

# COMMUNICATING ABOUT COMMUNICATION IN A THERAPEUTIC INTERVIEW

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*The aim of this article is to focus on the conversational and interactional processes by which the patient and the therapist make sense of a therapeutic situation and give meaning to the problem at the origin of the consultation. The article presents a method of analysis that relies on a specific conversational activity: reformulation. After a brief definition of this activity and a presentation of the method, a few sequences of reformulation concerning communication are analyzed at three different levels: the semantic level, the relational level, and the facework level, which refers to the management of the actors' identities. The conclusions focus on some specificities of the therapist's activity, namely the transformation of the patient's discourse into a defined problem; the therapist's change of perspective vis-à-vis that of the patient; the therapist's implicit teaching role regarding the interactional rules of the situation, social values and norms, and scientific theories and jargon.*

Recent research in the field of psychotherapy, conversational analysis, and communication has increasingly stressed the fact that psychotherapy is a conversational activity. Scholars have claimed that a better understanding of the interactional dynamics of this particular genre of conversation might give access to those therapeutic processes which are responsible for change in the patient. Such a claim has in particular been made by family therapists working in a constructionist perspective (Andersen, 1991; Dell, 1986; Goolishian & Anderson, 1990; Hoffman, 1992; McNamee & Gergen, 1992), as well as by researchers studying verbal interaction in counseling and therapeutic situations

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(Apothéloz & Grossen, in press; Davis, 1986; Erickson & Shultz, 1982; Grossen 1992; Labov & Fanshel, 1977; Proia, 1994; Trognon, 1994; Salazar Orvig, 1987). In both cases, human communication is assumed to be intrinsically an intersubjective process by which interlocutors negotiate meanings on the grounds of certain cultural, institutional, and personal assumptions.

Defending a dialogically based approach to language, and assuming that the external world, or what he calls "states of affairs," is likely to be brought into language from different perspectives, Rommetveit (1992) discussed how participants in an interaction are led to adjust reciprocally their perspectives and attain some states of intersubjectivity representing states of mutual understanding. He took the example of a not-yet-verbalized state of affairs: something is going on in Mr. Smith's garden. He showed that this state of affairs can be made sense of in a variety of ways depending on different dialogically established backgrounds; for example, it can be brought into language by expressions such as Mr. Smith is "mowing the lawn," "beautifying his garden," "engaging in physical exercise," "avoiding his wife," and the like. Expanding the same example, Rommetveit then showed that Mr. Smith's activity could be described in two different ways: if the background assumption is that Mr. Smith is lazy, one could say that he *is working*. In this case, an activity (e.g., mowing the lawn) is opposed to a nonactivity (e.g., staying in bed). If the background assumption is that Mr. Smith's activity belongs to leisure time as opposed to work, one could on the contrary say that he *is not working*. Thus the problem participants are confronted with when they communicate is that of adjusting their reciprocal perspectives. As Rommetveit (1992) put it:

Reciprocal adjustment of perspectives is achieved by "an attunement to the attunement" of the other by which states of affairs are brought into joint focus of attention, made sense of, and talked about, from a position temporarily adopted by both participants in the communication. (p. 13)

Constructionist family therapists partly share such a stance by departing from an instrumental and classical conception of psychotherapy to adopt an interactionist perspective in which the unit of analysis is the patient and the therapist as a *system* in interaction. Hence emphasis is put both on the role of the therapist (and on the self referential dimension of his/her activity) and on the patient's activity. On the one hand, the therapist's observations, his/her theoretical models, and professional practices place him/her in a certain perspective, which belongs intrinsically to the therapeutic process. On the other hand, the patient has already experienced interpersonal relationships in different institutional contexts, acquired practical knowledge of his/her social world, as well as social representations of certain socially shared concepts on health/illness (see for example Herzlich & Pierret, 1984;

Jodelet, 1989), developed his/her own explanations to account for his/her problem, and so on. Thus the patient and the therapist can be considered as two social actors having different status and roles who come into the therapeutic situation with partly diverging social and personal experiences and knowledge. Psychotherapy is thus considered a communicative process in which the patient and the therapist negotiate the meanings to be given to the problem or, as O'Hanlon (1992) put it, "co-create the problem that is to be focused upon in psychotherapy." As a symbolic mediation used by participants to coordinate their perspectives and co-construct a new definition of the problem, the conversation is then considered to be both an important therapeutic medium and context in which the therapeutic process can be observed.

To account for the change occurring during therapy, researchers in this field have often claimed that the therapist's role is to bring in perspectives which differ from those of the patient and thus "interfere with the repetition of the same experience that has brought the patient to psychotherapy" (Fruggeri, 1992, p. 49). According to Goolishian and Anderson (1990), this difference in perspectives creates the interactional dynamics liable to account for the change process: change therefore emerges from the creation of new narratives which "must remain coherent with memories and events," but simultaneously elicit a "new meaning that is mediated through the different logic of the changing narrative" (Goolishian & Anderson, 1990, p. 109). It must be stressed, however, that studies conducted in this vein often rely on simple verbal reports of therapeutic sessions which the reader is obliged to accept as such. In this respect, Viaro and Leonardi (1990) went a step further: They used concepts and methodological devices derived from discourse analysis to analyze a series of family therapy sessions made in the Center of Family Therapy in Milan directed by Mara Selvini-Palazzoli (for a presentation of this therapeutic approach, see Boscolo, Cecchin, Hoffman, & Penn, 1987) and described the interactional rules and routines that are specific to therapeutic interview. Working on a series of therapeutic interviews conducted in the same center, Fele (1991) adopted a similar perspective and focused more specifically on the self-repair and other-repair that are made in therapeutic conversation when a conflict or a disagreement between the patients and the therapists arise. In both cases, however, the way the patients and the therapists negotiate the meanings of the problem at the origin of the consultation is rather unexplored.

The hypothesis that the therapeutic process might arise out of the discrepancy between the patient's and the therapist's perspectives is also made by scholars in the field of social psychology of counseling and therapy. For example, Strong and Claiborn (1982) proposed a three-phase model to account for the therapeutic process. In the first phase,

the therapist accepts the patient's definition and, as Strong and Claiborn stated, "builds the patient's dependence for the second phase" (p. 49). In the second phase, the therapist tries to make the relationship incongruent with the patient's expectations. In the third phase, when the therapist has succeeded in bringing about a change in the patient, the relationship becomes congruent again, with the patient joining the therapist's meanings and definitions. The discrepancy is thus reduced and the therapy reaches an end. According to this model, incongruent and unstable relationships characterizing Phase 2 are central to the therapeutic process.

Some researchers (Heppner & Claiborn, 1989; Yesenovsky & Dowd, 1990) claim, however, that the role of the discrepancy between the patient's and therapist's perspectives of the problem is far from clear and that further research is needed to analyze the second phase of therapy. In an attempt to do this, Yesenovsky and Dowd (1990) gave a verbal report of a case study with the aim of describing the therapeutic process according to the three-phase model. However, they did not provide the reader with any verbatim transcriptions and their account of this process remained rather general. Thus it is difficult to gain any clear insight into the interactional processes that bring about change.

In the field of conversational analysis, the idea that the discrepancy between the patient's and the therapist's perspectives may account for the therapeutic process and consequent change can also be found. For example, François (1994) claimed that discontinuity, changes in points of view, nonconsideration of the interlocutor's discourse, and topic shifts are just as necessary to the dynamics of a conversation as is continuity and the construction of intersubjective states. In fact, discontinuity and temporary ruptures of the participants' coordination of perspectives keep the dialogue going and to some extent maintain the participants' interest in interacting. Making a distinction between the social roles of the patient and therapist on the one hand, and the actual role they take on during the interaction on the other, François claimed that the instability of these actual roles during the conversation is a crucial element responsible for the conversational dynamics and that no dialogue would proceed without the maintenance of a difference in perspectives (see also François, 1989; Vion 1992). His analysis of a verbatim transcription of a therapeutic session focused thus on the discrepancies between the patient's and psychiatrist's points of view, which led him to conclude that the efficiency of the psychiatrist's discourse might paradoxically consist of proposing solutions that the patient is led to refuse. He considered the therapeutic process is thus the result of a negotiation that is made necessary by the difference between the patient's and the therapist's perspectives.

In a similar vein, Dittmar's analysis of 49 therapeutic sessions with patients who have attempted to commit suicide (Dittmar, 1988) showed

that once a topic has reached an end (what he calls "saturation point"), it must either change or be semantically differentiated. This latter procedure, referred to as "interpretative differentiations technique," stimulates the topical progression and hence the therapeutic process. Dittmar observed that therapists use this technique very frequently, with the result of enabling the development of new perspectives and alternative actions. From his study, it is difficult, however, to gain a clear insight into the interactional conditions that would transform the divergences between patients and therapists into therapeutic change.

To sum up, the series of studies we have briefly reported shows that the research as it stands at present requires more empirical studies focusing on the actual conversational and interactional processes by which the patient and the therapist make sense of given "states of affairs." However, two general methodological problems are raised when adopting such a perspective. Both refer to the choice of a unit of analysis: the first is to define a unit which is dialogically relevant, namely to consider the meanings as they are interactively negotiated and co-constructed by the participants. Taking a dialogical stance also implies that the unit of analysis is not limited to the speech act, but is extended to the way a turn or an utterance is interpreted by Addressee B (at Turn 2) and to the way Speaker A interprets both what B said and what he himself or herself intended to say (Turn 3). This three-step analysis has in particular been developed by Marková (Linell & Marková, 1993; Marková, 1990). The second problem is to construct a method enabling the analysis of how the meanings of certain states of affairs are continuously negotiated throughout the interview. More precisely, such a method should enable the analysis of how certain states of intersubjectivity are shared and then broken, thus resulting in a succession of continuity and discontinuity between the participants' discourse, which contributes to the interactional dynamics.

With the aim of illustrating a possible way of coping with these problems, this article will present a method of analysis describing how therapists and patients negotiate and construct meaning during a therapeutic session. The method will rely on a specific conversational activity: reformulation. Two main reasons account for this choice: the first is that reformulation is a linguistic activity that therapists themselves often recommend as a therapeutic device, because it enables the therapist to give his/her own perspective on the patient's discourse without departing from the neutrality necessary for the establishment of a therapeutic alliance. The second reason is that reformulation can be considered a discourse device that enables the speaker to carry out two tasks that may be difficult to reconcile: maintaining the continuity with the other participant's speech and maintaining the continuity of his/her own discourse (de Gaulmyn, 1987a). In therapeutic discourse, the function of reformulation is also to maintain a continuity between

the patient's and the therapist's discourse while introducing the discontinuity necessary to induce a therapeutic process. If we turn back to the hypothesis that the therapeutic process is provoked by a discrepancy between the patient's and the therapist's perspectives, we can consider reformulation to be a particularly relevant activity on which to focus. In fact, taking an interactionist stance, we will examine some sequences of reformulations initiated either by the therapist or by the patient and analyze them on three different levels: the semantic level, the relational level, and the facework level. The sequences selected for the analysis will all involve the same topic, namely communication. This analysis will enable us to describe the different levels on which reformulations operate and to analyze how patients and therapists co-construct a definition of certain states of affairs and in particular define the problem that has motivated the consultation.

In the remainder of this article, we first make a brief presentation of the concept of reformulation, and then we describe the corpus and the method of analysis. This is followed by an analysis of five sequences based on a comparison between the reformulated discourse and the reformulations. General conclusions concern the method and characteristics of the therapist's activity.

## THE CONCEPT OF REFORMULATION

Giving an operational definition of reformulation is not an easy task. Reformulations may indeed be identified by various clues, namely semantic, formal, and nonverbal. Although in a real conversation these dimensions are interrelated, the need to operationalize them when doing research makes it necessary to put them in order of priority. This task is difficult, however; in fact, defining reformulation simply on the basis of semantic clues is ineffective, because each utterance, to some extent, can be considered a reformulation of another utterance. Relying on nonverbal clues still remains a rather unexplored domain, which presents a lot of methodological problems.

Taking formal clues to define reformulations seems a reliable method. According to Gülich and Kotschi (1987) (see also de Gaulmyn, 1987a, 1987b), the formal structure of a reformulation consists of three parts: a source-sequence (the reformulated discourse), a reformulation marker announcing the reformulation, and a reformulating sequence (the reformulation itself). Formally, this structure may be either dialogical<sup>1</sup> (when the source-sequence and the reformulating sequence are not produced by the same speaker), or monological (when the source-sequence and the reformulating sequence are produced by the same speaker). The former will be called other-reformulations; the latter, self-reformulations (Gülich & Kotschi, 1987).

Whether it be an other-reformulation or a self-reformulation, two reformulations can be compared: the source-sequence and the reformulating sequence. This comparison can be used to analyze the interactional construction of meanings. Thus reformulations seem to be a very suitable instrument for studying how meanings are negotiated. Several other-reformulations can also be tied one to another and constitute a complex series of negotiations that can be analyzed.

It may happen that a turn can be interpreted as a self-reformulation on a local level but as an other-reformulation on a more general level, or vice versa. Obviously, the localization of the original formulation is sometimes a difficult task. Consequently, the following principle has been adopted: the distinction between a self-reformulation and an other-reformulation will be based on the local source of the reformulation.

Referring to previous research of the topic, our analysis will be deliberately restricted to reformulations that are linguistically marked and can thus be defined by formal criteria. Two types of marked reformulations will be distinguished:

1. Reformulations introduced by a metadiscursive clause, characteristics of which are to use a predicate mentioning the verbal activity itself (reported speech), as "you expressed that . . .," "you told me that . . .," "you actually mentioned that . . .," "you explained that . . .," etc. In principle, these reformulations are easy to identify.
2. Reformulations introduced by a marker as: "in other words," "namely," "I mean," "for example," "how can I put it," "well," "thus," etc. These expressions, however, may be interpreted in several ways and have several semantic and pragmatic functions (Schiffrin, 1987), thus they should not be automatically considered to be reformulation markers. The context (namely semantic and situational clues) has to be taken into consideration to determine their function as a reformulation marker.

These two types of reformulations can be used either for a self-reformulation or for an other-reformulation.

### Examples<sup>2</sup>

*Context:* F has been asked to explain her expectations regarding the therapy. After F's answer, TW (one of the therapists) takes the floor:

- |    |    |   |   |
|----|----|---|---|
| R1 | TW | : | <i>if I've understood correctly, it seems that there are two phenomena that you want to look at, there is a communication</i>   |
| R2 |    |   | <i>problem between you both [ . . . ] which you have explained and</i>  |
| R3 |    |   | <i>which absences have therefore certainly made worse</i>   |
| R4 | F  | : | <i>yes [ . . . ] well that's to say er how can I explain at the beginning of my marriage [ . . . ] it was it was er how can I put it it was nothing it was TO ME IT SEEMED normal</i> |
|    |    |   | [ . . . ]   |
| R5 | TW | : | <i>and on the other hand [ . . . ] when I asked you why you were thinking about coming in relation to yourself you immediately</i>  |
| R6 |    |   | <i>talked about your communication difficulties [ . . . ]</i>   |
|    |    |   | [ . . . ]   |

F : there have been times when there was a lot of affection [ . . . ]  
 R7 I mean times which are quite extraordinary

#### CODING OF REFORMULATIONS

##### Reformulation 1 (other-reformulation)

The beginning of TW's turn indicates explicitly that TW is going to reformulate F's answer (other-reformulation). "If I've understood correctly" is a marker; this expression does not comprise any saying verb, like say, tell, talk, claim, pretend, answer, ask, insinuate, deny, explain, argue, hypothesize, and so on.

Source-sequence: in F's answer (not reported here, see Sequence 1 below).

Marker: "if I've understood correctly"

Reformulating sequence: "it seems that there are two phenomena that you want to look at there is a communication problem between you both [ . . . ] which you have explained and which being apart has certainly made worse then [ . . . ] and on the other hand [ . . . ] when I asked you why you were thinking about coming in relation to yourself you immediately talked about your communication difficulties"

##### Reformulation 2 (other-reformulation)

Source-sequence: in F's answer

Metadiscursive clause: "you have explained" (*explain* is a saying verb)

Reformulating sequence: "there is a communication problem between you both"

##### Reformulation 3 (other-reformulation)

Source-sequence: in F's answer

Marker: "then"

Reformulating sequence: "and which absence has certainly made worse"

##### Reformulation 4 (self-reformulation)

Source-sequence: "there is a communication problem between you both [ . . . ] which you have explained and which absences have certainly made worse therefore"

Marker: "that's to say" (in this locution, *say* does not refer to any verbal activity)

Reformulating sequence: "how can I explain at the beginning of my marriage [ . . . ] it was it was er how can I put it it was nothing it was TO ME IT SEEMED normal [ . . . ]"

##### Reformulation 5 (self-reformulation)

Source-sequence: The question TW asked at the beginning of the session (not reported here)

Metadiscursive clause: "when I asked you" (*ask* is a saying verb)

Reformulating sequence: "why you were thinking about coming in relation to yourself"

##### Reformulation 6 (other-reformulation)

Source-sequence: in F's answer

Metadiscursive clause: "you immediately talked about" (*talk* is a saying-verb)

Reformulating sequence: "your communication difficulties [ . . . ]"

##### Reformulation 7 (self-reformulation)

Source-sequence: "there have been times when there was a lot of affection [ . . . ]"

Marker: "I mean"

Reformulating sequence: "times which are quite extraordinary"

A difference between reformulations introduced by a metadiscursive clause and reformulations introduced by a marker is that in the former, the source-sequence can be at some distance from the reformulating sequence, whereas in the latter, the source-sequence very often immediately precedes the reformulating sequence. Consequently, these types of reformulations do not have the same functions: the former plays an important role in organizing and planning the conversation; on the contrary, the latter has more local effects: its functions do not extend beyond one or two turns.

Another important difference, regarding only other-reformulations, pertains to the speaker's degree of personal commitment: when using a marker, the speaker fully assumes the responsibility of his/her discourse, whereas when using a metadiscursive clause, she/he is not directly involved, because the speech is explicitly reported and attributed to another speaker ("you said that . . ."). In the latter case, it is only the act of attributing a discourse to someone else which involves the speaker's personal responsibility.

This analysis focuses only on other-reformulations introduced either by a metadiscursive clause or by a marker. The source-sequences and their reformulating sequences will systematically be compared, with the aim of describing the continuity and discontinuity between the therapist's and patient's discourse during the interaction.

## PRESENTATION OF THE CORPUS

The corpus is an initial family therapy session conducted in French.<sup>3</sup> The family members are the mother (M), the father (F), a 7-year-old daughter (D), and a 5-year-old son (S). The therapists are a woman (TW) and a man (TM) who have both been trained in systemic family therapy. The interview has been motivated by F, who over the last few years has been imprisoned several times for child sexual abuse. TM met F prior to this interview and proposed family therapy.<sup>4</sup> The interview took place in a room in the penitentiary where F was imprisoned at that time. It lasted 90 minutes and was audiotape-recorded. Records were fully transcribed according to the conventions presented in Appendix A.

## ANALYSIS OF THE REFORMULATION SEQUENCES

### METHOD

The method first consisted of picking all of the reformulation sequences out of our corpus and analyzing them extensively (Apothéloz & Grossen, in press). At the end of this first analysis, our attention was drawn to the recurrence of a topic regarding a communication problem that the patients refer to and the therapists repeatedly take up. It was particularly tempting to examine how the meanings of such a sensitive topic are negotiated in a communication situation in which the therapists, as family therapists, are considered to be "specialists in communication." This is why for the purposes of this article we decided to focus only on reformulation sequences concerned with the topic of communication, namely five sequences. Moreover, as already mentioned, the selection of reformulation sequences will be restricted to other-reformulations.

The analysis of these reformulation sequences will systematically focus on three levels of description reported by Vion (1992, p. 96).

1. The semantic level, which refers to the negotiation of meanings during the interaction. This level will be analyzed by comparing the source-sequence and the reformulating sequence;
2. The relational level, which refers to the construction of the relationships between the participants and to the negotiation of their roles and status in the interaction. In fact, participants in a conversation do not display socially defined roles: they enact them and construct their roles during the interaction itself. From this point of view, the role and status asymmetries between the patients and the therapists are not definitively fixed, but are continuously renegotiated so that the asymmetry may be completely reversed with respect to the expected roles (for an illustration of this point in patient-doctor interaction, see Heath, 1992).

3. The facework level, which refers to the management of the actors' identities during the interaction. This level includes the impression the participants try to give of themselves during the interaction, and the face-saving strategies they are liable to adopt.

Even though these three levels are closely interdependent, distinguishing between them has proved to be very useful for the purposes of the analysis, as shall be shown.

### ANALYSIS OF SEQUENCE 1

Sequence 1 is taken from the beginning of the interview. F and M have been asked by TM to explain their expectations vis-à-vis the therapy. M's answer is reported in source-sequence [1]:

Source-sequence [1: 57-60]<sup>5</sup>

M: I thought it would be good for my daughter too because she has quite a withdrawn character shy sensitive she is often depressed I hope it'll be good for her (...)

F's answer is reported in source-sequence [2]:

Source-sequence [2: 80-86]

F: [From these interviews I expect] to be able to enter into a dialogue as a couple well with my wife so that we don't have a dialogue which is interrupted all the time because we think it's stupid because I CANNOT say something my wife CAN'T OR DOESN'T WANT to say what she thinks what she feels about any subject so it is to em to widen our [...] our understanding a bit

After F's and M's answers, TW takes the floor and makes the first important intervention by a therapist:

Sequence 1 (148-178)

- R1 1 TW : *if I've understood correctly*, it seems that there are two phenomena that you want to look at there is a communication problem between you both
- 2 F : [yes and]
- 3 M : [yes]
- R2 4 TW : [*which you have explained* and which absences have
- R3 therefore certainly made worse
- 5 F : yes
- 6 TW : repeated absences
- R4 7 F : well *that's to say* er how can I explain at the beginning of my marriage well er let's not speak about my first arrest I I had only been away for one day er yes well it was it was er how can I put it it was nothing I THOUGHT IT WAS normal then after my second arrest and going to the clinic because of it and my psychotherapy with Dr. Z which for me developed my my ability to express myself even if it's not that good yet but which which developed my sense of contact er of getting somewhere in life I

was able to pass a bit of it on to my wife but but because I'm not a therapist myself there came a point at which I couldn't get beyond a barrier I would like us to get over so that we could go further and open up to each other

- 8 TM : hm  
R5 9 TW : and on the other hand *you present* the the maybe also you think of your children straight away and  
R6 *when I asked you why you were thinking about coming in relation to yourself you immediately talked about your communication difficulties thinking that perhaps they were the same for D*  
R7  
10 M : yes  
R8 11 TW : *since you have pointed out* that she's had some difficulties at school among others  
R9 12 M : *well she works hard* [at school]  
13 TW : [yes]  
14 M : we don't have many problems on that level but it is hard for her to express herself  
15 D : (laughter)  
R10 16 TM : ((to D)) do you hear *what your mother said* you are doing well at school but sometimes it is a little difficult  
R11 17 M : *yes we always get good marks but [...]*

Sequence 1 is twofold: the first part is addressed to F (Turns 1-8), the second part to M (Turns 9-15), with Turn 16 then addressed to D. They will be analyzed in turn.

The first part contains three reformulations: the first is introduced by a marker (R1: "if I've understood correctly"). It has a metadiscursive function which is to announce the twofold organization of TW's intervention ("it seems that there are two phenomena"). The second reformulation ("there is a communication problem between you both") is marked by a metadiscursive clause (R2: "which you have explained"). The third reformulation ("and which absences have therefore certainly made worse") is indicated by a marker (R3: "therefore").

The first marker (R1: "if I've understood correctly") has different effects: On the semantic level, it is an implicit request to negotiate the interpretation TW is about to express.<sup>5</sup> On the relational level, this implicit request may be considered to be a way used by the therapist to reduce the assertive force of her reformulation and to offer the patient the option of placing another interpretation on the problem. It is thus a way of reducing the asymmetry of the patient-therapist relationship. On the facework level, TW's reformulation undermines the potential threat caused by her words and saves both her own and the patient's face, by referring to a possible misunderstanding of what the patient had said.

The source of TW's second reformulation (introduced by Clause R2: "which you have explained") has been reported in source-sequence [2: 80-86]. The comparison between the reformulation and the source shows that TW sums up F's formulation in the condensed expression—"communication problem"—which is formulated for the first time in the interview. TW's reformulation introduces a slight semantic discon-

tinuity: F actually talks about his expectations regarding the interview and imagines himself in the future, whereas TW points to a "problem," locating it ("between you both") and suggesting some explanation. TW's reformulation looks like a typical diagnostic sequence where the nature, the location, and the cause of the symptom are determined.

The source of TW's third reformulation ("which absences . . .") is reported in source-sequence [3] and refers implicitly to F's imprisonment:

Source-sequence [3: 123-132]

- F: ( . . . ) we have been married for eight years [ . . . ] and I have been living [ . . . ] for three years ((at home with his wife)) [ . . . ] well it's not much and [ . . . ] I think it's maybe more or less an advantage since we still have a lot to learn from each other

The comparison between the source-sequence [3] and TW's reformulation shows that TW defines F's absences not as an "advantage," but as an aggravating factor. F interrupts TW and suggests a new reformulation introduced by Marker R4 ("that's to say"). On a semantic level, his reformulation can be considered a refutation containing two main arguments, both implying that his absences have been an advantage: first, his hospitalization and his psychotherapy have developed his "ability to express himself"; second, he failed to help his wife to develop her own "sense of contact." This second argument suggests implicitly that his wife is now to blame for the communication problem between them. But the most interesting point is that these arguments reveal a gap between F's and TW's definition of the word "communication." For the former, it is defined as an "ability to express himself," namely as an intraindividual characteristic liable to improve under certain conditions; for the latter, it is an interindividual event—something which lies "between" individuals and not "within." On a relational level, it can be observed that F takes an active part in the conversation and affirms his own position and subjectivity. By suggesting that M could be blamed for the problem, he also gives a positive image of himself and saves his own face.<sup>6</sup> On the facework level, by reporting his past willingness to be treated for his own communication problem, F gives an image of himself as someone who is conscious of his own limits, and who is capable of dealing with the therapists on an equal footing.

In her next turn (9), TW does not comment on F's reformulation and continues with the second part of her intervention addressed now to M. F's reformulation is thus temporarily ignored and the misunderstanding about what is meant by communication is not made explicit.

The second part of Sequence 1 has mostly the same characteristics as the first one. It begins with three reformulations introduced by a metadiscursive clause (R5-R7: "you present . . .," "when I asked you . . .," "you immediately talked about . . .") and ends with R8 intro-

duced by the clause "since you have pointed out." The latter introduces an argument by which TW justifies her own reformulation. M's answer is also a reformulation introduced by a marker ("well"). In Turn 16, TM reformulates M's discourse (introducing his reformulation by metadiscursive Clause R10: "what your mother said") and addresses the daughter.

The source of this second part refers partly to a telephone call which TW and M had to schedule a date for this interview, partly to source-sequence [1]. TW's reformulation links up what M just said about her daughter with what she had said about herself during the telephone call (or supposedly said according to TW). M's discourse is thus summed up by the label "communication difficulties." As was also observed in the first part of the sequence, TW tries to avoid an intraindividual explanation to account for the patients' difficulties.

Nevertheless, it should be stressed that this reformulation does not only focus on the meaning of M's answer, but also on the specific mode of answering the question about the parents' expectations which was asked by TM at the beginning of the interview. This reformulation suggests that M was expected to answer the question in terms of herself and not her daughter. It has a metacommunicative dimension and therefore might be considered an implicit teaching episode on how the patient should behave in a situation such as this.

M's answer (12M) only reformulates the last part of TW's intervention. M's reformulation (R9: "well she works hard at school") totally ignores the first part of TF's reformulation and only focuses on the second part. Her reformulation seems to be aimed at avoiding a possible interpretation of TF's discourse, namely that "having difficulties at school" might mean "working badly," instead of "having difficulty in expressing herself." Hence she does not acknowledge TW's intervention and, in not doing so, ignores TW's attempt to give a relational definition of the problem. The fact that TM takes the floor and addresses the daughter might thus be interpreted as a way of creating a diversion from the lack of an intersubjective state between M and TW and from the resulting potential embarrassment. In any case, it is impossible to determine whether this lack of intersubjectivity is due to either M's refusal to alternative explanations or to her misunderstanding of TW's discourse. Yet it is worth noting that M answers for her daughter and appropriates her turn. However, she does not refer to her daughter as "she," but uses rather the pronoun "we,"<sup>7</sup> which includes other persons. On a relational level, M's answer can be considered to be a way of claiming her right to speak for her daughter, to cast her as a side participant, and to control her words. Similar examples are reported by Aronsson and her collaborators in their attempts to describe the child's position in multiparty talks between a pediatrician, the child, and her parents (Aronsson, 1991; Aronsson &

Rundström, 1988) and between the psychotherapist, the child, and her parents (Aronsson & Cederborg, 1994; Cederborg, 1994).<sup>8</sup>

#### ANALYSIS OF SEQUENCE 2

As in Sequence 1, this sequence is made up of two parts, each one beginning with a reformulation. The first part (1-8) is initiated by TW; the second one by TM (9-21).

Just before this sequence, F alluded twice to the existence of conflicts within the couple. He spoke of their children's unwillingness to obey and of his attempts to exert his authority while M sides with the children.

#### Sequence 2 (380-432)

- R1 1 TW : ((to F)) *when you talk about misunderstanding in the sense of misplaced understanding I don't know but it seems to me that there was nevertheless a sort of complementarity*
- R2 2 F : *that's to say understanding on my wife's part that [I felt like that]*  
 3 TW : [regarding your attitude]  
 4 F : no NOT regarding my attitude regarding the children  
 5 TW : hmm
- R3 6 F : *well that's to say em how can I put it + + I I thought to try doing yes it's yes to do something so ((to the children)) no stop a minute em so that I would have some authority over my children how can I put it whilst keeping up the contact I have with my wife in front of my children I mean a good contact so that we could have a good atmosphere and when I tried to exert a little authority to make them do as they were told for example tidying up their toys it was already very difficult when I was at home or just like that my wife did the opposite she sided with them or helped them tidy up their toys or things like that and so the children took advantage little things like that a misplaced understanding given that at that time*  
 7 TW : *your authority was not being given any back up*  
 8 F : *the the necessary weight in order to er and and that's what got on my nerves well what made me really angry*
- R4 9 TM : *which could mean that when you had difficulties understanding each other it was often because of the children*  
 10 M : [yes]  
 11 TM : [or through] the children, it was not often for problems that you fundamentally  
 12 F : [[that's it I think I think]]  
 13 TM : [[that you] were expressing directly can we say that would you or agree + + because *you spoke [about]*
- R5 14 F : [yes]  
 15 TM : above all about understanding dif[[iculties]]  
 16 F : [[yes yes I] think because [[[that's just it]]]  
 17 M : [[[it is mainly]]] because of the children  
 18 F : exactly exactly  
 19 TM : yes yes  
 20 F : this is where the notion of a lack of dialogue comes in, it's that when we had problems between us er we talked about it but we talked about it we ONLY TOUCHED ON it so to speak



- 21 M : only what was necessary no more than that  
 22 F : and when well after I came back from the clinic I tried to—it was finished she didn't say a word so I could talk for hours without getting a sound out of her ( . . . ) it's here that this notion of lack of dialogue fits in  
 23 TW : ((to F)) I don't know if you make a link between the problems you have between you and maybe your stay at the clinic huh'

Let us see the first part of Sequence 2. It begins with TW's reformulation introduced by Clause R1 ("when you talk about"). F's answer is also a reformulation introduced by Marker R2 ("that's to say") and Marker R3 ("well that's to say how can I put it").

The sources of TW's reformulation are reported in source-sequences [4] and [5]:

Source-sequence [4: 313-321]

- F: no I think that the thing which is very present the thing which is very evident in our couple is that their mother brings gentleness understanding even if it's how can I put it even if it's misplaced understanding if I can say that because he doesn't want to eat because he's not hungry but he'll eat after the meal or things like that er and me I bring authority as well as bringing a lot of affection but er when I want things a certain way that's that even if I have to lose my temper

Source-sequence [5: 355-359]

- F: exactly this is where I come back to to to this UNDERSTANDING which was sometimes misplaced it's that now they don't do as they're told anymore or at least less a lot LESS and even things that with me I simply told them and they did it and that was it with the mother all that's finished.

In her reformulation (R1), TW brings back the expression "misplaced understanding" used by F in source-sequences [4] and [5] and summarizes F's description of his role and that of his wife's (cf. also Sequence 1), using the expression "complementarity." By this reformulation, TW takes a different perspective on the state of affairs F has brought into the dialogue. In fact, F's and TW's verbalizations are based on different assumptions and categorizations of the related events: whereas F's description mentions that M's understanding is often "misplaced," TW's description focuses on the positive aspects of the different attitudes F and M have toward their children. TW's intervention acts at three different levels:

- on the semantic level, she suggests another way of making sense of the same "state of affairs"; according to Dittmar (1988), it is thus a semantic differentiation;
- on the relational level, she implicitly indicates her refusal to attribute responsibility for the couple's misunderstanding to M. Simultaneously, she gives some clues about the definition of the situation (it is not a court-room situation where people have to be judged) and about the

- behavior to be expected from the patients in this context (it is not appropriate to accuse each other);
- on the facework level, TW affirms that it is within her authority as a therapist to redefine the "state of affairs" as formulated by the patient, as well as portraying herself as someone able to withstand a possible challenge on the part of the patient.

More generally, TW's intervention might be considered a teaching episode in which a typical therapeutic interview routine is implicitly taught to the patients and a definition of the situation is provided: the aim of the interview is to confront different interpretations of a same state of affairs and to discuss them without accusing anyone.

F's answer (2) ignores TW's idea of complementarity and, by claiming that the qualification "misplaced understanding" constitutes his own way of perceiving the situation at that time ("that I felt like that"), he seems rather to claim that he has only been trying to give a subjective description of his wife's attitude. F seems to avoid giving an image of himself as someone who tries to show himself to advantage at his wife's expense. F's intervention is not commented on by TW, who does not bring the idea of complementarity back and lets TM take the next turn.

The second part of Sequence 2 begins with TM's reformulation introduced by a marker (R4: "which could mean") and containing a metadiscursive clause (R5: "you spoke about"), which, as in Sequence 1, can be interpreted as a justification of his own interpretation.

The source of TM's reformulation can be found in Turn 6. Instead of focusing on the events at the origin of a "misplaced understanding," TM's reformulation focuses again on relational aspects. Compared with TW's reformulation in Sequence 1 (Turn 1), the specificity of TM's reformulation is to suggest that the children are involved in the couple's relational problems, hence the conflicts between F and M pertain to their parental roles and are anchored in concrete and everyday routines. TM's expression (Turn 13: "can we say that"), which contains a metalinguistic dimension, is not only a request for confirmation but also an implicit indication that "things" might be formulated in different ways. From this perspective, TM's intervention can also be considered to be a way of showing the patient how to behave in the therapeutic session. Interpreted thus, this turn constitutes a teaching episode identical to the one that was observed with TW (Turn 1).

In his reaction, F seems to agree with TM's reformulation (Turns 12, 14, 16, 18), but he shifts topic and continues to tell of his hospitalization, an account which he began in Sequence 1 (Turn 7). Using the expression "lack of dialogue," which he introduces for the first time (Turn 20), he draws the same conclusions as in Sequence 1: he tried to talk but his wife was unable to do so. Thus once again he blames the lack of dialogue on his wife. In her reaction, TW implicitly refuses to

discuss the topic introduced by F (his wife's "silence") and asks about the effects of F's hospitalization on their marital problems.

**ANALYSIS OF SEQUENCE 3**

**Sequence 3 (522-535)**

F discusses at length about the difficulties he and his wife have in talking to one another:

- 1 F : ((when I'm with my wife we talk about problems)) which I try to avoid talking about but all the same there are times when we're alone when we don't have anything else to talk about but then the the how can I put it the dialogue is almost completely broken off because we are OK together without talking to each other even if sometimes we feel that there is a DIALOGUE there is there is we WANT to say something but we don't know, we can't, we don't DARE there are a lot of things we don't dare that we come up against a brick wall
- R1 2 TW : *one could say* there are somethings which are unspoken huh in a way what isn't said
- 3 F : yes
- 4 TW : what isn't said is hence unspoken and it's a burden isn't it?
- 5 F : yes it's a burden yes yes

Sequence 3 offers another example of the way in which a therapeutic interview can turn into a learning-teaching episode: TW uses a new label ("unspoken") to refer to the state of affairs reported by F. Introducing this new label, she ascertains that F has understood her reformulation (3) and by paraphrasing her own formulation (4), she adopts a didactic attitude that is reminiscent of a teacher. The effect of this teaching sequence may be observed later, toward the end of the interview, when F uses the term "unspoken," saying "these unspoken things as you said."

In French, the word "unspoken" (*le non-dit*) is an everyday expression having a strong psychological connotation and evoking psychological theories and discourses about communication. The negation composing the French word *non-dit* implicitly conveys the idea that things should be said, instead of being kept to oneself. From the patients' point of view, TW's reformulation could thus be interpreted as a normative attitude based on the assumption that a marital couple should practice continual and reciprocal disclosure.

**ANALYSIS OF SEQUENCE 4**

Just before the beginning of Sequence 4, F explained at length his wife's difficulties in expressing herself and mentioned that he was afraid of having to answer questions that their children might ask.

**Sequence 4 (566-602)**

- R1 1 TW : ((to M)) from what *you told me* on the phone isn't it something you share'
- 2 M : yes because I am quite withdrawn myself I don't easily talk about myself I don't know why but that's the way I am I don't like talking about myself and er obviously I keep everything to myself and that's what makes me very withdrawn in fact
- 3 F : that's it
- 4 M : I don't [really like]
- 5 F : [I would like to]
- 6 M : explaining what's wrong if I can't explain it properly I don't say anything and well that's how it is but once I remember yes I don't know why but I wasn't talking at all at home and my daughter noticed it and so she asked me why aren't you talking it's been one or two days already I don't know what I said but simply because I didn't want to I didn't give [any]
- 7 F : [that's it]
- 8 M : explanation that's that and at the time she was maybe four or five years old er
- R2 9 TW : *so* you weren't talking but you must have seemed a little sad perhaps I don't know
- 10 M : and me when there was something wrong I withdrew into myself I didn't say anything that's it I didn't say anything to anyone even when I used to live with my parents it was the same huh I didn't say anything for weeks
- 11 TW : ((to F)) and then it seems to me that your therapy has maybe increased the gap between [not]
- 12 F : [eh]
- 13 TW : saying anything and the desire to talk about yourself sometimes
- 14 M : yes that happens to my husband
- R3 15 F : *that's to say how can I put it* at a certain time it it ENABLED me to bring my wife along with me TRYING at least to make good trying to dialogue but just *as she says* at a certain point she withdrew into herself again and that was that, and it's what has created this difference between us
- R4

Sequence 4 contains four reformulations:

- the first (R1) is indicated by a metadiscursive clause ("you told me");
- the second (R2) is introduced by the marker "so";
- the third (R3) is introduced by the marker "that's to say how can I put it";
- the fourth (R4) is introduced by a metadiscursive clause and is a reformulation of M's discourse by F ("as she says").

TW's reformulation (1) refers both locally to a telephone conversation she had with M, using the expression "what you told me on the phone" and to F's discourse, using the anaphor "it":

- the telephone call TW refers to is the same as the one evoked in Sequence 1. As far as can be understood by TW's words, M talked about herself in this call. In her reformulation, TW uses this information to tie up F's and M's present discourse and to point to their common feelings or opinions, thus introducing a discrepancy with F who repeatedly stressed the couple's divergences.

- the source of the anaphor "it" is in F's previous turn, when he refers to their children:

Source-sequence [6: 563-565]

F: ((there are things)) I could NOT give them bring them explain to them

On the relational level, TW's reformulation performs two kinds of actions: first, she takes the floor including M in the conversation, and gives her the opportunity to speak. It should be noted that this intervention has the particularity of occurring within a context in which F has described his wife as not being "talkative." Second, she implicitly provides F and M with a pattern of interaction, suggesting that each of them is supposed to contribute equally to the conversation, which suggests once more that a therapeutic interview has some common features with a teaching situation.

Note also that M's answer to TW's reformulation (Turn 2) is a self-description, which is very close to the description she gave of her daughter at the beginning of the interview (Sequence 1). In this sense, M's answer can be considered a delayed answer to TW's reformulation in Sequence 1 (Turn 9), which, let us recall, was an implicit request addressed to M to talk about herself when expressing her expectations vis-à-vis the therapy. The paradox of M's answer is that while publicly stating her difficulties in talking about herself, M actually talks about herself. The meanings of her words and the act of formulating these words are thus practically a contradiction.

In Turn 6, M relates an episode of mutism (her inability to express herself). TW's reaction to M in Turn 9 reformulates M's discourse, using a euphemism ("you must have seemed a little sad perhaps I don't know"). This euphemism can be considered a categorization of M's self-description with the use of a label that does not refer to a psychiatric diagnosis (depression). By her reformulation, TW avoids using medical jargon that the patient could misinterpret, avoids the use of a psychiatric label that might cause the patient to feel threatened, and avoids highlighting the difference in status between patient and therapist.

However, TW's reformulation is an implicit diagnosis accounting for M's self-reported behavior. TW's intervention seems now to perform the notion of communication from an intraindividual perspective. This interpretation is confirmed by Turn 11 and Turn 13 in which TW talks about F's psychotherapy again, claiming that it might have increased the distance between M and F or, in other words, aggravated the couple's communication problem. She now seems to assume that it is actually M's turn to improve her ability to communicate and seems thus to take the same perspective as F who, in Sequence 1, suggested that it was now up to his wife to develop her "ability to express herself."

F's reformulation in Turn 15 is in line with TW's perspective because F focuses on his wife's difficulties again and describes his own attempts to help his wife, as he had already done in Sequence 1 (Turn 7: "I was able to pass a bit of it on to my wife but but as I'm not a therapist myself . . .").

How is it possible to explain this convergence between TW's and F's definitions of communication? Two different interpretations can be ventured:

- A first interpretation might be that for TW the adoption of F's perspective is a therapeutic strategy, the aim of which is to encourage F's willingness and motivation to participate in the therapy. TW would thus focus on the management of her relationship with F, even if it is at the cost of abandoning (at least temporarily) her own perspective. Such an interpretation would fit Strong and Claiborn's description (1982) of the first phase of a therapy which, according to their observations, is characterized by the avoidance of any discrepancy between the therapist's and the patient's perspectives.
- A second interpretation might be that TW herself has two divergent and contradictory theories about communication: one, a theory which derives from her systemic background and therefore defines communication as an interpersonal process; the other, a theory which considers communication to be an intraindividual quality.

#### ANALYSIS OF SEQUENCE 5

Sequence 5 is situated in the last third of the interview. In the meantime, F and M have recounted different elements of their own personal history with very few interventions on the part of the therapists.

Sequence 5 (974-986)

- 1 TW : ((to M)) but perhaps to show how we can help you in the sense of situating perhaps with you the people already, well earlier we've already talked about them but perhaps in a more disjointed way if you like, you brought up the fact that you were you lived in a big family well you got a lot of it, I believe but it it seems as if that has perhaps posed some some difficulties because it wasn't the same the same the same family environment as your husband's at all and perhaps from these respective backgrounds we could see what what weighed a little bit in the lacks of communication that you have posed since the outset but well we'll find what memories we can ((laughs))
- R1  
R2
- 2 M : xx that I should rummage around in my memory because ((laughter))
- R3

Sequence 5 contains three metadiscursive clauses:

- The source of R1 refers to M's discourse about her own family. This reformulation has two particularities: the first is that it does not

concern the content of M's discourse about her family, but rather the way they speak about it. It is thus a kind of metacommunicative comment indicating to M that her narrative should be made in a more "ordinate" way. The second is that TW does not allow any gap that would give M the opportunity to take the floor. R1 is directly linked to R2.

- The source of R2 is also M's narrative about her own family, but now focuses on the content of this narrative by pointing to the fact that M's and F's respective family experiences are not the same, which might be a cause of their difficulties. Here again TW does not offer M any opportunity to react and continues with R3.
- R3 has many sources, which are the four sequences that were reported in this article. A noticeable difference with TW's previous reformulations is that she points now to the numerous lacks of communication.

TW's successive reformulations are followed by M's reaction. The latter, however, is not directly linked to TW's reformulations, as M only alludes to the fact that she will have to grasp at memories (implicitly to retrieve memories about her family).

TW's whole turn appears thus as a kind of closing presequence, the aim of which is to organize the next therapeutic session. On the semantic level, TW takes the responsibility of defining the meanings of M's discourse because she does not allow her the opportunity to react. TW selects a topic she considers particularly relevant and which is also recurrent during the interview, namely the lack of communication. Let us stress here that the definition of this topic is congruent with the therapists' training. TW's intervention can also be interpreted as a way of framing future therapeutic interviews (the aim will be to "rummage around in the patient's memory"). It can be stressed, however, that the expression "lacks of communication" is highly ambiguous: It could in fact be interpreted either as a lack of M's communicative competence and thus fit F's discourse in Sequence 1, or as a lack of communication within the couple, a formulation which would not contain any assumption about the causes of this situation. On a relational level, TW and M negotiate a role in which TW takes the role of leading the interview and that of defining what should be done next and M accepts the position in which she is placed. On the facework level, the occurrence of three reformulations in the same turn and at this stage of the interview can be interpreted as a sign that TW tries to assure the patients' participation in the next session by stressing as much as possible the continuity between her own discourse and that of the patients. It is thus a way of showing that their definitions of the problem converge, and of reinforcing the therapeutic alliance before the separation. On a metacommunicative level, it could also be considered a kind of implicit argumentation defending the fact that further interviews are necessary.

## CONCLUSIONS

The purpose of this article was to present a method that would enable us to analyze how therapists and patients bring some states of affairs into language and negotiate their meanings. Starting from the assumption that the therapeutic process is based on the introduction by the therapist of a discontinuity in the patient's discourse, we refer to linguistic research on reformulation to better understand the continuity/discontinuity phenomenon. Reformulation was used as a methodological device for the selection of relevant sequences of conversation to be submitted for analysis.

The general principle of this method was to isolate sequences of other-reformulation containing the source of the reformulation, the reformulation itself, and the hearer's reaction to the reformulation.

An analysis comparing the source-sequence with the reformulating sequence was carried out on five sequences referring to the same topic: communication. This comparison enabled us to observe how meanings of the problem is constructed during the interaction. However, the analysis showed that this semantic level is but one level at which the use of reformulation operates; in fact, each negotiation of meaning is simultaneously linked to a redefinition of the present position of each partner in the interaction and to the management of the actors' self-identities. It is the reason why our analysis focused on three levels: the semantic level, the relational level, and the facework level, which refers to the management of the actors' self-identities.

The conclusions of this study are twofold:

The first is methodological. It seems in fact that reformulation is a valuable device to analyze patient-therapist interaction from a dialogical stance, namely by considering the meanings which the partners themselves define and continuously redefine throughout the interaction. This procedure also presents the advantages of: (a) giving formal criteria for the isolation of the sequences subjected to analysis; (b) analyzing an interview diachronically, either by considering all the reformulations which have been made, or by selecting among them a given topic as we have done in this article. Reformulation is thus used as a kind of filter which selects the sequences in which meanings are actively negotiated and achieved.

The objection could be raised that the definition of reformulation that was adopted in this study does not take into account the recursive property of conversations. In fact, the distinction we made between self-reformulations and other-reformulations was based on the closer source that could be found from the metadiscursive clause or marker. Given the conversational recursivity, it could be argued that a self-reformulation produced by Speaker A might be considered as an other-

reformulation if the content refers to a topic that has first been introduced by another, Speaker B. Conversely, an other-reformulation produced by Speaker A might appear to be a self-reformulation in as much as Speaker A takes the opportunity of reformulating Speaker B's discourse to reformulate his/her own previous discourse (Apothéloz & Grossen, 1995). Thus, from a strong interactionist stance, the distinction between self-reformulation and other-reformulation is not so clear-cut.

Bearing these objections in mind, in further study it may be possible to expand the definition of reformulation by taking the conversational recursivity into consideration.

The second conclusion concerns the information that this method enabled us to gather. With regard to the therapists' activity, three main characteristics emerge:

- A first characteristic of the therapists' activity is to transform the patients' discourse into a suitable problem (e.g., a problem which belongs to the therapists' field of professional competence and can therefore be solved) by the therapeutic means at their disposal. Such a transformation is the result of an implicit diagnostic that enables the therapist to construct a representation of the problem. In our corpus, F's and M's formulations concerning their expectations of the interview were reformulated as a communication problem in a diagnostic-like pattern fitting the therapists' orientation toward family therapy.
- A second characteristic of the therapists' activity is to bring a different perspective to a given state of affairs and, more particularly, to avoid attributing the cause of the problem to a single patient. In our data, this activity was particularly evident in the definition the patients on the one hand and the therapists on the other gave to the notion of communication: whereas for the former it was defined as an intraindividual characteristic, for the latter it was defined as an interindividual process. The therapists' definition of the notion of communication was put into action through their attempt to locate the origin of the communication problem in the parents' disagreement regarding the most suitable way to bring up their children. Hence the communication problem was externalized and contextualized in a concrete everyday situation. Our analysis showed that in this particular interview the patients ignored the therapist's attempts. In the turns which followed, the therapist (TW) seemed on the contrary to share the patients' perspective on the notion of communication. Whether the therapist's apparent change of perspective was due to a co-existence of different scientific models or to a therapeutic strategy aimed at maintaining the continuity of the dialogue remains unclear.
- A third characteristic of the therapists' activity is implicitly to assume a teaching role. Our analysis showed several teaching episodes, the aim of which can be summarized in the following way:

1. *implicit teaching regarding the interactional rules of the therapeutic conversation.* In our observations, these rules were that: (a) the participants should not accuse each other (which was illustrated by the fact that the therapists ignored the father's attempts to accuse his wife of being the cause of the communication problem); (b) each participant should contribute equally to the conversation (which was made evident by the therapists' attempts to involve the mother in the conversation when she had not been participating for a while); (c) each participant has the right to give his/her perspective on the situation; then, this perspective will be taken into consideration and juxtaposed with the perspectives of the other participants. This rule also represents implicit teaching regarding the definition of the therapeutic situation itself: the purpose of the session is for each to confront the perspective of the other in an atmosphere which is not too threatening for the participants;

2. *implicit teaching regarding certain social values and norms.* Through the interactional rules that have just been mentioned, the therapists also transmit certain social values. An example of such a value (which is evidenced by the fact that the therapists ignore the father's claim that his wife has a communication problem) could be that nobody is guilty or that nobody is responsible for the situation which has brought about the consultation. This value also implies that interpersonal differences in perspective and conflicts should be considered as normal, and that there is no unique perspective on reality;

3. *implicit teaching regarding the scientific theories, concepts, and jargon used by the therapists.* A few examples have been observed in our data: the use of the expression "unspoken," the concept of "complementarity" (instead of "misplaced understanding"), the notion of communication itself;

4. *implicit teaching regarding the topics that are to be discussed during the interview.* Such an example was provided in Sequence 5, when the therapist outlined the subject of the next interviews.

Taking into consideration the implicit teaching outlined above, it is possible to make the hypothesis that their therapeutic dimension lies in the fact that they can be used (or recycled) in the patients' everyday life. In other words, the interactional rules of the therapeutic conversation, the values and norms that are at work in this context, and the references to scientific theories and concepts could be taken by the patients as rules of behavior in the everyday context of their family; they also can be taken as basic assumptions to make sense of certain interactional events and emotional states.

## APPENDIX A

### Norms of Transcription

Overlaps [ ]  
 and [[.....]]  
 [[.....]] when two overlaps or more are next one to the other

Laughter, telephone rings, voice, whisper, etc.: in brackets

Transcriber's comment: (( ))  
 Stress of a word or a syllable: CAPITAL LETTERS

Pauses: + (1 sec)  
 ++ (2 sec)

Other-reformulations introduced by a marker or by a metadiscursive clause: italic characters

## APPENDIX B

### The Original French Version of the Extracts

#### Séquence-source [1] (57-60)

M : ben moi j'ai pensé que ça ferait du bien pour ma fille aussi parce qu'elle a un caractère assez renfermé euh timide sensible elle a souvent le cafard j'espère que ça lui fasse quelque chose

#### Séquence-source [2] (80-86)

F : que ça renoue un contact beaucoup plus profond avec mes enfants et pis que je puisse nouer un dialogue dans notre couple quoi avec ma femme qu'on ait pas un dialogue qui s'interrompt à tout moment parce qu'on se trouve bête parce que J'ARRIVE pas à dire quelque chose ma femme n'ARRIVE PAS OU NE VEUT PAS dire ce qu'elle pense ce qu'elle ressent sur sur n'importe quel sujet donc c'est pour euh pour un peu élargir notre

TM: oui

M : notre entente

#### Sequence 1 (148-178)

R1 1 TW : *si j'ai bien compris* il semble qu'il y ait deux deux phénomènes que vous aimeriez voir il y a un problème de communication entre vous deux

2 F : [oui et]

3 M : [oui]

R2 4 TW : [*que vous*] avez expliqué et qui a

R3 *donc* été sans doute aggravé par l'absence

5 F: oui

6 TW : dans les absences répétées

R4 7 F: voilà *c'est-à-dire* que euh comment dire au début de mon mariage mon mariage ne parlons pas de la première arrestation j'y étais donc un jour euh bon bon c'était c'était comment dire c'était monotone c'était **CAME SEMBLAIT** normal après j'ai eu ma deuxième arrestation donc mon passage à la clinique et ma psychothérapie avec le Dr. Z qui pour moi a a développé ma ma facilité d'élocution bien qu'elle soit pas encore bonne mais qui qui m'a développé le sens de de du contact d'évolution dans la vie j'en ai j'ai réussi euh à en donner un peu à ma femme mais mais n'étant pas médecin thérapeute moi-même il y a un moment donné où j'ai pas pu franchir une certaine barrière que j'aimerais qu'on puisse franchir qu'on puisse aller plus loin si c'est pas le mur

8 TM : hmm

R5 9 TW : et puis par ailleurs *vous présentez* le le peut-être aussi vous  
 R6 pensez tout de suite à vos enfants et *quand je vous ai demandé* pourquoi vous pensiez venir par rapport à vous-même *vous avez tout de suite mis* un petit peu les difficultés de communication les vôtres en pensant peut-être qu'ils existaient aussi pour F

10 M : oui

R8 11 TW : *puisque vous observez* qu'à l'école elle avait quelques difficultés entre autre à l'école

R9 12 M : *bon* elle travaille bien à l'école

13 TW : oui

14 M : on n'a pas tellement de problèmes de ce côté-là mais c'est elle qui a de la peine à s'exprimer

15 F : ((rires))

R10 16 TM : ((à D)) tu entends *ce qu'a dit* ta maman tu travailles bien à l'école mais c'est parfois un peu difficile

R11 17 M : *oui* on a toujours eu des bonnes notes mais

#### Séquence-source [3] (123-132)

F : (...) ça fait huit ans qu'on est marié ça fait huit ans (...) j'ai vécu j'ai fait le calcul euh trois ans c'est peu (...) je pense peut-être plus ou moins bénéfique étant donné qu'on a encore énormément de choses à apprendre l'un de l'autre

#### Sequence 2 (380-432)

R1 1 TW : *quand vous parlez* d'incompréhension dans le sens de compréhension mal placée, je sais pas mais il me semble qu'il y avait quand même une sorte de complémentarité

R2 2 F: *c'est-à-dire* de compréhension de ma femme que [je sentais comme ça]

3 TW : [vis à vis de votre attitude]

4 F: non PAS vis à vis de mon attitude vis à vis des enfants

5 TW : hmm

R3 6 F: *c'est-à-dire* que euh comment dire + + je je pensais euh mener ouais c'est ouais faire faire de de telle sorte ((aux enfants)) non arrêtez un petit moment euh que j'aie une certaine autorité sur mes enfants tout en euh comment dire tout en préservant le contact que j'ai avec ma femme devant les enfants c'est-à-dire un contact chaleureux qu'on ait une atmosphère chaleureuse et au moment où j'essayais de mettre une pointe d'autorité pour les faire obéir telle que ramasser des jouets ça a déjà été très

(continued)

## APPENDIX B Continued

- difficile quand j'étais à la maison ou bien comme ça ma femme faisait le contraire elle elle allait euh ou les soutenir ou leur aider à ramasser les jouets ou des trucs comme ça alors les enfants en profitaient c'est des des petits trucs comme ça une compréhension mal placée étant donné qu'à ce moment là
- 7 TW : votre autorité n'avait pas l'écho
- 8 F : le le poids nécessaire pour euh et et c'est ce qui me ce qui m'énervait quoi ce qui me me rendait très supernerveux
- R4 9 TM : *ce qui voudrait dire* que lorsque vous aviez des difficultés de compréhension entre vous c'était souvent à cause des enfants
- 10 M : [ouais]
- 11 TM : [ou à] travers les enfants c'était pas souvent pour des problèmes qui vous au fond
- 12 F : [[voilà je crois]]
- 13 TM : [[que vous]] exprimiez directement est-ce qu'on peut dire ça vous seriez d'accord' parce que *vous avez parlé [de]*
- R5 14 F : [oui]
- 15 TM : surtout de ces difficultés de compr[[éhension]]
- 16 F : [[oui oui]] je crois parce que justement [[[voilà]]]
- 17 M : [[[surtout]]] les enfants
- 18 F : justement justement
- 19 TM : oui
- 20 F : voilà où intervient le le la notion du manque de dialogue, c'est que quand on avait des problèmes entre nous euh on en parlait mais on en parlait on l'EFFLEURAIT si on peut dire
- 21 M : juste ce qu'il fallait on allait pas plus loin
- 22 F : et au moment où après donc ma sortie de la clinique j'essayais d'approfondir j'ai rencontré c'était fini elle me disait plus rien alors je pouvais parler je pouvais parler pendant des heures mais il y a plus aucun son qui sortait de de sa bouche elle me disait plus rien elle avait j'avais l'impression qu'elle réfléchissait mais elle me disait plus rien donc ça c'est quand on avait des problèmes entre nous c'est là que cette notion de manque de dialogue intervient
- 23 TW : ((à F)) je sais pas si vous faites une liaison entre les problèmes que vous avez entre vous et peut-être votre séjour à la clinique euh

## Séquence-source [4] (313-321)

- F : non je pense que ce qui ce qui se rencontre très fortement ce qui est très prononcé dans notre couple c'est que la maman elle apporte la douceur la compréhension même si c'est c'est comment dire même si c'est de la compréhension mal placée si je peux dire parce que il veut pas manger parce qu'il a pas faim mais il mangera après le repas ou bien des trucs comme ça euh et moi c'est j'apporte l'autorité tout en apportant énormément d'affection mais euh quand je veux que ça aille comme ça ça ira comme ça même si si par moment j'explose

## Séquence-source [5] (355-359)

- F : justement c'est là que j'en viens à à à cette compréhension qui était parfois mal placée c'est que maintenant ils obéissent plus ou MOINS beaucoup moins et maintenant même des trucs qu'avec moi je leur disais simplement ils le faisaient c'était tout avec la maman c'est fini

## Sequence 3 (522-535)

- 1 F : (quand je suis avec ma femme on parle de ces problèmes) que j'essaie d'éviter mais il y a quand même des moments où on est seuls où on n'a pas d'autres choses à parler mais là le le comment dire le dialogue il est il est presque interrompu complètement parce que on est bien sans se parler bien que par moments on sent qu'il y a qu'il y a il y a un DIALOGUE il y a il y a on a ENVIE de se dire quelque chose mais on sait pas on peut pas ON OSE pas euh je crois qu'il y a beaucoup de on ose pas qu'il y a un mur là aussi
- R1 2 TW : *on peut parler* de non-dits hein pratiquement ce qui est pas dit
- 3 F : voilà
- 4 TW : ce qui est pas dit donc c'est un non-dit et c'est quand même lourd hein'
- 5 F : si c'est très lourd ouais ouais

## Sequence 4 (566-602)

- R1 1 TW : est-ce que c'est pas quelque chose que vous partagez à travers ce que *vous m'aviez* dit au téléphone'
- 2 M : ouais parce que moi-même je suis je suis assez renfermée je parle pas facilement de moi je sais pas pourquoi mais voilà j'aime pas parler de moi et puis euh moi évidemment je garde tout pour moi et puis c'est ce qui me fait le caractère renfermé en fait
- 3 F : mais voilà
- 4 M : je j'aime pas [beaucoup]
- 5 F : [moi j'aimerais que]
- 6 M : expliquer ce qui ne va pas si j'arrive pas à expliquer ben je dis rien et pis et pis voilà hein mais il y a une fois je m'en souviens ouais je sais plus pourquoi mais je disais rien à la maison et ma fille s'en était aperçue alors elle m'a dit pourquoi tu parles pas ça faisait déjà un ou deux jours je sais plus quoi j'ai dit mais simplement parce que j'ai pas envie moi j'ai pas [donné]
- 7 F : [voilà]
- 8 M : des explications c'est ça bon à ce moment-là voilà elle avait peut-être 4-5 ans alors euh
- R2 9 TW : *donc* vous ne parliez pas mais vous deviez avoir aussi un air peut-être triste je sais pas
- 10 M : pis moi quand il y avait quelque chose qui n'allait pas je j'étais dans mon coin je disais rien c'est ça je disais rien à personne même quand j'étais chez mes parents c'était la même chose hein je disais rien pendant des semaines
- 11 TW : et alors j'ai l'impression que le traitement que vous avez eu a accentué peut-être ce ce fossé entre ne [rien]
- 12 F : [euh]
- 13 TW : dire et pis avoir le désir de parler de vous à un certain moment
- 14 M : oui à mon mari ça lui arrive ça
- R3 15 F : *c'est-à-dire* euh comment dire à un moment donné ça m'a ça m'a ça m'a PERMIS d'entraîner ma femme avec moi ESSAYER du moins à prendre pour bon essayer de dialoguer mais justement *comme elle dit* à un moment donné elle s'est elle s'est renfermée de nouveau et c'est fini donc ce qui a créé cette différence entre nous deux
- R4

(continued)

APPENDIX B Continued

[6] (563-565)

F (il y a des choses que) je n'arriverais PAS à leur donner à leur apporter à leur expliquer

Sequence 5 (974-986)

1 TF : mais pour peut-être illustrer ce qu'on euh vous aide dans le sens où on situe peut-être avec vous les personnes déjà bon tout à l'heure

R1 on en a déjà parlé mais peut-être d'une façon plus désordonnée si vous voulez vous avez évoqué que vous étiez

R2 habitiez dans une grande famille bon vous en avez tiré énormément d'intérêt je crois mais il il semble que ça a posé peut-être euh des des difficultés parce que c'était pas du tout le même la même le même vécu familial tel qu'a eu votre époux et peut-être qu'à partir de ces histoires respectives on pourrait voir ce qui ce qui a pesé un petit peu

R3 dans les manques de communication que vous avez posés dès le début mais bon on trouvera les souvenirs qu'on peut ((rit))

2 M : xx que j'aille fouiller dans ma mémoire parce que ((rires))

NOTES

1. In fact, from a conversational point of view, both self-reformulations and other-reformulations are dialogical because a self-reformulation is addressed to an interlocutor.
2. For the French original version, see Sequence 1 in Appendix B.
3. All of the reformulation sequences that will be presented have been translated into English, trying to keep the reformulation markers and the metadiscursive clauses as close as possible to the French. Overlaps are indicated at the place where they were located in the French version. The French original version can be found in Appendix B.
4. The whole therapy consisted of six sessions and was then followed by an individual therapy for F conducted by TM.
5. The numbers in brackets refer to the line numbering of the original French version of this interview. They are indicated to give the reader an idea of the position of the sequence in the interview.
6. From a psychoanalytic perspective, F's intervention of course might be considered a manifestation of a classic defense mechanism: projection.
7. In the translation, the pronoun "on" in French often has been translated by the pronoun "we" in English. In fact, in colloquial French, "nous" ("we" in English) is almost never used and sounds less impersonal than in English.
8. Let us note that even if they are present during the whole interview, the children's participation is very limited in this interview.

REFERENCES

Andersen, T. (Ed.). (1991). *The reflecting team: Dialogues and dialogues about the dialogues*. New York: Norton.

Apothélos, D., & Grossen, M. (1995). L'activité de reformulation comme marqueur de la construction du sens. *Cahiers de l'Institut de Linguistique et des Sciences du langage*, 7, 177-198.

Apothélos, D., & Grossen, M. (in press). Dynamique conversationnelle dans un entretien thérapeutique: Analyse des reformulations. *Verbum*.

Aronsson, K. (1991). Facework and control in multi-party talk: A paediatric case study. In I. Marková, & F. Foppa (Eds.), *Asymmetries in dialogue* (pp. 49-74). Hemel Hempstead: Harvester Wheatsheaf.

Aronsson, K., & Cederborg, A.-C. (1994). Conarration and voice in family therapy: Voicing, devoicing and orchestration. *Text*, 14, 345-370.

Aronsson, K., & Rundström, B. (1988). Child discourse and parental control in pediatric consultations. *Text*, 8, 159-189.

Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan systemic family therapy: conversations in theory and practice*. New York: Basic Books.

Cederborg, A. C. (1994). Family therapy as collaborative work. In *Linköping Studies in Arts and Science*, 106. Linköping, Sweden: Department of Child Studies of the University of Linköping.

Davis, K. (1986). The process of (re)formulation in psychotherapy. *Sociology of Health and Illness*, 8, 44-74.

De Gaulmyn, M.-M. (1987a). Reformulation et planification métadiscursives. In J. Cosnier & C. Kerbrat-Orecchioni (Eds.), *Décrire la conversation* (pp. 167-198). Lyon: Presses Universitaires de Lyon.

De Gaulmyn, M. M. (1987b). Actes de reformulation et processus de reformulation. In P. Bange (Ed.), *L'analyse des interactions verbales. La Dame de Caluire: une consultation* (pp. 83-98). Bern, Switzerland: Peter Lang.

Dell, P. F. (1986). On the need for conversation in the family therapy field. *Journal of Marital and Family Therapy*, 12, 25-29.

Dittmar, N. (1988). A propos de l'interaction entre la construction du thème et l'organisation de la conversation: l'exemple du discours thérapeutique. *Langue française*, 78, 88-100.

Erickson, F., & Shultz, J. (1982). *The counselor as gatekeeper: Social interaction in interviews*. New York: Academic Press.

Fele, G. (1991). *L'insorgere del conflitto. Uno studio sull'organizzazione sociale del disaccordo nella conversazione*. Milano, Italy: Franco Angeli.

François, F. (1989). Significations, enchaînements, interprétations. Un exemple d'échanges entre un psychiatre et une patiente. In *Actes du colloque Travail et Pratiques Langagières* (pp. 1-10). Paris: Ministère de la Recherche.

François, F. (1994). *Morale et mise en mots*. Paris: L'Harmattan.

Fruggeri, L. (1992). Therapeutic process as the social construction of change. In S. McNamee & K. J. Gergen (Eds.), *Therapy as a social construction* (pp. 40-53). New York: Sage.

Goolishian, H., & Anderson, H. (1990). Understanding the therapeutic system: From individuals and families to systems in language. In F. Kaslow (Ed.), *Voices in Family Psychology* (Vol. 1, pp. 91-113). Newbury Park, CA: Sage.

Grossen, M. (1992). Intersubjectivité et négociation de la demande dans un entretien thérapeutique. In M. Grossen & A.-N. Perret-Clermont (Eds.), *L'espace thérapeutique: cadres et contextes* (pp. 165-192). Paris & Neuchâtel: Delachaux & Niestlé.

Gülich, E., & Kotschi, T. (1987). Les actes de reformulation dans la conversation. In P. Bange (Ed.), *L'analyse des interactions verbales* (pp. 15-81). Bern, Switzerland: Peter Lang.

Heath, C. (1992). The delivery and reception of diagnosis in the general practice consultation. In P. Drew & J. Heritage (Eds.), *Talk at work: Social interaction in institutional settings* (pp. 235-267). Cambridge: Cambridge University Press.

Heppner, P. P., & Claiborn, C. D. (1989). Social influence research in counseling: A review and critique. *Journal of Counseling Psychology*, 36, 365-387.



- Herzlich, C., & Pierret, J. (1984). *Maladies d'hier, malades d'aujourd'hui: de la mort collective au devoir de guérison*. Paris: Payot.
- Hoffman, L. (1992). A reflexive stance for family therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as a social construction* (pp. 7-24). London: Sage.
- Jodelet, D. (Ed.). (1989). *Les représentations sociales*. Paris: Presses Universitaires de France.
- Labov, W., & Fanshel, D. (1977). *Therapeutic discourse. Psychotherapy as conversation*. London: Sage.
- Linell, P., & Marková, I. (1993). Acts in discourse: From monological speech acts to dialogical inter-acts. *Journal for the Theory of Social Behaviour*, 23(2), 174-196.
- Marková, I. (1990). A three-step process as a unit of dialogue. In I. Marková & K. Foppa (Eds.), *The dynamics of dialogue* (pp. 129-146). New York: Harvester Wheatsheaf.
- McNamee, G. D., & Gergen, K. J. (Eds.). (1992). *Therapy as social construction*. New York: Sage.
- O'Hanlon, W. H. (1992). History becomes her story: Collaborative solution-oriented therapy of the after-effects of sexual abuse. In S. McNamee & K. J. Gergen (Eds.), *Therapy as a social construction* (pp. 136-148). New York: Sage.
- Proia, N. (1994). *La psychanalyse sur le divan de la pragmatique*. Unpublished doctoral dissertation, University of Nancy II, France.
- Rommetveit, R. (1992). Outlines of dialogically based social-cognitive approach to human cognition and communication. In A. Heen Wold (Ed.), *The dialogical alternative. Towards theories of language and minds* (pp. 19-44). Oslo, Norway: Scandinavian University Press.
- Salazar Orvig, A. (1987). Remarques sur la construction de l'espace discursif. L'exemple d'un entretien clinique. *Modèles linguistiques*, 10(1), 53-64.
- Schiffrin, D. (1987). *Discourse markers*. Cambridge: Cambridge University Press.
- Strong, S. R., & Claiborn, C. D. (1982). *Change through interaction: Social psychological processes of counseling and psychotherapy*. New York: Wiley.
- Trognon, A. (1994). Approche pragmatique en psychopathologie cognitive. *Psychologie française*, 37(3-4), 191-202.
- Viaro, M., & Leonardi, P. (1990). *Conversazione e terapia*. Milano, Italy: Raffaello Cortina.
- Vion, R. (1992). *La communication verbale. Analyse des interactions*. Paris: Hachette.
- Yesenovsky, J. M., & Dowd, E. T. (1990). The social psychology of counselling and psychotherapy: A base for integration. *British Journal of Guidance and Counselling*, 18, 170-184.

## EVALUATIONS AND STEREOTYPING OF ACCENTED SPEAKERS BY PRE-ADOLESCENT CHILDREN

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*An experiment was carried out to examine the effect of language accents on children's evaluations and stereotyping. Forty 10-year-old and 40 12-year-old Australian children from monocultural and multicultural schools listened to the same passage read in English by boys with strong and mild Italo-Australian and Viet-Australian accents, and broad (i.e., strong) and general (i.e., mild) Australian accents. In addition, for half the children each accent was given its appropriate ethnic designation, whereas the remaining children listened to unlabeled accents. The children rated the accents on evaluative (status, solidarity) scales and on traits comprising the stereotype of each group. The findings indicated that their evaluations were influenced by accent ethnicity and accent strength. In addition, the older but not the younger children's evaluations were affected by accent identification and ethnic contact. The data also suggested that the accents evoked ethnic stereotypes. The emerging complexity of the language attitude-stereotype relationship is discussed.*

A considerable number of studies has assessed the evaluative reactions of different groups of people to verbal communications delivered in a variety of accents, dialects, and languages (see Bradac, 1990, and Ryan & Giles, 1982, for reviews). The common paradigm employed in this research, the "matched guise" technique, requires respondents to listen to the same passage delivered in different languages, dialects, or accents. To control for personality differences between speakers, the set of voices is recorded by one speaker who is fluent in each language, dialect, or accent variation. After hearing the voices, respondents are typically required to rate each voice on a set of bipolar scales (e.g., Edwards, 1982; Giles & Coupland, 1991). Following the early work of Lambert, Hodgson, Gardner, and Fillenbaum (1960), a relatively standard set of traits has been used on the assumption that the traits are

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