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POSITIONS AND POSITION MARKERS IN CONVERSATIONAL EPISODES CONTAINING SENSITIVE TOPICS

Michèle Grossen, Denis Apothéloz

1. Introduction

The therapy interview is an interaction situation which is socially delicate since one of its characteristics is to take the patient him or herself as a conversational topic. In so far as they deal with the patient's intimacy or private life, certain topics which are discussed are also liable to be sensitive or delicate. Different studies (Bergmann, 1989; Linell & Bredmar, 1996; Maynard, 1991; Peyrot, 1987; Peräkylä & Silverman, 1991) have shown that therapists tackle these topics in an *indirect* and *vague* manner by using, for example, euphemisms, mitigators or litotes. The function of these conversational devices seems to save the patient's face and to respect everyday rules of politeness.

In a recent study (Apothéloz & Grossen, 1998), we analysed the issue of sensitive topics in a corpus composed of eight interviews motivated by a child's learning difficulties. This study showed that in these interviews, which gather together for the first time the child, his or her parents (the father and/or the mother) and one or two therapists, the issue concerning the child's "intelligence" is a sensitive topic. Some linguistic features pertaining to the way this topic was discussed was then described. However, we did not consider the issue which constitutes the core of this panel: that of the *position* that speakers are liable to take when they refer to the child's intelligence.

More generally, the notion of position might be particularly relevant for the study of therapy interviews. In fact, the therapist's role consists on the one hand of keeping a relationship with his or her patient, on the other of trying to bring about change, which runs the risk of raising some conflict. An hypothesis might thus be that the entrance into the therapeutic process partly depends upon the therapist's and the patient's positions being mutually acceptable.

In this paper, we shall first briefly define the notions of role, position and position marker. On the basis of the analysis of a single interview, we shall then show how we tried to grasp the notion of position and which *traces* we considered as possible clues indicating the participants' position. Our general aim is to examine the relationship between the management of the participants' positions and the way the patients and therapists coordinate their perspectives on the definition of the problem.

2. Role, position, position marker...

In reference to Flahault (1978) and Vion (1992), we make a distinction between three different levels of functioning: the role, the position and the position marker.

The term *role* refers to socially predetermined modes of interactions, be they linked to institutional roles, such as physician vs. patient, teacher vs. student, seller vs. client, parent vs. child, or not, for example extrovert vs. introvert.

In contrast, the term *position* refers to the way these roles are played or achieved during the interaction. The distinction between role and position is important, since it enables us to account for the fact that: a) the way roles are actually achieved through positions may be in contradiction with roles such as they are culturally defined; b) contrary to roles, positions are continuously negotiated during the interaction; c) a role does not correspond to a single position, but rather to a more or less prototypical configuration of positions. Moreover, since roles and positions almost always go in complementary pairs (to take a position consists jointly of placing the other into a given position), it is more relevant to speak of *roles and position systems*, rather than simply of roles or positions, as is suggested by Vion (1992).

Finally, the term *position marker* refers to linguistic or discursive features which can be interpreted as clues or traces of the speakers' positions, or to put it differently as operations on the positions. From a methodological point of view, it is only at the latter level that roles and positions are feasible in linguistic terms. A position, or a position system, most probably corresponds to a more or less determined set of position markers, but in any case, it should be stressed that, from the researcher's point of view, getting from the observation of a position marker to the notion of position itself implies an *interpretative gap*.

It is worth emphasising that it is in particular through the relationship between these three levels that discourse makes sense for the participants. For example, trying to provoke a position system which goes against predetermined roles may dramatically change the meaning of an intervention, whatever its "literal" meaning.

3. Corpus

The corpus we have analysed in this paper is taken from a therapy interview which brings together for the first time, a therapist, a thirteen-year-old girl named Alice and her mother. Alice is sent to this counselling centre by the school physician because of her learning difficulties. According to the mother, the school physician's request is a "maturity test", a term which is not part of the professional jargon of the therapists employed in this counselling centre and could thus be considered as a euphemisation for the term "intelligence test", hence as an indicator of a sensitive topic.

Our analysis consisted of following the formulation of this request from the beginning to the end of the interview. The sequences which have been analysed all deal with the relevance of the initial request and with the type of help which should be provided for the child, both topics being linked to the definition of the problem. Some of these sequences, but not all of them, contain references to the child's intelligence.

4. Analysis

Within the limits of this paper, we shall only present three sequences illustrating how the request develops over the course of the interview. In the first sequence presented, the therapist, for the first time takes another perspective on the definition of the problem given by the mother and her daughter. Before this point, they talked about the reasons for the consultation, Alice's school situation and her family situation which appears to be difficult and worries Alice. Situated after two thirds of the interview, this sequence is the beginning of a series of questions and reformulations concerning both the type of help which would be relevant and the causes of Alice's difficulties. As we shall see, from this

point on, the therapist gradually introduces the idea that a "test of maturity" does not provide sufficient help.

Sequence 1 (748-760)

1A   :   yes ++ but it would be nice if once or twice a week I could do my homework at one of my two teachers' houses because xx it it would also be a good idea I don't know

2TM   :   hmm do you think, but tell me Alice do you think it it would be enough in order to help you' because me I think if from time to time if you still have- from time to time even if you have worked well even if you have + learned things well but when you arrive at school you suddenly think of your worries, have problems + you won't get good results, what can we do in order to help you to more- to put let's say a little bit more distance in all that' but I realise that it is difficult,

3A   :   I don't know because how can I put it ++

4TM   :   hmm

5A   :   I don't know

(M: Mother; A: Alice; TM: Therapist Man)

At the beginning of the sequence, Alice (1A) suggests that it could be useful for her to do her homework with one of her teachers. Let us see what happens with this suggestion.

TM's question in reaction to Alice's words (« *do you think that it it would be enough?* »), as well as the justification he gives immediately afterwards (« *because me I think* ») clearly indicate TM's disagreement with Alice's proposal. The following question (« *what can we do in order to help you to more* ») actually confirms this disagreement. The address form used by TM in this intervention (« *tell me Alice* ») seems to indicate the emphasis that TM wants to put (wants to be put) on his words. The way he ends his turn (« *I realise that it's difficult* ») can be considered not only as a sign of empathy, but also as a minimisation of the potential threat which this disagreement may represent to saving Alice's face, or even her mother's.

The use of an argumentative type of discourse, the expression of a disagreement in front of the patient, the references to his own cognitive and discursive activity, as well as to that of the child (« *you think, I think, I realise* ») can all be considered as position markers indicating a change in the position system between the therapist and his interlocutors. Thus, the therapist passes from an "*interviewer*" position in which he collects some information to that of an "*expert*" who has certain representations of the problem and feels empowered to give his opinion, or even to influence his interlocutors' opinion.

The continuation of the sequence confirms TM's disagreement.

Continuation of sequence 1 (761-772)

6TM   :   what do you think your mother considers should be done'

7A   :   I don't know if I could read [her mind (laughs) but]

8M   :   [(laughs)] (she affectionately caresses Alice's cheek)

9TM   :   let's ask her, what do you think about it' we all realise the complexity of the situation there are the school results, there are the difficulties with working but at the same time even when one works when one succeeds from time to [time]=

10M   :   [hmm]

11TM :   = all this has just been blown away by em: + by err: + a tornado which passed through taking with it all your efforts and even for Alice she cannot please you, what what do you imagine to be a solution to all this' +

Since Alice (5A) only provides a minimal response, TM (6TM) asks a question (« *what do you think your mother considers should be done?* ») which can be interpreted either literally (does Alice have a representation of her mother's thoughts?) or

as an indirect question addressed to the mother. It is the latter possibility which is taken up in 9TM, maybe due to Alice's non-response.

The position system is then particularly interesting to analyse in 9TM. On a discursive level, the formulation *let's ask* her constitutes a co-utterance and the pronoun one! can be considered as an indicator of a position change: by taking Alice in his own communicative project (to ask M's opinion), TM passes from the position of a potential "opponent" of Alice's discourse to that of an "ally" of Alice before her mother.

But the continuation of his intervention does not confirm this change of position: the whole argumentation which precedes the question asked to M in 11TM (« *what what do you imagine to be a solution to all this?* ») implies that he considers Alice's solution to be insufficient. Alice and her mother are now put in the position of allies, while TM becomes their opponent. This move shows a posteriori that when in 2TM, TM expressed his disagreement with Alice's solution, he was also indirectly addressing the mother.

The way in which TM (9TM) formulates his arguments also presents interesting characteristics concerning the participants' positions. After having explicitly asked M's opinion (« *what do you think you?* ») TM actually begins to use impersonal forms (« *one realises* », « *there are the school results* », « *there are the difficulties of working* », « *one works* », « *one succeeds* », « *all that* ») which by the generalisation they induce, may be considered a way of inviting M to take a critical outlook on her daughter's situation and to reason "objectively". In so doing, TM again asserts his position as an expert able to assess a single case and to confront it with general knowledge.

Finally, let us still stress in 11TM the use of a metaphor (« *all this has just been blown away by a tornado* ») by means of which TM performs at least three operations:
– he solves a problem of categorisation (or coding);
– he avoids any psychological categorisation, and hence any possible misunderstanding due to the use of professional jargon;
– he dramatises the situation (a tornado is not a breeze!).

This metaphor enables the therapist to talk of Alice's "problems" in a way which is not threatening to Alice's or her mother's faces; in other words, it enables him to manage a sensitive topic.

The continuation of the interview returns to Alice's family situation, then there is a sequence (911-932 not reported here) which presents the same characteristics as the one which has just been analysed:
– TM asks Alice what should be done in order to help her, and stresses that there are problems not only at school but also in her family;
– contrary to what happened in Sequence 1, he reintroduces the topic concerning the request for a "test of maturity";
– as in Sequence 1, Alice does not fully answer TM's question;
– finally, TM asks M's opinion:

Sequence 2 (934-942)

1TM	:	hmm, one speaks of a test of maturity, what do you- do you think it is' or what do you want'
2M	:	I don't know
3TM	:	what would you like' you you xx a test of maturity, do you have the impression that Alice is not mature' that her capacities are not there' what is it for you'
4M	:	I don't know it's + no I th- well maybe in matu- yes maybe mature for her age + she's not really but otherwise I think intelligence is there, I don't know if it's +++ maybe she has not grown
5TM	:	hmm
6M	:	and she she sometimes has reactions which are not the reactions of a child who will soon be thirteen
7TM	:	hmm + that's correct you are thirteen'

After the M's *I don't know* (2M), TM reformulates his question by making what we called a "reference to intelligence" (3TM). But he raises the issue of the child's capacities by a negative question *(« do you have the impression that Alice is not mature, that her capacities are not there? »)*. It could first be thought that TM tries to call the child's capacities into question and waits for M's confirmation. But, this is not the case, one the on hand because he introduces his question through an attitude proposition *(« you have the impression »)* which indicates that he does not take charge of the content of the following utterance, on the other hand because at the beginning of the interview, M emphasised several times the fact that Alice does not lack intelligence. The risk of TM seeing his question confirmed by M is thus reduced, as M's answer actually shows (4M) *(« I think intelligence is there »)*. It is worth stressing that at this moment in the interview, "intelligence" does not seem to be a sensitive topic anymore. However, M (4M) does not say anything about the helping measures she would consider as adequate. Instead, she reintroduces the topic of Alice's lack of maturity *(« maybe she has not grown »)*, a topic that TM does not pick up, since he asks Alice about her age. In this context, this appears clearly to be a pseudo-question.

The question asked by TM finally receives an answer in Sequence 3.

Sequence 3 (977-992)

1M	:	it's that ++++ (13 sec)
2TM	:	you said Mrs that you realise that for you it's not a problem of intelli[gence]=
3M	:	[hmm]
4TM	:	=and you think that Alice has the ability to doing things but according to you then what prevents her + from using these capacities'
5M	:	for me it's all these problems, her father she has not she never accepted that we divorced, + it's something she has- she has- well not anymore but she reproached me telling me that it was because of this that she was not getting good marks
6TM	:	hmm
7M	:	that if we still were together with her father she would get good marks, I get a little bit angry I told her that it was an excuse because one can one cannot know, and well I don't have so much- it hurt me a little bit I must say because
8TM	:	how old was Alice when you separated'

TM (2TM) uses a form of address similar to that he used in Sequence 1 when he addressed Alice: *you said Mrs*. The sequence opens with a reformulation clause *(« you said »)* which can be considered as a position marker: contrary to what was the case when he addressed Alice, TM does not take charge of the content of his own discourse, he attributes it to M. At first sight, his position again becomes one of an interviewer in charge of distributing the turns, and his own point of view fades out. TM's reformulation goes up to the *but* of 4TM, which introduces a question concerning the causes of Alice's difficulties *(« but according to you then what does prevent her from using these capacities »)* . This move, as well as the way TM formulates his question (cf. *« then »*), frame M's reasoning within the following alternative: either it is a problem of intelligence, or it is "something else". We can formulate the hypothesis that this alternative refers to a stereotype which opposes "intelligence" and "affectivity". In other words, if it is not a problem of intelligence, then it must be a problem of affectivity. It is probably the type of reasoning in which TM tries to guide M.

In her answer, M (5M) provides an explanation of the problem which had never been provided before: *for me it's all these problems, her father...* and even formulates a new problem, namely that the parents' divorce is a source of argument between the mother and her daughter. M is now indirectly answering TM's initial question (are a "test of maturity" or help with homework sufficient?). After having so to speak won M's agreement, TM can close the interview (3 minutes after). He makes the following proposal:

Sequence 4 (1059-1068)

TM	:	I would like to propose something Mrs,
M	:	hmm
TM	:	and Alice too, we see nevertheless that it is a situation which yes which has important repercussions for her schooling
M	:	hmm
TM	:	and at the same time there are also other difficulties, and it seems that in this situation Alice has taken on- has learned a certain role
M	:	hmm
TM	:	I would like to propose to you before deciding what type of examination we do or what we shall do
M	:	hmm
TM	:	to meet three times, we met today, to meet two other times in order to talk with both of you for the mo[ment]=
M	:	[hmm]
TM	:	=about what happens what what could be done but also to understand because I think that there is nevertheless work regarding understanding to do and then in the meanwhile then I shall contact [Dr. Arthur]=
M	:	[hmm]
TM	:	=in order to see exactly what he wants, or what type of [exam]=
M	:	[yeah]
TM	:	=of maturity he means (...)

5. Concluding remarks

In conclusion, let us briefly summarise the main points we tried to make evident:
- The position relationships are indicated not only by markers in the segmental sense of the term, but also by *discursive moves* (namely by relationships between position markers). At a methodological level, it means on the one hand that when we cut an interview in order to keep only certain sequences, we run the risk of neglecting certain position phenomena, on the other hand that the content of the discourse itself is important in order to grasp the position system which exists between the participants.
- In a multiparty conversation, the discourse addressed to one of the participants may as well be *indirectly addressed to another participant*. This procedure may be considered as a strategy aimed at protecting the face of the participant who is concerned, and hence as a way of positioning oneself with respect to him or her.
- Linked to the issue of sensitive topic, the analysis of the management of the participants' position drew our attention on the fact that *a topic is not intrinsically sensitive*, but the position that this topic has within an interview and the position relationship which takes place between the participants at this moment may vary its degree of sensitivity.
- Even though, from a theoretical point of view, the notion of position remains relatively unclear, it is in our opinion an interesting means of studying conversational interpersonal processes, at least if we do not reduce it to a mere issue of managing "up" or "down" asymmetries (as is sometimes the case, for example in Kerbrat-Orecchioni, 1988). The way the positions are negotiated seems actually to be a set of strategies through which the therapist tries to transmit his or her own definition of the problem.
- It is difficult to think of position independently of the contents which are discussed during the interview and of their here and now meanings for the participants. In our analysis, we started from the initial request and kept some sequences which concerned the conversational work of this request. The notions of position and

position marker enabled us to show, within these sequences, the main moves by which the therapist tries to induce a position system liable to provoke a redefinition of the initial request and of the definition of the problem. From this perspective, we can wonder whether the role of the therapist cannot be defined as *a scenario of successive position systems* (first a relatively neutral "interviewer" who triggers all kinds of contents; then progressively, an "opponent" who argues in order to bring the patients to share his own point of view). Whatever the answer, it is clear that our approach put the emphasis on relational and psychosocial aspects of these moves, and not on the linguistic or conversational aspects. Another possible "entry" into the corpus could have consisted of using the sequences that have been defined to study the positions and position markers as such, and to reflect about the notion of position itself, which, as we said, remains from our point of view extremely vague and difficult to operationalise.

NOTES

1   Let us note that *one* is a literate translation of the French "on". The equivalent in English would be "you", but it contains an ambiguity that the French impersonal "on" does not have in this context.

TRANSCRIPTION CONVENTIONS

Overlaps: [ ]
                      [ ]
and   [[ ]]
                      [[ ]] when two overlaps or more are next to the other
Laughter: ®®®
Telephone, rings, voice, whispers, etc.: (whisper) (sigh)
Transcriber's comment: ((   ))
Accentuation of a word or a syllable: CAPITAL LETTERS
Intonation markers:
': rising intonation
.: falling intonation
Pauses:
+ (1 second)
++ (2 seconds)
Stretching of syllables:
:   ::   ::::
Unintelligible syllables:
x: one syllable unintelligible
xx: two syllable unintelligible
Latches
end of turn: =
beginning of the next turn: =
Interruption or false start: -

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