacks confidence and tends to reconsider her every action “twenty thousand times” (data not shown). The coach then focuses on the ideal state of the client and requests her to name example situations in which she had already been successful in achieving self-confidence and serenity in the past ([Extract 7](#), lines 1–7) (see [Spranz-Fogasy et al., 2019](#) for working with example situations).

Although the formulation of the question in the past tense suggests that the client should look into past memories or situations going as far back as to “school” (lines 2–3), after a long silence (line 8), the client disregards this and chooses to focus on something recent and “very concrete” (line 11), namely thinking back on the “last weeks” (line 1434). The rising final contour as well as the

ensuing gap in line 13 leaves space for the coach to correct this course of action, which he does not. The client then continues that such situations (i.e., in which she felt self-confident and serene) have occurred, but only *after* she had experienced the undesired pattern of second-guessing herself and feeling insecure (lines 14–19). With a smiling voice, she orients to the inadequacy of her response in line 30 “but (.) must the path to get there be difficult, yes?” She thereby reveals that she does not see these situations as ones where she “managed well” and invites the coach to agree with her using a question tag. In doing so, she does not provide the sought for example situation, but refocuses away from the positive course of action initiated by the coach and brings in an ambivalent stance. Though the idealized state is not completely new to her, it is closely linked with the problematic pattern she had previously described. The client thus returns to the underlying problem. Still, she re-orientes to the solution talk in the end when stating with certainty that the difficult path is not necessarily a prerequisite, thus veering toward further solution exploration.

EXTRACT 7 Not answering and refocusing.

- 1 CO7 *¶wenn sie mal so_n bisschen zurückdenkn.*
if you think back a little
- 2 CO7 *das kann sei:n (.) n beruf privat schule*
it can be (.) in work private school
- 3 CO7 *irgndwelchje lebtsituation, (0.5)*
whichever life situation (0.5)
- 4 CO7 *wo ihnen das schonmal so (0.7) bisschen gelung ist.*
where you already (0.7) managed a little
- 5 CO7 *oder schon gut gelung ist.*
or you already managed well
- 6 (2.1)
- 7 CO7 *¶was warn das für (.) situation.*
what were those for (.) situations
- 8 (13.7)
- 9 CO7 *((schmatzt)) .h*
((smacks lips)) .h
- 10 (0.8)
- 11 CL1 *also jetzt zum beispiel ganz konkre:t (.) ähm*
so now for example very concretely (.) uhm
- 12 CL1 *in den letzt'n woch'n,*
in the last weeks
- 13 (4.2)
- 14 CL1 *is mir das eigentlich nur so gegangen*
i only actually felt like this
- 15 CL1 *wo ich davor durch dies'n prozess schon durch bin.*
when i had already gone through this process before
- 16 (0.2)
- 17 CL1 *also (0.5) das i ja gesa-*
so (0.5) what i said
- 18 CL1 *ich hab diese ganze unsicherheit,*
i had already experienced this whole uncertainty
- 19 CL1 *und diese ganze unruhe schon durchlebt,*
and this whole unrest
- 10 lines omitted
- 30 CL1 *faber (.) muss dieser schwere weg denn dort hin sein (.) [ja?]f*
but (.) must the path to get there be difficult (.) [yes]
- 31 CO7 *[hm] hm*
- 32 (0.7)
- 33 CL1 *ich glaube nämlich ni:cht.*
i don't think so actually

5.2.2 (Partially) answering but refocusing

This category may be realized in a multitude of manners and forms (see Humă et al., 2023). Though clients first provide an answer here, it usually involves the client qualifying said answer, thereby limiting their agreement with the proposition, or answering the question in a ‘pro-forma’ manner, but then pursuing their own course of action (i.e., ‘refocusing’). This positions the coach’s question as (to some degree) inadequate or irrelevant for the client’s concern or current state of mind. Extract 8 exemplifies the latter form. The sequence takes place during the third session, in which the client informs the coach that she will soon be taking on a new position and thus needs to resign. Throughout the session, the client repeatedly topicalizes her guilty conscience. The excerpt starts just after a formulating (Heritage and Watson, 1979) passage by the coach in which she summarizes the client’s fear that her colleagues will accuse her of letting them down. This fear is what is anaphorically referred to in the coach’s use of “something like this” in the contextualizing preface (“if you hear something like this”) to her wh-question in the conditional mode (Extract 8, lines 1–3).

The question aims at transforming a negative perception– thus making a positive understanding of possible accusations from the side of the client’s colleagues relevant for the client’s answer. Explicitly relating her response to her situation (“for me”), the client does provide this in lines 4 to 6. She frames these possible understandings as obvious or self-evident with the use of evidential markers such as “of course” (line 4) and the double “in any case” (line 8), thus indexing the question as not directly relevant for the client’s situation (see, e.g., Stivers, 2018). Later on (starting in line 11), it becomes clear that the client only ostensibly (in a *pro-forma* manner) agreed with the suggested course of action, i.e., a change in perspective, while the rest of her reaction clearly disaffiliates with it.

The client’s answer is weakly ratified by the coach (line 9), who does not claim speaking rights. After a 3.8 s gap (line 10), the client continues with her turn, and signals that the course of action suggested in the coach’s wh-question, i.e., changing a negative understanding into a positive one, does not concur with her interpretation of the situation, which she then goes on explaining. In line 11, she refocuses on her fears, using “rather” (twice) to frame her own negative understanding and her colleagues’ positioning of her behavior as “uncooperative,” “unfair” and “unjust” (lines 12–14) as the more plausible interpretation of the situation. By doing so, she asserts primary rights to her feelings and preoccupations and again externalizes her concern, contrasting her position with that of the coach, who had implied that this was simply a matter of changing the client’s perspective. The client supports her own argument by launching an account of her own behavior (data not shown), and then adding a possible explanation for her fear, namely that such comments have already been made (“because actually in the past such comments have been dropped” in lines 25–36) and that these had been made “actually really in earnest” (line 28). The client thus resists a change in perspective at this point in the coaching process, which would allow for an alternative (affective) evaluation of having to leave her current job. The client rather initiates a loop, which suggests a necessity for further problem orientation rather than the solution-focus introduced by the coach. Nevertheless, the client is open to exploring her feelings and personal experiences.

Extract 9 shows another design of how clients answer but refocus. Prior to the extract, coach and client have been discussing ideal career paths. At some point, the client mentions in passing that self-employment could be an option for her, which prompts the coach to request stance-taking regarding this self-employment goal (lines 1–5).

In the initial formulation of her scaling question, the coach uses the adjective “strong” (line 3) as a basis for the client’s qualification of being self-employed. This presupposition reveals itself to be false and is later on explicitly refuted by the client (line 7). Following the client’s silence in line 4, which indicates upcoming misalignment and a dispreferred response, the coach formulates a new version of her question, this time presupposing that the wish might feel “good” (line 5). After another silence of 3.5 s in line 6 and a turn-initial acknowledgement token, the client refutes the idea of the “wish” to be “strong”. After a false start, the client then accounts for the rationale behind naming self-employment as a viable – indeed “attractive” (line 9) – option, namely flexibility, which she qualifies as “very important” to her (line 13). The client then returns to the coach’s request(s), and finally provides a dispreferred answer, a numerical value of “three or four” (line 15). The coach again prompts the client to elaborate with a continuer (Schegloff, 2007) in line 17. In her elaboration, the client completely refocuses away from the initial question, explicitly mentioning this in lines 23–24 (“it was not a self-employed position”). By recounting her impressions of a recent job interview, the client qualifies what she means by flexibility: on the one hand, flexibility is what she considered an attractive quality of self-employment; on the other hand, flexibility should not mean a complete absence of framework in an organization. The client’s refocusing is thus twofold: first, she refocuses from the self-employment status as something that she wishes for herself, accounting for her mentioning only because the flexibility it suggests is a positive characteristic for her. Secondly, the client refocuses from the hypothetical future addressed by the question toward her actual, present experiences, thus partly turning away from the solution-orientation yet still evincing aspects that should be integral characteristics of her future place of employment.

6 Discussion

Our study has focused on clients’ responsive actions which show resistance in answering within 82 wh-questioning sequences from business coaching overall and within 26 sequences corresponding to more active, agentive, and/or explicit resistive actions. We now discuss these findings by drawing on Muntigl’s (2023) concept of *moving against* (in contrast to *moving away from*) or ‘opposing’ the coach’s suggested course of action, and explain how a third form of resistance has emerged in the data, which we have termed *moving around* or ‘refocusing’. Moreover, we draw on Humă et al. (2023) concepts of the levels of resistance, the degree of explicitness in the realization of resistance (face threat) and the clients’ agency (passive/moving away vs. active/moving around and moving against; see also Koenig, 2011; Hollander, 2015). Finally, we explore how clients’ resistive practices may relate to the helping format business coaching.

EXTRACT 8 Answering but refocusing.

- 1 CO3 wie könnten sie denn wenn sie sowas hören das noch verstehen
how could you if you hear something like this understand it
- 2 CO3 außer (.) einer (.) einer kritik oder (.) einer (2.2)
aside from (.) a (.) a criticism or (.) a (2.2)
- 3 CO3 einer kritik oder einer persönlichen (1.3) enttäuschung.
a criticism or a personal (1.3) disappointment
- 4 CL1 klar für mich könnte man_s auch so verstehen
of course for me one could understand it also in a way
- 5 CL1 dass (.) man sagt (1.5)
that (.) one says (1.5)
- 6 CL1 bischt ne gute arbeitskraft und du wirscht uns feh:len,
you're a good employee and you will be missed
- 7 CO3 hm:?
- 8 CL1 auf jeden fall. (.) auf jeden fall.
in any case (.) in any case
- 9 CO3 °ja.°
yes
- 10 (3.8)
- 11 CL1 **hab einfach eher angscht dass das eher so sagt**
i am simply rather afraid that this rather says
- 12 CL1 **das macht man aber nich (.) was du machscht**
that you do not do (.) what you are doing
- 13 CL1 **weil das isch unkollegial oder (0.4)**
because that is uncooperative or (0.4)
- 14 CL1 un: (.) fair (.) und ungerecht und- .hh
un (.) fair (.) and unjust .hh
- 15 (0.7)
- 6 lines omitted
- 22 CL1 .hhh >ich glaub warum ich da auch da so drauf gekommen
.hhh i think why i also came up with this
- 23 CL1 isch weil halt auf- (.) im- (.) weil (.) weil halt im-
is because just on (.) in (.) because (.) just in
- 24 CL1 weil sie_s grad nochmal (.) gesagt haben. (0.6)
because as you just now have (.) said again
- 25 CL1 weil in der vergangenheit schon so (0.2)
because in the past actually such (0.2)
- 26 CL1 äüßerungen mal gefallen sind.<
comments have been dropped
- 27 (0.5)
- 28 CL1 halb flapsi:g aber halt wirklich im ern[scht s]o .hh
half offhand but actually really in earn[est li]ke .hh
- 29 CO3 [ja]
[yes]
- 30 CL1 ↑aber nich dass mir hier jemand kündigt. (.)
but not that someone around here resigns (.)
- 31 CL1 und (.) hier geht keiner weg. und (.) ähm
and (.) nobody leaves from here and (.) uhm
- 32 CO3 °wer hat das gesagt°
who has said that

EXTRACT 9 Answering but refocusing.

- 1 CO3 also wenn das das ziel is sie sind in f[ünf]jahn selbstständig
so if the goal is in f[ive] years you are self-employed
- 2 KL1 [ja]
[yes]
- 3 CO3 un- und wie stark is dieser wunsch.
an and how strong is this wish
- 4 (0.7)
- 5 CO3 wie gut fühlt der sich an.
how good does it feel
- 6 (3.5)
- 7 CL1 hm: der (.) wunsch isch nich so: stark
hm the (.) wish is not so strong
- 8 CL1 äh der wunsch is nu- (0.4) >oder warum ich s auch grad genannt hab
uh the wish is onl (0.4) or why i also just mentioned it
- 9 CL1 oder des isch deswegn so attraktiv< weil s flexibel isch,
or that is for this reason so attractive because it's flexible
- 10 (0.2)
- 11 CO3 ja:?
yes
- 12 (0.6)
- 13 CL1 flexibilität ischt mir glaub ich (.) enorm wichtig
flexibility is i think (.) very important to me
- 14 CL1 ähm (.) aber sonst würd ich den wunsch glaub ich
uhm (.) but otherwise i think i would describe
- 15 CL1 mit (0.5) °drei oder vier beschreibn.°
the wish with (0.5) three or four
- 16 (0.3)
- 17 CO3 hm, hm,
- 18 (0.7)
- 19 CL1 ähm
uhm
- 20 (0.4)
- 21 CL1 ich merk einfach immer wieder
i simply realize again and again
- 22 CL1 das hab ich auch jetzt gemerkt
i also noticed it now
- 23 CL1 bei dem vorstellungsgespräch (1.1) das war ja
during the job interview (1.1) it was
- 24 CL1 keine freiberufliche stelle aber da ging s- (0.9)
not a self-employed position but it was about (0.9)
- 25 CL1 man hat halt sehr viel gemerkt
one just really noticed
- 26 CL1 da gibt s (1.2) sozusagn null strukturn, null organisation
there was (1.2) so to say zero structures zero organization
- 27 CL1 es (0.3) ging alles irgndwie
it (0.3) was all somehow
- 28 CL1 >klar die sin ganz neu gewesn< (0.6) und s- (0.4)
sure they were all totally new (0.6) and it (0.4)
- 29 CL1 £da krieg ich so: n bisschen .hh (.) das isch irgndwie schwierigf
there i get so a little .hh (.) it's difficult somehow

We found that clients actively and explicitly *move against* the constraints and even the asking of questions (i.e., the prior action itself) in that they a) disagree with the question's agendas or presuppositions, b) complain about having to answer questions, and c) refuse to answer altogether. Clients may misalign with, i.e., resist, the formal, topical, and agenda constraints as formulated in the coach's wh-question. This involves topicalizing problems with answering the initial question, though clients often retroactively modify the question's terms or agenda. Though explicit in its display of resistance, this may allow for the progressivity of the interaction (at least to some extent). In complaining, clients misalign by offering unfitted responses to the question. They substitute the fitted second pair part with their own new initiating action which requires attending to by the coaches and takes precedence over the initial question. In complaining, clients endanger their relationship with the coaches, as this represents an active face threat to the coach. In these cases in our data, the client thus softens this threat with prosocial elements in the aftermath, yet still declines to answer in the responsive turn. Moreover, clients' active and explicit / plain refusal to answer the question constitutes a general rejection of the task (i.e., misalignment) and course of action (i.e., disaffiliation) set by the coach. In doing that, clients move against their coaches and the working alliance by openly claiming that the course of action is not worth consideration. This contrasts with 'remaining silent' – the lack of reaction remains open to interpretation and can thus be managed in a manner which allows for the safeguarding of face for both coaches and clients. *Moving against* thus constitutes the most explicit and challenging forms of resistance.

Additionally, we found that clients may effectively sidestep, bypass, or circle around courses of action, question constraints, or problematic elements thereof. This allows for the clients' advancing of their own agenda and needs, suggesting an alternative (and competing) course of action to that of the coach and possibly a third category: *Moving around*. In our data, we found that refocusing responses represent more implicit forms of resistance to the question (as in 'not answering and refocusing'). At the same time, they also display different degrees of cooperation (e.g., first providing an answer and then introducing an alternative course of action). To soften the impact of disaffiliation, clients generally design their turns using typical mitigating strategies. At the same time, while misaligning with the original question and its implications, adapting, i.e., 'refocusing', in itself may denote a willingness to respond in a manner that is productive, i.e., that cooperates with the overall aims of the coaching project if not the question in its particulars (Pomerantz, 2021). This, in contrast, indexes client affiliation.

The involvement and agency of coaching clients is further supported by the fact that a large part of the 26 instances of client resistance in our data functions as *moving around*, but still generally acts in a productive manner for the coaching project. While clients may indicate further need for problem orientation (see Extracts 6, 8) thereby opposing solution-oriented courses of action as introduced by the coach for the time being, in contrast to MacMartin's (2008) findings, this does not represent a general refusal to optimistic content or solutions *per se*. Rather, clients agentively engage in further problem exploration or explication as the currently more relevant course of action, thus claiming responsibility for their own change process. Additionally, clients may also work to introduce an alternative solution or topic thereby orienting to the overall solution- and goal-orientation

of the coaching interaction (see Extracts 7, 9). Stivers' work on transformative answers qualifies this response type by clients as enacting "significant autonomy" (Stivers, 2022, p. 151, see also Stivers and Hayashi, 2010). We found this to be true for our practices doing *moving around*, too. Indeed, clients have the possibility to highlight their epistemic and deontic authority over what constitutes a good path and/or a good outcome in their own situation (see also Muntigl et al., 2020a and Smoliak et al., 2022 on negotiation of authority in psychotherapeutic interactions).

7 Limitations of the study and outlook

The present work has focused on only one type of questioning sequence in business coaching, meaning that further research will be needed to explore resisting practices to polar (both interrogative and declarative forms) and alternative questions. The focus has not been on resistance management by coaches. Moreover, we have not explored non-vocal resisting practices, in which clients provide an answer, for instance, but indicate via gaze, body movements, gestures, etc. that the question may be problematic. Additionally, in light of the apparent readiness of clients to further the coaching project, research into the closely-linked phenomenon of same-turn delaying but answering (or responding productively) to questions in coaching should be considered. By this we mean that, via various interactional resources such as humor, long gaps, turn-initial accounts, no-access responses or evaluations of the question as difficult, etc., clients may initially withhold an answer but follow up on this delay by (tentatively) formulating an answer within the same turn (and thus not blocking the progressivity of the sequence). This could lead to valuable insights into the concept of 'reflection', where the delay can be interpreted as an indication that clients need more time to think (indeed, reflect) to respond to the question in a productive manner.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

Written informed consent was obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

Author contributions

FD and MF examined the corpus for the occurrence of wh-sequences displaying resistive actions and were responsible for the analysis, supported by PM. FD, MF, PM, and E-MG discussed the categories. All authors contributed to the article, writing and revising of the final manuscript, designed the study together, and approved the submitted version.

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"Now once again this idea of yours (...) how does it sound when I say that?" – Changing the perspective: how coach's questioning practices elicit self-reflecting processes in clients

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Drawing upon the transformative power of questions, the paper investigates questioning sequences from authentic coaching data to examine the systematic use of a particular succession of formulation and question and its impact on inviting self-reflection processes in the client and eliciting change. The object of investigation in this paper are therefore questioning sequences in which a coach asks a question immediately after a rephrasing or relocating action, prompting the client to respond in an explicit or implicit way. The coach hereby shifts the focus to a hypothetical scenario, prompting the client to change her perspective on the matter and reflect on her own statements, ideas and attitudes from an outside perspective. The paper aims to contribute to closing the research gap of the change potential of reflection-stimulating action techniques used by coaches, by investigating one of many ways of how questions can be powerful tools to invite a change of perspective for the client. The study focuses on one coaching process consisting of three sessions between a female coach and a female client, utilizing a single case study approach. The data collection was part of the interdisciplinary project "Questioning Sequences in Coaching", comprising 14 authentic coaching processes. The analysis follows Peräkylä's Transformative Sequences model, examining the first position including the formulation and the subsequent question, the client's response, and the coach's reaction to the response. On a practical level, the main purpose of this paper is not to contribute to the many ways practical literature recommends coaches how to do their work and how to ask questions, but rather to show in what ways the elicitation of self-reflection processes in clients has been achieved by other coaches in authentic coaching sessions.

KEYWORDS

business coaching, questioning sequences, Transformative Sequences, self-reflection, formulations, perspective

1 Introduction

Coaching is a dynamic, transformative practice aimed at cultivating self-reflection with the ultimate objective of eliciting change. Much like in other helping professions, coaching operates as a supportive framework for self-help, with coaches guiding clients in formulating their own solutions to (professional) challenges. At its core, coaching therefore revolves around the facilitation of change for the client. However, attempting to encapsulate the multifaceted nature of change within the coaching context presents a formidable challenge. Change unfolds diversely across coaching scenarios and varies for each individual client, contingent upon specific contexts and circumstances. Consequently, defining change in coaching proves inherently elusive. To this day the concept remains largely uncharted territory. For this reason, the focus of the interdisciplinary research project “Questioning Sequences in Coaching” (QueSCo)¹ is primarily on the aspect of the proclaimed change potential of questions and questioning sequences. In the specific context of this case study and for the purpose of this article, we define change as the act of arriving at a new or different decision through reflection upon one’s own statements, behaviors, or viewpoints. This can be articulated as “change between the earlier and later stance of the client.” As this work will demonstrate, this transformation can occur by initiating a shift in perspective by the coach.

“(a)dequate reflection on one’s experience is often seen as a steppingstone to change because reflection can allow the client to construe his or her life and social relationships in additional and alternative ways” (Muntigl and Zabala, 2008, p. 188).

As Muntigl and Zabala (2008) point out, self-reflection is often regarded as a catalyst for transformation. It is considered to be a critical examination of oneself and one’s own thoughts and actions (Greif, 2008). The fact that self-reflection is an essential impact factor of coaching has already been proven several times (Greif, 2008, 2018). Nevertheless, there is still substantial research needed in the field of coaching process research to address how exactly self-reflection is elicited in coaching conversations and how it unfolds on a local level.

Since coaches do not provide their clients with direct solutions but rather assist in developing their own pathways to solutions (Coaching-Magazin, 2024), similar to psychotherapy, the central task of coaches is to get clients not only to verbalize their experiences, but also to reflect on themselves and their experiences (cf. Greif, 2008; Muntigl and Zabala, 2008; Mack et al., 2016). Questioning practices play a central role in facilitating this process:

“Questions initiate hypothetical imaginative processes that have an immanent tendency to turn into self-reflection processes. [...] they are also designed to enable new experiences because they involve a change of viewpoints and perceptual perspectives”² (Köller, 2004, p. 662).

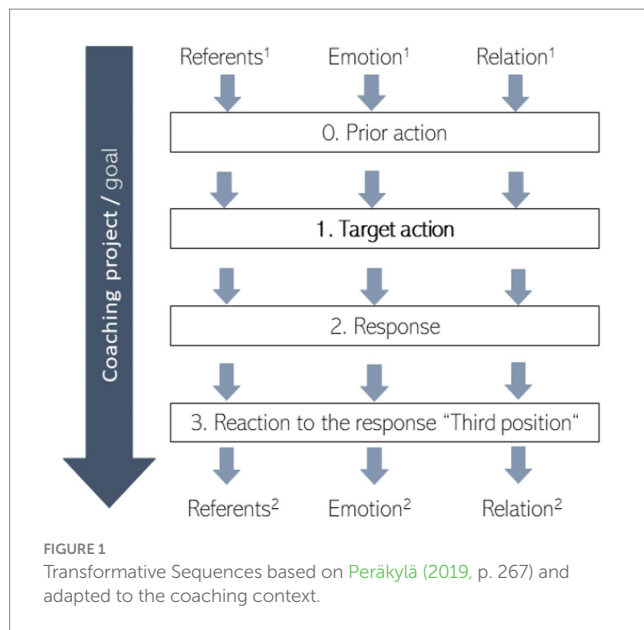
Questioning practices have particular transformational powers in helping professions like coaching. Not only are questions regarded as a fundamental instrument for controlling and structuring the conversation (Deplazes, 2016; Jautz et al., 2023), they also enable coaches to evoke self-reflection processes in clients and thus drive the coaching-immanent change project (Graf and Spranz-Fogasy, 2018b; Spranz-Fogasy et al., 2019). Schreyögg (2012) therefore names asking questions as the most important task of a coach, while Tracy and Robles (2009, p. 131) also describe questioning as “one of, if not the, central communicative practice of institutional encounters.” Coaches have a wide repertoire of questioning actions to stimulate self-reflection in clients and thus successfully advance the coaching change project (Bercelli et al., 2008; Muntigl and Zabala, 2008; Graf and Spranz-Fogasy, 2018a; Spranz-Fogasy et al., 2019). This transformational power of questioning practices in coaching has been asserted in the practice literature for many years, but there is little empirical research on the change potential of reflection-stimulating techniques used by coaches (Peräkylä, 2019; Graf et al., 2023b; Fleischhacker and Graf, 2024). This article aims to contribute to closing this research gap.

However, as Marciniak et al. (2016) point out in the context of linguistic and conversation analytic psychotherapy research, questions aren’t the only instruments for the elicitation of change. They name questions as one out of four basic therapeutic activities (that can also be applied to other helping conversations such as coaching): Questions, formulations, interpretations and extensions. In the following questioning sequences under investigation, formulations will too play an important role alongside the respective questions. Weiste and Peräkylä (2013) developed a classification of formulations comprising four specific function types: highlighting formulations, rephrasing formulations, relocating formulations and exaggerating formulations. In particular, this paper will further explore rephrasing formulations and relocating formulations, both in which “[...] the therapist transforms the client’s account and adds some elements that were not originally in the client’s turn” (Weiste and Peräkylä, 2013, p. 306). Through a rephrasing action, an aspect that the coach considers to be particularly relevant for the coaching is thus brought to the center. “Rephrasing is used to switch to the level of subjective experience at points where the client is more fact-oriented in their narrative” (see text footnote 2, respectively) (Mack et al., 2016, p. 53f.). Relocating formulations on the other hand are typically used for pattern identification and to link two real events, usually from the past and the present.

Mack et al. (2016) conducted a study on the subject of whether the function types of formulations developed by Weiste and Peräkylä (2013) can also be applied to questions. They came to the conclusion that the functions of formulations can also be observed in questions asked in psychotherapy. They also concluded that “[...] the connection between formulations and questions goes even further: beyond structural and functional similarities, the two often occur in combination” (see text footnote 2, respectively) (Mack et al., 2016, p. 91). This is precisely where the present work comes into play. The object of investigation in this paper are therefore questioning sequences from authentic coaching data in which a coach asks a question immediately after a rephrasing and/or (hypothetical) relocating action. The goal is to analyze how the questions further facilitate the hypothetical imaginative process through a change of perspective and how exactly they elicit self-reflection processes in the

1 <https://questions-in-coaching.aau.at/>

2 Translated by authors.



clients. This article delves into the intricate interplay between coaching, questioning practices, and the elusive concept of change through self-reflection, aiming to shed light on the nuanced linguistic dimensions that shape the coaching process.

2 Data and method

The subject of the study is a coaching process consisting of three sessions between a female coach and a female client. The durations of the sessions at hand are as follows: the first session has a total length of 1 h, 40 min, and 15 s; the second session is 1 h, 19 min, and 13 s long, and the third and final session lasts for 1 h, 20 min, and 32 s. The coach has a diploma in economics and an education as a systemic coach, working in the realm of solution-oriented, business-oriented systemic coaching. The client, a soft skills trainer at a university with a master's degree, is unsatisfied with her job, seeking new challenges. The goal of the coaching is therefore for her to figure out where her professional journey is going and what her next steps should be. Recently she has been unsuccessful in job applications, impacting her self-confidence. She is also considering further training while job hunting.

The selection of this particular dyad is based on the deliberate choice to conduct a single case study. This case study aims to exemplify a specific type of questioning practice within coaching conversations. The intention is to reveal typical patterns and structures that can serve as paradigmatic observations in other coaching conversations, laying the groundwork for future research (cf. Lamnek, 1993, p. 16). This process was chosen due to the repetitive use of the specific questioning format by the coach, indicating its incorporation as a consistent element in the coach's repertoire of actions. Furthermore, the client actively engages with this form of questioning, providing syntactically fitting and conditionally relevant responses. Thus, this process offers a particularly rich context for observing and analyzing the phenomenon in question. Each of the three questioning sequences is representative of a type of questioning that is applied multiple times throughout the process.

The chosen process was collected as part of the interdisciplinary research project “Questioning Sequences in Coaching” (QueSCo).³ The QueSCo research corpus consists of a total of 14 authentic coaching processes from different coaches and clients with a total of 50 sessions, where a process usually has between 3 and 4 sessions and one session lasts between 60 and 90 min. The corpus consists entirely of work-related coaching processes from Germany and Switzerland, that were video- and audio recorded and took place either face-to-face or online. The sessions were transcribed according to GAT2 and published as a cGAT minimal transcript (Selting et al., 2011; Schmidt et al., 2015), as GAT2 is the preferred transcription system in Germany. It is also machine-readable as a cGAT system and thus usable for quantitative evaluations, and for this reason was also used in the QueSCo project. The analysis was conducted on the original data. For the purpose of this paper the respective transcript excerpts have been translated into English. Original data is available upon request. Written informed consent for the publication of anonymized data was obtained from all participants. Names, organizations, places etc. referred to within the coaching have been replaced (see the QueSCo website for more information).

Following Peräkylä's Transformative Sequences model (see Figure 1), this paper will conduct a complete sequence analysis of three questioning sequences to investigate the transformative power of the respective sequences. Like Peräkylä (2019) we apply the unique method of Conversation analysis, as “[t]he central tenet of CA is that conversation is sequentially organized” (Stivers, 2013, p. 191). The focus lies on the first position (the coach's utterance), the second position (the client's response) and the third position (the coach's reaction to the response). As Peräkylä (2019) also recognizes in his Transformative Sequences model, looking at the prior actions can also be of importance in sequence analysis, as they can provide information about the motivation and triggers of the coach's questions. Therefore, in the typology of questioning sequences developed in the research project “Questioning Sequences in Coaching” (QueSCo)⁴, the two positions prior to the target action are always considered as well. In this paper, however, due to limited space, prior actions are only paraphrased at relevant places and are not included in the transcript excerpts, therefore following Schegloff's (2007) understanding of a sequence consisting of three turns.

In the findings chapter, a full sequence analysis will be presented for all three cases. Case 1 is a questioning sequence from the first session, while cases 2 and 3 are extracted from the second session of the coaching. For a better step-by-step understanding of the sequence analysis, each of the cases will be subdivided into the analysis of the first, second and third position. The first position is the initiating turn in which the coach asks a question immediately after a rephrasing/relocating action. In the second position, the client's answer will be examined with regard to recognizable elements of self-reflection. In the analysis of the third position we look at how the coach reacts to the client's answers and whether she accepts them as appropriate. Finally, in the discussion part at the end of the paper, the findings of the analysis will be summarized and discussed.

³ <https://questions-in-coaching.aau.at/results/>

⁴ <https://questions-in-coaching.aau.at/results/>

3 Findings

The following analysis will examine a specific questioning practice that a coach used several times during the whole coaching process. In the selected cases, after a short rephrasing action at the beginning of the turn, where the coach briefly rephrases some of the client's prior statements, the coach uses a hypothetical relocating action, prompting the client to "imagine" herself in a specific scenario. The hypothetical scenario introduced by the coach aims to initiate a change of perspective in the client. The coach finally ends her turn by asking the client a question, leading the client to verbally comment her thoughts on the scenario. The assumption is that the introduction of a hypothetical scenario, in combination with a subsequent question, imposes a constraint for the client to verbally assess and reflect on her own thoughts and statements. By looking at the client's answers and determining whether (1) the client follows the constraint to critically assess the hypothetical scenario and therefore her own statements and (2) whether the client's answers show elements of self-reflection, we will try to find an answer to the question whether the questioning practice at hand has a reflection-stimulating potential.

3.1 Case 1

Since completing her master's degree, the client has been employed as a soft skills trainer at a university. Over time, she has become dissatisfied with her current position, sensing a lack of challenge and a professional standstill. Consequently, she is now contemplating the direction of her career journey and considering her next steps. Despite ongoing attempts to apply for alternative job opportunities, she has faced consistent setbacks, adversely affecting her self-confidence. Prior to the following sequence, the client explains how in her current job, she does not feel appreciated and seen for all the work that she does for her team. After the coach asks her if she has already experienced similar situations in her life, the client continues to explain how during her studies, she was always the one to do most of the work in group projects, which made her feel as unappreciated as she does now.⁵

3.1.1 First position (line 2397–2412)

In line 2397 the coach begins her turn with the introductory statement "so i can hear out of it that (...)." The coach indicates to her client that she is not simply reproducing what the client said, but rather how she understood the client's statements, whereby she incorporates her own understanding and interpretation of the statement. In doing so, the coach uses terms that the client herself had used several times in the prior actions leading up to the first position, such as "feeling" and "standard." In line 2,399, the coach explicitly relates the past to the present ("and you are now in a position in a professional environment °hh where this is still present"). The coach thus redirects the focus away from the past and back to the present. She then introduces

a hypothetical scenario with "and now (.) this fantasy imagine"(line 2404). By saying "and now this fantasy," an immediate transition to a "new" fact is introduced. The abrupt transition suggests that there is a connection between the current topic and the following scenario. "and now" thus serves as a connector between the rephrasing action and the hypothetical scenario that follows. At the same time, the conjunction and the adverb serve to "focus attention" (see text footnote 2, respectively) (Spranz-Fogasy, 1986), as the coach thus signals to the client that a transition to a new issue follows next. The explicit request to "imagine" encourages the client to think about the hypothetical scenario. Subsequently, in line 2,406, the coach uses direct speech ("i quit my job today") and uses the first person singular, demonstrating closeness. The use of the first person singular form here potentially allows the client to put herself in the hypothetical scenario more easily. By introducing a new, hypothetical scenario and explicitly asking the client to imagine herself in this scenario, the coach creates a new approach to the topic. A change of perspective is encouraged – from the status quo to a new, different, hypothetical state.

Immediately after the request to the client to put herself in the hypothetical scenario described, the coach introduces the question with "[when you] hear that coming out of my °h [mouth]" and thus formulates the question as the second part of a conditional structure. Through the anaphoric reference of the sentence ("[when you] hear that coming out of my °h [mouth] like that"), the question is finally linked to the hypothetical scenario "i quit my job today"(line 2406). In this way, the coach explicitly refers to the scenario she described. This has a guiding function, because the coach indicates that there is a logical connection here. Finally, in line 2412, the open wh-question "what is the very first thought that comes to your mind" follows. The question about the "very first" thought signals to the client that she should express her thoughts directly and without delay, without thinking long and hard about the answer beforehand. She should answer intuitively or according to her gut feeling and "think out loud." Although questions always have conditional relevance and impose a follow-up expectation on the answer, questions as part of a conditional structure (If (...) then) have an even stronger influence on the follow-up action, since they specify a certain framework within which the answer may move (cf. Klüber et al., 2012). In this case, the client is explicitly required to critically assess the hypothetical scenario. This means that the conditional structure not only has a guiding function, but also explicitly creates a constraint to make a critical assessment. The question can therefore be understood as a direct request or demand to verbalize the required (self-)reflection. The client recognizes this constraint and specifically aligns her response to this question.

3.1.2 Second position: the client's response (line 2414–2441)

Since a question always makes an answer conditionally relevant and self-reflection can only be examined by looking at the client's reaction to the question, the next step is to look at the second position.

In case 1, the client gives her answer to the question "what is the very first thought that comes to your mind" after a pause of 1.98 s. She begins her turn with "the very first thought is" (line 2414). You can see that there is a direct reference to the question asked immediately before. The

⁵ In the following excerpts, simultaneous utterances of the interlocutors are marked with square brackets. In the case of longer utterances by one speaker, the respective utterances of the other speaker are listed in the actual sequence in separate lines below the field of the first speaker.

2397	CO3	so i can hear out of it that you have °h a high standard o of yourself and your work yes and um °hh and that is
2398		(0.3)
2399	CO3	in this study situation a little like here as well [it has] triggered similiar feelings ((smacks)) °hh um and and has um [contri]buted to this feeling of discomfort right so you no longer felt comforta[ble] °hh and now your studies are over and this work project as well and you are now in a position in a professional environment °hh where this is still present right
2400	KL1	[hmhm]
2401	KL1	[yes]
2402	KL1	[yes]
2403		(0.39)
2404	CO3	°h um (.) and now (.) this fantasy imagine you come home tonight and say to your boyfriend you
2405		(0.28)
2406	CO3	i quit my job today
2407		(0.21)
2408	CO3	[when you] hear that coming out of my °h [mouth] like that what
2409	KL1	[hmhm]
2410	KL1	[h°]
2411		(0.24)
2412	CO3	what is the very first thought that comes to your mind
2413		(1.98)
2414	KL1	the very first thought is really such a
2415		(0.31)
2416	KL1	ah there i get
2417		(0.29)
2418	KL1	for a moment h° uhm sh my breath stops because °hh i get like a
2,419		(1.26)
2420	KL1	(xxx) and i °hh would have a diffculty quitting without having a new job
2421		(0.71)
2422	CO3	ah that is
2423		(0.21)
2424	CO3	yes
2425		(0.24)
2426	KL1	yes (.) that (.) [i]
2427	CO3	[i think that_s] a very important [and (xxxxxxxxx reason) yes]
2428	KL1	[yea i think that would] not work
2429		(0.65)
2430	KL1	that could or like what does it mean that would not work of course it would work but I think
2431		(2.43)
2432	KL1	that on the one hand and on the other hand also i
2433		(0.38)
2434	KL1	yea no that_s actually it yea
2435		(0.35)
2436	CO3	hmhm
2437		(0.82)
2438	KL1	and also to justify it i think i (.) always feel like in front of other people i still have to justify myself in front of my colleagues in front of my friends [and s]o on and then to say °h what you quit your job and still do not have a new one i think that would be so hard for me too
2439	CO3	[yes]

(Continued)

2440		(0.26)
2441	CO3	yes
2442		(0.89)
2443		((ringing in the background))
2444	CO3	well i (.) now hear a very important sentence for a moment my breath stops [analogously] speaking yea °h and i would not quit without having a new job
2445	KL1	[hmhm]
2446	KL1	yes
2447		(2.85)
2448	KL1	yes
2449		(2.15)
2450	CO3	what does the statement mean to you

syntactically matching response indicates her understanding that she is supposed to provide an immediate answer and verbalize what she is thinking. After a short pause with a repair initiation, the client starts a new sentence. The statement “for a moment h° uhm sh my breath stops” also indicates that the answer is rather spontaneous and signals that this scenario described triggers strong (negative) emotions in her. At this point it becomes clear that the coach’s request for the client to explicitly verbalize her initial thoughts has been successful.

Several moments of self-reflection can also be identified in the client’s answer. For example, the client uses the epistemic sense and performative expression “i think” a total of four times (lines 2428, 2430, and 2438). This makes the subjectivity of her statements clear, as the client explicitly verbalizes that these are her own subjective opinions. The particles used can also be interpreted as signs of uncertainty which in turn refers to the spontaneity of the answer. All in all, the repeated use of “i think” indicates an initiated process of reflection. There are also several longer pauses during her turn (lines 2419, 2421, 2431, and 2437). In line 2,430 she also contradicts herself once (“or like what does it mean that would not work of course it would work but”), which again suggests a process of reflection on her own statements.

It is noticeable that the client makes self-initiated repairs at several points in her turn and interrupts her own train of thoughts several times. The fact that she does not find the right words at some points can be explained by the coach’s question and the explicit request to express the “very first thought.” In line 2,432, the client’s wording “that on the one hand” suggests that another reason or piece of information will follow. After the corresponding counterpart “on the other hand,” there is a short pause, whereupon the client takes back the statement and initiates a repair with “yea no that_s actually it yea.” Here you can see that the client is talking without knowing exactly what she wants to say or before she has sorted out her thoughts and found the appropriate words. After a pause and a positive feedback signal from the CO (“hmhm”), the second argument follows in line 2438, which the client now knows how to express. She continues her thoughts with the sentence “and also to justify it i think i (.) always feel like in front of other people.” The use of the adverb “always” is particularly interesting here. The client thus independently infers from the hypothetical scenario that has been discussed to several moments in her life when she feels as if she has

to justify her decisions to other people. The hypothetical scenario introduced by the coach thus leads to an independent pattern identification on the client’s part. Overall, the client strongly orients and aligns her answer to the first position and fulfills the coach’s follow-up expectation.

3.1.3 Third position: the coach’s reaction to the response

The coach’s reaction to the client’s response plays a pivotal role in recognizing the transformational power of questioning sequences, as it is the “place” where the coach either accepts a client’s response as appropriate and sufficient or flags it as inappropriate and insufficient (Sidnell, 2010; Graf et al., 2023a). If the coach accepts and ratifies the answer, they can move forward in the coaching process to further facilitate change, whereas if the coach decides that the client’s answer did not meet his or her expectations, the coach has various options to continue exploring the topic without moving forward in the conversation, e.g., by asking for a clarification or an elaboration, rephrasing the question or insisting on the question (see Graf et al., 2023a). Whether or not a questioning sequence can be defined as successful or unsuccessful therefore depends on the coach’s reaction to the client’s response.

After the client’s detailed answer to the question “[when you] hear that coming out of my [mouth] like that what °h what is the very first thought that comes to your mind” (lines 2408–2412), the coach picks up on the client’s statement that the thought of quitting made her breathless and that she “would have a difficulty quitting without having a new job” (lines 2418–2420), therefore starting the third position with a highlighting formulation (cf. Weiste and Peräkylä, 2013). She emphasizes and addresses the highlighting function of her statement on the meta-level with “i (.) now hear a very important sentence.” She then reproduces the client’s statement almost word for word. The coach ends her turn at this point without asking another question. The client therefore potentially does not know what is now being asked of her which can be seen in the long pauses and the two feedback signals “yes.” Only after a total pause of 5s the coach continues talking and finally asks what the statement means to the client. Here again, there is a direct connection between the question and the highlighting formulation in line 2,444, which means that “the statement” again functions as a link between the formulation and the question. The question in line 2450 (“what does the

statement mean to you”) finally forms the first position of a subsequent question sequence. In conclusion, the following can be said about the third position or about the entire questioning sequence: The client’s answer is accepted by the coach as an appropriate and sufficient fulfillment of her follow-up expectation. The next question, and thus the next question sequence, refers to a statement by the client that the coach considers important and therefore wants to go further into this aspect. The coach’s reaction to the client’s answer thus has a guiding and change-facilitating function and promotes the further course of the coaching conversation.

3.2 Case 2

A somewhat different approach to a change of perspective is facilitated by the coach in case 2. The client reports on a situation during a job application process not long ago. After a supposedly very good interview, she is assured by the company that they will get back to her with a decision in the course of the week. However, the company does not follow through with their promise which leads to dissatisfaction and frustration on the client’s part.

3.2.1 First position (line 271–281)

The coach begins her turn in line 271 with an affiliative action (“i can well well empathise with that”), referring to the prior action in which the client explains the situation and expresses her frustration about it. The coach hereby shows the client that she supports her affective attitude (cf. Jefferson, 2002; Lindström and Sorjonen, 2012). In line 273, she introduces the next relocating action with “and i_m just wondering if this story now um” which is not continued after a pause of 0.7 s. Instead, she rephrases the client’s previous turn after a self-initiated repair. Subsequently, in line 278, the transition from the rephrasing action to a hypothetical scenario with the connector “and” follows, similar to case 1. Just like in the previous case, the immediate transition to a “new” fact suggests a consequential relation. As in case 1, “imagine” can be understood as an explicit request by the coach to think about the hypothetical scenario. Finally, a description of the announced scenario follows. The coach makes a mistake when describing the scenario, which is repaired by the explicit repair initiator “no the other way around”. Here it becomes clear that the perspective to be adopted is crucial for the scenario or for the question that follows in line 281.

A change of perspective is initiated in lines 278–281, by relocating the client’s frustration with the problem into a new, hypothetical scenario. By asking the client to take the perspective of a friend who is hearing this story for the first time, the coach tries to give the client a different approach to the story, as she should look at it “from the outside.” In line 281, she voices another explicit request to change the perspective (“try to think about it from the outside”). In case 2, as well as in case 1, the relocating action has a different quality than relocating according to Weiste and Peräkylä (2013), since the aim here is not to link two events that have actually taken place, but rather to relocate a currently discussed issue (i.e., a real point of reference) of the client to a hypothetical scenario. For the purpose of this paper we will therefore refer to this as “hypothetical relocating.”

While relocating according to Weiste and Peräkylä (2013) is typically used for pattern identification, hypothetical relocating here has the specific function of a change of perspective. Both forms pursue the goal of stimulating (self-) reflection.

Albeit the structure of the question in case 2 deviates somewhat from the question in case 1, it is still similar in the way that an explicit request for a change of perspective (“try to think about it from the outside you are being told this story from the outside”) is instantly followed by the question “what would be your impression.” The structure of the question is similar to a conditional structure (according to the pattern: When you hear this story told from the outside, what would be your impression?). Although the change of perspective asks the client to take an outside view of her own story, the question “what would be your impression” still asks for her subjective assessment of the story. Here too, the combination of relocating action and question is an explicit invitation to verbalize one’s own thoughts and thus to (self-)reflect.

3.2.2 Second position: the client’s response (lines 283–304)

After a pause of 3.12 s, the client begins her answer with “well i f” and does not pronounce the words “I find” or “I think.” Instead, she initiates a repair and restructures her sentence. She repeats the word “impression,” which the Coach uses in her question, and thus provides a syntactically appropriate answer in which the orientation toward the question is clearly visible. She highlights the word “super” in the statement “the impression is super unprofessional” and repeats the statement again immediately afterwards, adding “and (.) unappreciative.” After another repair, she again emphasizes her negative assessment with “i mean hm i find that really in a large extend,” which makes the client’s indignation about the company’s behavior even clearer. With her short and quiet laugh, she plays down the unpleasant topic. Between the lines 282 and 287 there are two repairs and several long pauses during the client’s turn. This indicates that the client is thinking about what she wants to say or how she should formulate her next thoughts. She uses the hesitation-indicating expressions “i mean” (line 285) and “and” (line 290) which are hesitantly intoned here, as gap fillers. This is followed by a longer pause before she goes ahead with her turn. It is recognizable that the client is addressing the coach’s question and thus the hypothetical scenario and is reflecting on her impression of the company’s behavior while she speaks.

However, the client does not elaborate on the change of perspective introduced by the coach in the first position. Instead of adopting the perspective of a friend who is being told this story for the first time by another friend, the client herself carries out a relocating activity by referring to an similar experience in the past in which her father asked her the question “if one really wants to work in a company that (...),” since the company will probably also have a similar way of working in other aspects. In this way, the client allows the perspective of another person to flow in, but not the perspective of a hypothetical friend, as the coach introduces in the first position, but rather the perspective of her father. The client finally comes to the conclusion “and in this point i completely agree with him.” The client’s single-handed linking of the hypothetical scenario with an event that took place in

271	CO3	i can well well empathise with that
272		(0.2)
273	CO3	°h and i_m just wondering if this story now um
274		(0.7)
275	CO3	well until that wednesday where lunch and then presentation [were yes] what you described at the beginning um °h
276	KL1	[hmmh]
277		(0.22)
278	CO3	that you are promised to receive a re[ply] that does not happen right and also the form uh of the reply is completely different and °hh (.) um imagine you want to tell this to a good friend and (.) no the other way around a good friend would tell you a story like this
279	KL1	[hmmh]
280	KL1	°hh
281	CO3	°h (.) try to think about it from the outside you are being told this story from the outside what would be your impression
282		(3.12)
283	KL1	well i f (.) the impression is super unprofessional i mean super unprofessional and (.) unappreciative
284		(0.26)
285	KL1	i mean
286		(1.12)
287	KL1	two (.) i mean hm i find that really in a large extend [((laughs))]
288	CO3	[yes]
289		(1.79)
290	CO3	and
291		(0.95)
292	KL1	yea my dad has said that before (.) when i applied somewhere else the (.) the
293		(0.31)
294	KL1	difficulty is that in such an application process it_s really no exception to be treated this way soun [soun sounds so]dramatic now but °h it is very often i think that one does not get any repl[y that people s]a[y]
295	CO3	[hmmh]
296	CO3	[hmmh]
297	CO3	[o]r that yea
298	KL1	yes exactly they will get in touch they then do not get in touch and °h (.) my dad once told me and i always try to tell that to myself like if one really wants to work in a company that
299		(0.33)
300	KL1	well (.) works like this because (.) i mean if they work like this in [their application process] they will probably also have a way of working like this normally and in this point i completely agree with him and °hh this was (.) well (.) i know that of course i still would have wished that everything would have gone differently [from the first thing that they] °h [well] would not have behaved so unprofessional but yea i [mean (.)]we are not at make a wish here anyway ((laughs, 1.23s))
301	CO3	[((incomprehensible))]
302	CO3	[((laughs, 2.06s))]
303	CO3	[yes]
304	CO3	[yes]
305	CO3	yes
306	CO3	well i can really understand you (.) that especially now since you were interested in the topics and you thought yes there is so much um that fits (.) you really wanted the job

(Continued)

307	KL1	yes
308	CO3	yes i can empathise with that really well °h (.) and at the same time there emerged such a such a feeling inside of me °h
309		(0.24)
310	CO3	hm
311		(0.29)
312	CO3	the so these whole premises tha [what you say] now as well that is what you considered unprofessional and not very ap[preciative] right °h that is also in the room and [i find] that quite good that you take notice of that and take it into a[ccount]
313	KL1	[hmhm]
314	KL1	[yes]
315	KL1	[yes]
316	KL1	[yes]
317		(0.93)

the past, as well as the implicit realization that the company’s behavior was unacceptable, can be seen as verbalized self-reflection.

3.2.3 Third position: the coach’s reaction to the response (lines 305–316)

In reaction to the client’s response, the coach first expresses understanding and sympathy through affirmation (“well i can really understand you” (line 306) and “yes i can empathise with that really well” (line 308)). She again uses rephrasing formulations which can be clearly seen in the statements “and you thought” (line 306) and “tha [what you say] now as well” (line 312). In addition, the coach also praises the client in line 312: “[i find] that quite good that you take notice of that and take it into a[ccount].” The coach refers directly to the client’s previous turn, in which she responds to the question “what would be your impression” (line 281) by describing how much she considers the company’s behavior “unprofessional and (.) unappreciative” (line 283). The coach thus refers to the degree of self-reflection in the client’s answer and evaluates it positively. It can therefore be said that the client fulfilled the coach’s expectation. Overall, the sequence can be considered a successful questioning sequence in which the systematic use of a particular succession of relocating action and question achieves an answer in which the client shows a degree of self-reflection that is not only accepted by the coach in the third position, but also evaluated positively.

3.3 Case 3

In the next few turns, the coach and the client give further input on the hypothetical scenario and the overall matter. At some point the client says that she thinks that maybe she is just too ambitious and maybe she should be less demanding. The coach picks up on this statement and asks the client how she could have been less demanding, what would have changed as a result and why being less demanding and ambitious would have been a good way for her. After the client’s ambivalent answers, which are characterized by uncertainty, the coach again introduces a hypothetical future scenario, similar to the one in case 1.

3.3.1 First position (lines 376–387)

By saying “and let_s (...) pick up the thread,” the coach announces that the topic will be further explored in the following. She introduces a hypothetical future scenario by saying “so the this fantasy let_s assume you uhm (.) get the acceptance,” which can be recognized by the terms “fantasy” and “acceptance.” Meanwhile, the client utters several affirmative feedback particles which signal that she agrees to devoting to the hypothetical scenario. In line 381, similar to the cases 1 and 2, the direct request (“and (.) um now imagine”) is followed by a detailed description of the hypothetical scenario in which the client more often notices the things she already perceived negatively on the behalf of the potential future employer. In lines 385–387, the coach finally initiates the relocating of the client’s statement by saying “and now once again [...] this this idea of yours.” The coach then continues to reproduce the client’s prior statement that maybe she is just being too ambitious and maybe she should be less demanding, using the direct speech. She thereby takes the client’s statement, decontextualizes it and puts it in a new, hypothetical and future-oriented context in order to change the client’s perception of her own statement.

After the focus shift on the relocating action (“and now once again”) and the relocating action itself (“this idea of yours (.) right that is maybe I have to just try it and not be so demanding”), the coach finally follows up with the wh-question “how does it sound when I say that” (line 387). Again, the question has the form of a conditional structure, although posed with the premise placed last. The second part of the question “when I say that” shows an analogy to the formulation “[when you] hear that coming out of my °h [mouth]” from case 1. The request for an explicit change of perspective becomes clear at this point. As in case 1, the anaphoric reference (“how does it sound when I say that”) makes it clear that the client should verbally state her opinion on the relocating action and that an explicit statement is required.

3.3.2 Second position: the client’s reaction (lines 389–431)

After a pause of 2.26s, the client gives a precise answer to the question: “well especially when you say that when you are in the working life and it will happen even

376	CO3	°h (.) and let_s pick pick up the thread so the this fantasy let_s assume you uhm (.) get the acceptance [that is a]great success [right you a]re rea[lly hap]py °h and then the next step goes
377	KL1	[hmhm]
378	KL1	[hmhm]
379	KL1	[hmhm]
380		(1.22)
381	CO3	and (.) um now imagine what you have already developed as a sense as a feeling for this company (.) um because of the way °h the employees there presented themselves to you °hh (.) um (.) and you go in into the work and notice these things there even more often (.) [i mean] there is a probability [given right]
382	KL1	[hmhm]
383	KL1	[yes (.) sure (.) of] course
384		(0.22)
385	CO3	and now once again (.) uhm (.) uhm
386		(0.46)
387	CO3	this this idea of yours (.) right that is maybe I have to just try it and not be so demanding how d how how how does it sound when I say that
388		(2.26)
389	KL1	well especially when you say that when you are in the working life and it will happen even more often it does not sound good at all and i
390		(1.54)
391	KL1	hm
392		(0.2)
393	KL1	°h i must say it always makes me think back to an experience i once had it was just a (working student position) well i was (.) I told you that for a longer time I was sick
394		(0.47)
395	KL1	and after that i
396		(0.26)
397	KL1	or like then after half a year i um applied for a (working student position)
		(lines 398–405 omitted)
406	KL1	i had an job interview there as well and it was really awful in the sense of (.)°h i just had the feeling that something wasn't right like I couldn_t really say why but i just didn_t have a good feeling like °h (.) the tasks somehow matched and °h (.) like i said the whole values of the company also matched well and °h
		(lines 407–422 omitted)
423	KL1	[yes exactly some]how um (.) yes exactly and then at that time i thought um i did not have many alternatives i just wanted to do something because i was also °h a little bit
424		(0.26)
425	KL1	aimless so i thought oh i just do do it now because in the end it was a working student job the money didn_t matter i just wanted to try it °h (.) i did it then i quit again after a month
426		(0.71)
427	KL1	because i
428		(0.4)
429	KL1	said it is not for me (.) and it does not make any sense (.) and i do not feel comfortable i do not feel integrated into the team °h all these things and that after 6weeks or so after a short period of time and i have never really done that after such a short period of time °hh and now i think about it from time to time (.) when i like you also said um (.) put myself in the situation that if i would be working there and it would be terrible °h then i think to myself (.) yes well but (.) theoretically my gut (.) feeling was always something i could
430		(0.45)
431	KL1	trust
		(lines 432–450 omitted)

(Continued)

451		(1.04)
452	CO3	yes we are now in this topic with the (.) with this current situation you have had the job interview after the last coaching and (if) the appointments in between now here (we) just plunged into this coaching session [very quickly] °h right and i would now like to go [back] a little °h (.) um
453	KL1	[((laughs))]
454	KL1	[yes]
455		(0.49)
456	CO3	and um (.) and reflect again (.) with you together (.) um (.) so in the
457		(0.2)
458	CO3	hm follow-up to the last session °h (.) in order to orientate yourself professionally and to find a direction for yourself °h what goal you [wou]ld like to set for the session today how would you like to use the session
459	KL1	[hmhm]
460		(0.2)
461	KL1	hmhm

more often it does not sound good at all.” Here, too, by saying “especially when you say that,” the client indicates that she is syntactically orienting her answer to the follow-up expectation of the question and that she understands what the coach is expecting or that she has interpreted the follow-up expectation correctly. It also becomes clear that the coach’s relocating action elicits a result-oriented reflection in the client, as the client comes to the conclusion that this hypothetical scenario does not sound good coming from the coach and that she does not agree with her own statement that she simply has to try not to be so demanding. She thus rethinks or reflects on her one statement and reassesses it, which ultimately leads to a change in stance. The reflection-stimulating potential of the systematic use of relocating action and the related question “how does it sound when I say that” becomes particularly clear in the client’s answer.

Similar to cases 1 and 2, the client fulfills the coach’s follow-up expectation and gives a precise answer to the question. With the statement “i must say it always makes me think back to an experience i once had,” the client additionally introduces an independent relocating. She states that this makes her think of an experience from when she was still a student, where she had taken a student job that she did not have a good feeling about from the start. While telling the story, she makes statements such as “i just had the feeling that something wasn’t right” and “i just didn_t have a good feeling” (406). The client continues to describe the situation from her past for about a minute (lines omitted) and finally makes the connection to her current professional situation in line 429: “and now i think about it from time to time (.) when i like you also said um (.) put myself in the situation that if i would be working there and it would be terrible °h then i think to myself (.) yes well but (.) theoretically my gut (.) feeling was always something i could (0.45) trust.”

The client directs the conversation from the hypothetical scenario established by the coach to a similar experience from her own past, and finally back to her current situation. In doing so, she implicitly comes to the conclusion that she should trust her gut feeling, as she did back then, and therefore should not try to be less demanding or

to lower her expectations of a job. The initial relocating and accompanying pattern identification by the client herself are very central characteristics of successful self-reflection here.

3.3.3 Third position: the coach’s reaction to the response (lines 452–461)

Surprisingly, the coach does not react to the client’s answer at all and instead carries out an agenda-thematizing action without further addressing the client’s response. The motivation for this intervention is not traceable in the conversation and can be explained by the epistemic authority of the coach in the coaching process (Dionne, 2021). The non-judgment of the client’s answer and the initiation of a new, higher level activity can be interpreted as “ratification qua accomplishment” (see text footnote 2, respectively) (Spranz-Fogasy, 1986), since it can be assumed that the coach judges the client’s contribution as an adequate answer to her question that does not require explicit ratification. It can therefore be assumed that the question sequence was considered successful by the coach, so that she can move the conversation and thus the coaching project forward.

4 Discussion

On the basis of three different questioning sequences, this paper examined a specific questioning practice that a coach used several times during a coaching process. The aim was to find out whether the questioning practice has a reflection-stimulating potential. In the selected examples, after a short rephrasing action at the beginning of the turn, the coach uses a hypothetical relocating action. The transition from rephrasing to the hypothetical scenario happens immediately and is facilitated by a connector (e.g., “and now”) which suggests to the client that there is a subsequent connection. At the same time, the conjunction and the adverb serve to focus the attention to what comes next. By the use of terms such as “fantasy,” “assume” or “imagine,” the coach also signals that a hypothetical scenario is being introduced. Supporting this, the coach uses direct and explicit prompts, such as “now imagine,” so that the client has no choice but to imagine herself in the scenario. In cases 1 and 3, the

coach also creates a distance between the client and her statements by using the first person singular several times in the hypothetical relocating actions. This helps the client hear her own statement coming from another person, theoretically making it easier for her to look at her own statement from an outside point of view. In all of the three cases, the hypothetical scenario introduced by the coach aims to initiate a change of perspective in the client, paving the way for the question that finally leads the client to explicitly comment on the scenario.

In all of the three cases, the questions are posed as conditional structures, which all reveal syntactic and systematic similarities. The questioning pattern (When (...) then?) has a strong guiding function and places a strong consequential expectation on the client's answer which was referred to in this paper as a constraint for critical assessment. In the examples, the question always makes an anaphoric reference to the hypothetical relocating action (e.g., “[when you] hear *that* coming out of my *h* [mouth],” case 1, line 2408) which illustrates the systematic relationship between the hypothetical scenario and the question. The client is thus shown that there is a logical connection here. A change of perspective, and therefore a change in stance, was achieved by the coach explicitly asking the client to speak her thoughts aloud when she hears her own story or statement coming from the coach's mouth. The question can therefore be seen as a request to verbalize the reflection process. The question about the “very first” thought also signals to the client that she should express her thoughts directly and without delay, without thinking long and hard about the answer beforehand. The client subsequently answers intuitively or according to her gut feeling.

When looking at the second position, it became apparent that the client recognizes the constraint for critical assessment that has arisen and orients her answers to it by providing syntactically matching answers and also picking up the wording of the question. In case 3, for example, the client answers to the question “how does it sound when I say that” (line 387) with “well especially when you say (...) it does not sound good at all” (line 389). It is clearly recognizable that the change of perspective, which is aspired by the question, is successful and thus a self-reflection process is elicited. In the client's answers, other phenomena of self-reflection could also be observed, such as the frequent use of epistemic sense and performative expressions like “actually,” “maybe,” as well as “I find” and “I think.” Frequent repair initiators, long (thinking) pauses and the use of delay signals are also signs of a reflection process taking place. Another sign of self-reflection is the fact that the client contradicted her own statements soon after stating them aloud, therefore critically assessing them.

Another crucial aspect of self-reflection involves the independent pattern identification which can particularly be found in cases 2 and 3. It can be observed that in her answer to the question “what would be your impression” (case 2) the client independently uses a relocating action and establishes the link from the hypothetical scenario to an event from her own past in which her father gave her advice that can also be transferred to the current situation. This is very similar to case 3, where in her answer to the question “how does it sound

when I say that,” the client again refers to an event in her past and comes to the own conclusion: “theoretically my gut (...) feeling was always something i could (0.45) trust.” The independent pattern identification initiated here by a relocating action and the coach's questions is a crucial aspect of self-reflection and a convincing argument for the reflection-stimulating potential of the systematic use of hypothetical relocating and questioning.

The extent to which the coach assesses the client's response as appropriate and whether the change project is moved forwards or stopped was examined in the third position. In all three cases it becomes clear that the coach evaluates the client's answer as an appropriate fulfillment of the follow-up expectation of the question and that the change project is thus advanced. This is shown by the fact that in case 1, the coach navigates the conversation by highlighting an aspect of the client's answer. In case 3, a new higher-level activity, an agenda-thematizing action, is initiated and in case 2, the client's answer is even followed by a verbal, positive evaluation of the client's answer and the degree of her self-reflection.

5 Conclusion

As shown in this article, hypothetical relocating can encourage reflection on the client's own narrative and their own choice of words. In combination with a question, the coach's action is finally transformed into a request for the client to explicitly verbalize and thus to critically assess their own thoughts. The systematic use of formulation and questioning thus has a reflection-stimulating potential and is therefore a significant tool for eliciting self-reflection, which is identified as a pivotal factor in advancing the overarching goal of coaching – facilitating change in clients. The paper calls for further exploration of the change potential immanent to coaching, emphasizing the need for continued research on the transformative power of questioning practices. In essence, the study illuminates the intricate dynamics of coaching, showcasing how coaches can shape self-reflection and contribute to the facilitation of transformative change in the coaching process.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

Ethical approval was not required for the study on human participants in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

CM and TS-F contributed to the article and approved the submitted version and examined the corpus for the occurrences of questions and formulations together. CM was mainly responsible for the detailed analysis of the chosen examples as well as the writing of the introduction and the discussion and conclusion. TS-F substantially contributed to the article by guiding, consulting and critically discussing the findings and writing with CM. All authors contributed to the article and approved the submitted version.

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