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MAKING SENSE OF MULTI-ACTOR DIALOGUES IN FAMILY THERAPY AND NETWORK MEETINGS

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In recent years, a number of family therapists have conceptualized psychotherapy as a dialogical activity. This view presents family therapy researchers with specific challenges, the most important of which is to find ways of dealing with the dialogical qualities of the multi-actor dialogues that occur, for example, in family therapeutic conversations. In this article, we propose some preliminary ideas concerning qualitative investigations of multi-actor dialogues. Our aim is to work toward an integration of Bakhtin's theoretical concepts with good practices in qualitative research (e.g., dialogical tools and concepts of a narrative processes coding system) in order to make sense of family therapy dialogues. A specific method that we have called Dialogical Methods for Investigations of Happening of Change is described. This method allows for a general categorization of the qualities of responsive dialogues in a single session, and also for a detailed focus on particular sequences through a microanalysis of specific topical episodes. The particular focus is on the voices present in the utterances, the positioning of each speaker, and the addressees of the utterances. The method is illustrated via an analysis of a couple therapy session with a depressed woman and her husband.

As family therapists, we have conceptualized psychotherapy as a dialogical activity (Rober, 2005b; Seikkula & Arnkil, 2006). Conceiving therapy in this way poses research challenges, the most important of which is to find ways to see the dialogical qualities of therapeutic conversations. Several authors have inspired us in this endeavor, as in recent years, a number of research methods have been developed aimed at a deeper understanding of the dialogical qualities of therapeutic conversations (e.g., Leiman, 2004; Salgado & Gonçalves, 2007; Stiles, Osatuke, Click, & MacKay, 2004; Wortham, 2001). These methods have addressed the complex and multilayered nature of dialogue and introduced the possibility of analyzing the polyphony presented in an individual's utterances. Thus, Stiles et al. (2004) revised the Assimilation model, moving from a schema formulation to a voices formulation, seeking to discover how the voices develop in the process of individual psychotherapy. For his part, Leiman (2004) developed a Dialogical Sequence Analysis specifically to examine the polyphonic process in individual psychotherapy. However, these methods all focused on dyadic dialogues, i.e., the dialogue between one therapist and one client. As family therapists, we are faced with the need to develop methods for the study of multi-actor dialogues, such as occur in family therapy, network meetings, and group discussions. However, there is no literature on dialogical research on multi-actor meetings, except for the work of Markovà, Linell, Grossen, and Orvig (2007), which deals with the dialogical analyses of focus group interviews. The main interest of that research group was on identifying the different voices present in the utterances within focus group dialogues.

In our research on family sessions, we have been especially interested in the responses generated in family therapy dialogues, in which different voices are present, both in the outer

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This article results from two meetings aimed at developing the new method called *DialogicalMethods for Investigations in Happenings of Change*. We are especially grateful to our colleagues.

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conversation between the family members and in the inner speech of each participant in the session. This article is our first report on our joint efforts to develop further research methods for the investigation into multi-actor dialogues. While we acknowledge the importance of looking at the inner voices of each participant (Laitila, 2009; Rober, 2005a), in this article, we shall focus on the outer dialogues and on the responses of each interlocutor in the present moment of the dialogue encounter.

Here, we shall first present some conceptual tools that can offer family therapists an interesting perspective on storytelling in family sessions. Second, we shall provide an overview of our main theoretical concepts, including categories that can be useful for a dialogical analysis of family sessions, namely voice, words/actions, positioning, and addressees. Finally, we shall concentrate on the way we dialogically make sense of multi-actor dialogues in family sessions.

THE DIALOGICAL PERSPECTIVE IN THE FIELD OF FAMILY THERAPY

In recent years, a new perspective has emerged in the family therapy field. This perspective puts the spotlight not on *what* is told but rather on *how* things are told and responded to in the dialogical process (Rober, Van Eesbeek, & Elliott, 2006; Seikkula, 1995). While stories may define who the narrator is, in the telling of the story the relationship between the speaker and the interlocutors emerges (e.g., Andersen, 1995; Anderson & Goolishian, 1988; Hoffman, 1991; White, 1991). Telling stories is seen as a performance in context, implying that stories only exist through the presence of others who listen to the stories. In that sense, storytelling is a dialogical phenomenon (Bakhtin, 1981, 1984, 1986).

While we describe therapeutic conversations as dialogues, we have to keep in mind that they are not readymade stories or narratives, but rather ''broken'' stories. Clients are speaking about particularly sensitive and emotional issues, and while some of what the clients say can be understood as narratives about their lives, in many respects, their narratives may be incomplete, multivoiced, and contradictory (Gergen, 2009). Clients do not have exact words or phrases to utter their most sensitive experiences and their most pressing concerns. Indeed, it could be argued that it is precisely in this impossibility to express the reason that one may discover the reason for seeking help in therapy: psychological symptoms can be seen as our clients' way of dealing with the absence of expression concerning what moves them. Clients try to convey strong embodied experiences, but the experiences may not be connected to exact words or constitute a coherent narrative.

Viewed from this perspective, psychotherapy can be seen as a process toward finding words for those experiences in one's life that have not yet been given words. In family therapy, to search for these words, we include the family members as real living persons who are present in the actual session. Dialogically this is very important because—as was pointed out by Mikhail Bakhtin (1984)—interlocutors are active coauthors of an individual's utterances. Every word said by participants in the actual dialogue becomes part of the tension-filled network of previously said words, alien to the words already uttered. Every new word contributes to an elastic environment of already spoken words on the same subject. In this process, the word ''cannot fail to become an active participant in social dialogue'' (Bakhtin, 1981, p. 276). Everything said or done is a response to what has been said or done before (Bakhtin, 1981).

In family therapy, new words/new language develops especially in the answers that family members give to each other in response to the questions, concerns, and worries that are expressed in the session. Moreover, therapists are in specific answering positions, in a situation of responsive responsibility (Steiner, 1989). In dialogue, we are part of a joint project for increasing the understanding of things related to the specific situation in which help is needed. Understanding is gained in an active process of answering, which is an act of taking responsibility for the other and for the situation. In an open dialogue, ''utterances are constructed to answer previous utterances and also to wait for an answer from utterances that follow'' (Seikkula, 2002, p. 268). Hearing is witnessed in our answering words. A family session can be seen as a forum where stories develop gradually and in unpredictable ways out of the contradiction-ridden and tension-filled interactions of all the interlocutors present (Bakhtin, 1981). Every

utterance is implicitly or explicitly evaluated by the others, and their verbal and nonverbal reactions invite new utterances in a complex dialectical dance of differences and similarities (Baxter, 2004).

LOOKING AT VOICES, ADDRESSEES, AND POSITIONING

Voices

It is difficult to give a precise definition of voices, although there have been various attempts. For instance, Stiles et al. (2004) had a cognitive, ecological view of voices when they attempted to operationalize the idea of voices, noting that "Voices are traces and they are activated by new events that are similar or related to the original event" (p. 92). This is a formulation that carries traces of Piagetian constructivism in it, even if it is dialogically formulated. Piaget himself emphasized the active role of the developing child as a learner. This activity is especially recognizable in the processes of assimilation and accommodation. Stiles et al. went on to say that all our experiences leave a sign in our body, but only a minimal proportion of these signs ever become formulated into spoken narratives. Although this view is valuable, in adopting a dialogical framework, we believe that voices only make sense when viewed within a dialogical process. They are always relationally addressed. Voices are the speaking consciousness (Bakhtin, 1984; Wertsch, 1991) that becomes visible in an interchange. Experiences formulated into words in a dialogical context become the voices of our lives.

Every utterance has an author whose position it expresses (Bakhtin, 1981, 1984). The words I utter can be my very own words, or they may include also the words of other people. In this way, I speak in different voices, allowing me to take different positions toward these voices. As Bakhtin notes, small children in school already learn the polyphonic quality of language while reading aloud some given text. Take, for instance, a conversation within supervision, when a therapist is describing what his client has said and then commenting on that. In this utterance, at least two voices are present, i.e., the client's and the therapist's. Likewise, in the family therapy session, the voices the family members call upon while speaking may refer to real persons who are present, but they may also refer to absent persons or even to fictional or abstract characters. Thus, although one speaker pronounces the words of the story, storytelling involves different voices in a dynamic interaction with each other. That is why, in our dialogical analyses, we focus on voices, not on persons.

The richness of the family therapy conversation becomes evident if we focus on those voices which are not "seen" but which are present in each person's inner dialogues. While the therapist does not have access to the inner voices of the clients, he or she has access to part of the polyphony of his or her own inner voices. As Rober (1999) wrote, these voices can refer to the therapist's professional self or to his or her personal self. Therapists participate in the dialogue in the voices of their professional expertise, which involves being a doctor, being a psychologist, having training as a family therapist, and so on. In addition to their professional voices, the therapists participate in the dialogue in their more personal, intimate voices. If a therapist, for instance, has experienced the loss of someone loved or near, the voices of loss and sadness become part of the polyphony, not in the sense that the therapist would speak about the personal or intimate experience of death, but in the way the therapist adapts to the present moment. The therapists' inner voices containing their own personal and intimate experiences become a powerful part of the joint dance of the dialogue (Seikkula, 2008), involving aspects such as how the therapists sit, how they look at the other speakers, how they change their intonation, at which point they break in, and so on. These inner voices, evoked in the session, will not merely be present in the story; they will also become part of the present moment. The inner dialogue between the voices of our lives is not so much a matter of focusing on the meaning of the words uttered, but of sensing the nuances of the present moment. As Vygotsky (1962), referring to the peculiarities of inner speech, noted, "the first [of these peculiarities] is the preponderance of the sense of a word over its meaning" (p. 146). What is more important than the "stable" meaning of the words said is the sense of the words in the actual present moment. The same words can generate very different types of meanings when used in different conversations, even if the same people are present.

Positioning

While the concept of ''voice'' refers to the question ''who is speaking?'' the concept of ''positioning'' refers to the question ''from where is the person speaking?'' (Hermans, 2004, 2006; Markovà et al., 2007; Rober, 2002, 2008). Positioning implies a spatial metaphor, linking a voice with a point of view from which one takes part in the dialogue. Each point of view gives the person a perspective that allows that person to see, hear, and experience. At the same time, such a point of view has inherent limitations: from each point of view, some things can be seen, while other things remain out of focus, in the shadows, or out of sight. Dialogue (inner or outer) consists of the meeting of different points of view, within which each voice expresses something from its perspective, activating another voice speaking from another point of view in a continuous play of agreement/disagreement (content), or identification/differentiation (position). Such a play of agreement/disagreement can often be observed in the first words in a speaker's turn. These are often words like *yes*, *no*, *of course*, *exactly*, *indeed*, or combinations of these words with other words, such as *but* or *however*: ''yes, but . . . ,'' ''no, but . . . ,'' ''indeed, however . . .'' (Rober, 2008).

Wortham (2001) distinguishes between representational positioning (the positions of the subject in the story) and interactional positioning (the speaker, the addressee, and the audience in the storytelling situation). In family therapy, interactional positioning—how the family members position themselves in the present moment of the session—needs careful consideration. It should be kept in mind, however, that positioning is usually not a voluntary act by the speaker aimed at manipulating others in the dialogue. Rather, positioning happens unreflectively, in the process of continuous responses to what is uttered. As therapists, we prefer to think that first come utterances as a response to something previously uttered, with the utterance thus positioning us in the dialogues. In multi-actor dialogue, interactional positioning can be analyzed by looking at who is taking the initiative, both regarding the content and the process of speaking (Linell, 1998). As family members contrast their perspectives with the positions that they attribute to other interlocutors—as well as with the positions they are invited into by other interlocutors—conflict and disagreement are phenomena that are interesting to observe in family sessions. They refer to the continuous dance of the changing positions in the session, giving the therapists some sense of what is at stake for the family members. However, the therapists are also part of the dialogue. This means that they are also invited to take positions in the family's performance. The task for the family therapist is to remain sensitive to the family's invitations and to guard his or her mental space to reflect on this positioning: do these invitations open up a space for stories untold? Do they add to the security of the session? Do they leave enough space for other family members to move flexibly in the family performance? (Rober, 2005a).

Addressees

Every utterance has both an author and the person to whom it is addressed, as every utterance is a response to what has previously been said (Bakhtin, 1986). The utterance may be addressed to someone who is present in the same room. We can state our opinion directly about the issues under scrutiny; we can agree with what was previously said, we can object to it, we can partly agree, adding our own point of view to what has been said, and so on. In multi-actor dialogues, we typically speak to one person, but at the same time, we are very aware of those others who are present, and our speaking is modified because of their presence. In this sense, those others who are present are part of the addressed audience and become part of the utterances. Bakhtin (1986) calls these people the *addressees*. But there is more, as in dialogue, a third party is always present, even if only two persons are speaking to each other. They are speaking in the present moment, and at the same time, they are addressing their words to those who participated in discussion of the same issue in the past. Furthermore, when they are speaking about emotional issues, they may be addressing their words to those nearest to them: their mother, father, or loved one. Bakhtin also speaks of the *super-addressee* present when we address our words to some ideology related to our life.

In analyzing dialogues, it is not always easy to recognize the addressees. If the addressee is defined unanimously as a person sitting in the same room, no difficulties emerge. The addressees may be referred to openly and can thus be defined, or they may be present in the speaker's

inner dialogue, affecting his or her intonation, choice of words, body gestures, and many other things—but without being openly recognizable.

Applying all this in the family therapy setting involves our basic assumption that the presence of the therapists in a responsive relationship with their clients can be the basis for positive change in the clients' life. Perhaps, more importantly, we find that family members also enter a responsive relationship with each other and in this way become major contributors to this positive change. The specific quality of any kind of family therapy consists of family members becoming embodied real persons who are present in all the dialogues. Hence, everything that is said is colored by the others who are present, and affects everyone, including the therapists.

EXPLORING RESPONSE PROCESSES

Responsive dialogical processes have been studied in individual psychotherapy (Leiman, 2004; Lysaker & Lysaker, 2004; Stiles et al., 2004), and these studies have given a new picture of the psychotherapy processes. In their interpretations of their findings, all these authors focus primarily on the inner experiences of the patients and on how the change in the dialogue with the psychotherapist illustrates the improvement in the process. None of these approaches have actually focused on the dialogue and response between the patient and the therapists, even if the dialogue is supposed to be that which produces new insight and understanding. Thus, Leiman (2004) described the Dialogical Sequence Analysis as a "micro-analytic method to examine the dialogical organization of client and therapist utterances" (p. 267). The unique aspect of our work, and our addition to these methods, is that, in our approach, we focus especially on what therapists actually do in the session and try to explore the dialogical qualities of conversations in multi-actor therapy sessions.

Designing the Studies

Before the analysis can be started, the multi-actor session has to be video-recorded and transcribed. Depending on the focus of the study, we transcribe a specific part of the session or else the complete session. To make a multi-actor perspective possible, the transcript of the therapy conversation is printed in columns, one column for each speaker. Utterances are written in the columns in temporal order (Table 1). For a successful exploration, one has to be able to read the text simultaneously with a video or audio recording of the session.

The research process proceeds in steps, as follows:

STEP I: Exploring topical episodes in the dialogue

Defining topical episodes means taking them as the main object for analysis (Linell, 1998). Topical episodes are defined in retrospect, after the entire dialogue of one session has been divided into sequences. Episodes are defined by the topic under discussion and are regarded as a new episode if the topic is changed. The researcher can choose, out of all themes, some specific important topics for further analysis. After dividing the session into topical episodes, within each episode, certain variables are identified, as specified below.

STEP II: Exploring the series of responses to the utterances

In each sequence, the way of responding is explored. Responses are often constructed within a series of utterances made by each participant in the actual dialogue. Within each topical episode, the responses to each utterance are registered to gain a picture of how each interlocutor participates in the creation of the joint experience in the conversation. A three-step process is followed. The meaning of the response becomes visible in the next utterance to the answering words. It can start with whatever utterance is regarded as the initiating utterance (IU). The *answer* given to this IU is categorized according to the following aspects:

1) The participant who takes the initiative (i.e., who is dominant) in each of the following respects:

- *Quantitative dominance*: this simply refers to who does most of the speaking within a sequence.

- *Semantic or topical dominance*: this refers to who is introducing new themes or new words at a certain moment in the conversation. This individual shapes most of the content of the discourse.

Table 1
Sequence I: Arja (A) and Matti (M) With Therapists 1(T1) and 2 (T2), First Session, Topical Episode 9 (187–214)

T1	T2	Arja	Matti	Response categories	Voices, addressees, positioning
		Yes . . . well . . . when I'm feeling bad, it will . . . I try to have . . . I *really* try to get a better feeling . . . (sobbing)		Semantic; interactional and quantitative dominance	"feeling bad" voice, positioning as weak in attempts to be better; address to other voice inside
Yes.					
		That doesn't always work out.		Symbolic meaning [reflexive mode]	
Yes, exactly. It doesn't always work out the way you want?				Dialogical dialogue; responds to the position of not succeeding	Address to M + T2
		Not always . . . but you can . . . in a way . . . to get rid . . .		New initiative, involving something not previously spoken	Positioning as the one who tries and succeeds
. . . to get rid of the reality?				Dialogical; symbolic meaning	
		Yes.			*NEW TOPICAL EPISODE*
Yes. (turns to Matti) Well, what about you, after you've been involved with this . . . I mean involved in Arja's life for quite a while, how would you comment on that, or is there something else you would like to add?				Interactional dominance by inviting new speaker Responding to M; encouragement to talk about anything at all	Address to M, but also to A

Table 1
Continued

T1	T2	Arja	Matti	Response categories	Voices, addressees, positioning
			Well, I've tried to support Arja and . . . and to discuss these things. I've tried to . . . in a way . . . give my support to her work, to say, "Just try to have control of your own work and do your own business as well as possible . . . and the thing to do is look after your own affairs and not think about the boss so much."	Semantic dominance; monological: giving a "report" of his concerns, lists six issues; indicative language [External mode]	Positioning himself as supporter; voice of husband and "supervisor" A as addressee; voice of a severely depressed spouse's husband
	Yes, yes . . . hmh.				Positioning as active male voice
			That she should let things go in one ear and out the other. And I've been worried, also, about her alcohol use . . . and . . . well . . . I've tried to discuss it with her. And now we've rented a house and . . . this . . . in a way . . . has cheered her up . . .	Interactional dominance Opens up the emotionally loaded issue of drinking—still indicative [Internal mode] [External mode] Back to practical life	Positioning as responsible Addressee: therapists and A "I" as agent Positioning himself as not succeeding in talking about the drinking; positioning changes: "we"
	Hmh . . . hmh.				
			. . . so that we should have . . . we're living in a flat . . . the thing is that Arja won't . . . she easily withdraws . . .	A's problems [Reflexive mode]	Address to therapists and A

Table 1
Continued

T1	T2	Arja	Matti	Response categories	Voices, addressees, positioning
	Hmh.				
			. . . into the home and doesn't easily go out.		
	Yeah . . .				
			But now I've noticed after being three weeks in the house, she's been a lot more active.		Voice of husband of depressed wife; having more agency after finding some means to deal with matters; address to A
	Was it this summer you got the idea of . . .			Response to the cottage theme, out of six possible topics; *not* to M's concerns about A's drinking or her other problems	
			What?		Surprised
	Was it this summer you got the idea for this house?			Indicative language; interactional and semantic dominance; dialogical	Positioning for choice of empowered parts of what was said Address to both A and M
			Yes, we were proposing to act as caretaker of this house.	Dialogical	Adapts to the empowering topic of the question
	Aha.				

Table 1
Continued

T1	T2	Arja	Matti	Response categories	Voices, addressees, positioning
			The life [there] consists of doing different things. . . . We stay outside a lot . . . and it seems to be . . . To live in a flat is a bad thing for Arja . . . especially when she is on sick leave and doesn't go out and . . . Of course she hasn't been able to walk so much either.	Indicative Answering topic previously dealt with [Reflexive mode] [External mode]	Positioning himself as a "supervisor"; voice of a worried husband Address to A Voice of a worried husband with a critical tone
Hmh.			But that . . .		*NEW TOPICAL EPISODE*
		Well . . . one thing affecting my physical condition is that I've not been able to walk properly.		A responds, even if not directly addresssed Semantic dominance Indicative	

- *Interactional dominance:* this refers to the influence of one participant over the communicative actions, initiatives, and responses within the sequence. It is possible that this individual will have more influence on other parties than that exerted by the actual interlocutors (Linell, 1998; Linell, Gustavsson, & Juvonen, 1988). For instance, when a family therapist is inviting a new speaker to comment on what was previously said, he or she can be said to have interactional dominance; however, someone who is very silent also can have interactional dominance by evoking solicitous responses from others.

Rather than identifying the person who is dominant in the family session, the main focus of our research is on the *shifting patterns* of these three kinds of dominance.

2) *What* is responded to? The speakers may respond to

- their experience or emotion while speaking of the thing at this very moment (implicit knowing)
- what is said at this very moment
- some previously mentioned topics in the session
- *what* or *how* it was spoken
- external things, outside this session
- other issues (If so, what?)

These are not mutually exclusive categories, as in a single utterance, many aspects can be presented. The special form of answers in a situation in which the speaker introduces several topics is considered to form one utterance. We look at how the answer helps to open up a space for dialogues in the response to that answer.

3) What is *not* responded to?

What voices in the utterance (bearing in mind that a single utterance by a single participant can include many voices) are *not* included in the response of the next speaker?

4) *How* is the utterance responded to?

Monological dialogue refers to utterances that convey the speaker's own thoughts and ideas without being adapted to the interlocutors. One utterance rejects another one. Questions are presented in a form that presupposes a choice of one alternative. The next speaker answers the question, and in this sense, his or her utterance can be regarded as forming a dialogue; however, it is a closed dialogue. An example would be when the therapist asks for information about how the couple made the contact, and the couple answers with information about their actions leading up to participation in the therapy session. In *dialogical dialogue*, utterances are constructed to answer previous utterances and also to wait for an answer from utterances that follow. A new understanding is constructed between the interlocutors (Bakhtin, 1984; Luckman, 1990; Seikkula, 1995). This means that in his or her utterance, the speaker includes what was previously said and ends up with an *open* form of utterance, making it possible for the next speaker to join in what was said.

5) How is the present moment, the implicit knowing of the dialogue, taken into account? When one looks at videos of dialogues in which there are sequences of responses, one observes body gestures, gazes, and intonation. Often this includes (for example) observing tears or anxiety—aspects not seen when one merely reads the transcript. The present moment becomes visible also in the comments on the present situation (e.g., comments on the emotions felt concerning the issue under scrutiny).

STEP III: Exploring the processes of narration and the language area

This step can be conducted in two alternative ways:

1) Indicative versus symbolic meaning

This distinction refers to whether the words used in the dialogue are always being used to refer to some factually existing thing or matter (indicative language) or whether the words are being used in a symbolic sense; in other words, whether they are referring to other *words*, rather than to an existing thing or matter (Haarakangas, 1997; Seikkula, 1991, 2002; Vygotsky, 1981; Wertsch, 1985). Each utterance is categorized as belonging to one of these two alternatives.

2) Narrative process coding system

The preliminary development of this coding system was undertaken by Agnus, Levitt, and Hardtke (1999) within individual psychotherapy. Laitila, Aaltonen, Wahlström, and Agnus (2001) further developed the system for the family therapy setting. Three types of narrative

processes are distinguished. The speaker uses (a) *external language*, giving a description of things that happened or (b) *internal language*, describing his or her own experiences in the things he or she describes; or (c) *reflective language*, exploring the multiple meanings of things, the emotions involved, and his or her own position in the matter.

After analyzing the responses in the chosen topical episodes, a conclusion is reached concerning how the chosen topic is handled in this specific therapy process.

One final comment should be made before we illustrate our approach with a case example, namely that we prefer to work with a team of researchers. This is not only because it enhances the credibility of the research but also because team investigations into multi-actor dialogues seem appropriate when one is considering analysis as a multi-actor process. One possible way is to start the analysis of the transcript with a single researcher. After the preliminary categorization (using the three steps described previously), the research team comes together to review the video of the session and also the transcript. In the course of that meeting, as a check on the trustworthiness of the first author's analysis, the coresearchers review the categorization, focusing more on their points of disagreement than on their points of agreement. In dialogue with each other, the different voices enrich the picture of the dialogue in focus.

CASE EXAMPLE OF RESPONSES

In what follows, a case is presented to illustrate how the method can be used in making sense of different aspects of responding dialogues. We shall first show how we use the concepts introduced above to conduct a global evaluation of the dialogical qualities of the session. We shall then introduce a microanalytic exploration of the session around this question: *How can therapists in dialogue affect the future direction of the conversation?* In the microanalytic investigation, the focus is on voices, addressees, and positioning. For this purpose, two short episodes will be reported here.

The case of Arja and Matti is part of the research project *Dialogical and Narrative Processes in Couple Therapy for Depression*. Arja and her husband, Matti, were referred to a mental health outpatient clinic by the doctor in the occupational health care because of Arja's depression. In exploring the responses in the dialogue, the first sessions are important in the sense that no dialogue habits have yet been cocreated by the therapists and the clients. Two therapists, one man and one woman, (each with more than 20 years' experience as family therapists) conducted the therapy. Altogether, Arja's treatment took 11 months and extended over eight family therapy sessions. Arja's depression eased off to such an extent that while at the outset her Beck Depression Inventory score was 32, at the 18-month follow-up, it had fallen to 2. The therapy can thus be seen as successful.

The research was conducted by a team of researchers. First of all, students of psychology conducted the narrative process coding system as part of their master's thesis. Thereafter, the first two authors of the present article conducted a dialogical investigation. The specific analysis of the case was discussed in two seminars with senior researchers from outside our research team. This provided a rich picture in which different aspects of the dialogical process of the session with Arja and Matti were articulated. We shall now focus on the first session of the therapy with Arja and Matti, looking at how the concepts we introduced above can (a) help us to look at the session as a whole and evaluate its dialogical qualities and (b) help us to focus on some topical episodes, to conduct a microanalytic study of certain aspects of the session that are of interest to researchers.

Evaluation of the Dialogical Qualities of the Session as a Whole

In the first therapy session with Arja and Matti, altogether 33 topical episodes emerged, of which 26 had therapeutic quality. In seven episodes, the topic involved therapy agreements and other concrete practical issues. Arja had *semantic dominance* in 13 sequences, Matti in four sequences, and the therapists in 13. Arja had *interactive dominance* in 12 sequences and her husband in four sequences. The variation in dominance seems to suggest that, in the session, there was enough flexibility in alternating initiatives to allow all parties the possibility of addressing issues they considered important.

The first four episodes consisted of information on the study and treatment context. Episodes 5 and 6 already had some therapeutic quality, but were still informative. In episodes 7–9, Arja reported on several health problems. The language area remained indicative, and the conversation proceeded in a monological way. In the ninth episode, however, when the spouse, Matti, talked about his worries concerning his wife, the language changed to symbolic and dialogic. During episodes 10–21, Arja often positioned herself as the victim of a heavy workload in her job and also of misinterpretations by her boss and by the general practitioner to whom she had tried to talk about her health concerns. Matti positioned himself as the one supporting Arja, both in practice and in the storytelling. In the episodes from 22 to 25, on the therapist's initiative, the focus was on Arja's heavy drinking. The emotional tension in the session increased, and the clients started to use symbolic language in a dialogical way. In many ways, this episode seemed to be of specific importance for the therapy process. For this reason, this particular episode was selected (together with episode 9 in which Arja's health problems were discussed) for the microanalysis, which we shall report on later in this article.

When we looked at the way they told their story and at the creation of meaning, it was noted that Arja and Matti described their lives mostly in indicative ways, with symbolic meaning being present in only nine of the sequences. They mostly talked about what happened in their lives in a traditional question/answer format, and only nine of the topical sequences in the session took a dialogical form. The therapists respected the clients' way of being in language and did not challenge it. In that way, they succeeded in promoting an open atmosphere in which it was possible to speak about sensitive issues. The responses were almost entirely given to previously spoken issues, existing within the present moment. There were only a few instances when the therapists wanted to return to themes that had been spoken about previously (each time connected with alcohol use). In the two phases of the session in which they conversed in the symbolic language area, the therapists responded to relational aspects of Arja's and Matti's stories. On three occasions, the therapists did not respond to the emotional reactions of Arja, two of these being connected with the theme of Arja's somatic illness.

As regards the rest of the therapy process, no significant changes took place in the dialogical processes within the session. The topical episodes mainly focused on incidents in the couple's life, with indicative language use. Most of the parts consisted of answering questions. The most remarkable change was in the polyphonic quality of the couple's utterances. For example, in the last session of the therapy (the eighth session), they both talked a great deal about what the other one had said, and thus, the inner voice of the spouse became evident in their talking. This probably meant that the words were directed to the other spouse, who was present at the same time.

Microanalysis of Two Dialogue Episodes

We shall now focus on two topical episodes (9 and 22) of the first therapy session to conduct a microanalysis aimed at gaining an understanding of the way the therapist can make room for certain themes to be discussed in the session. These episodes were chosen because both of them illustrate a change in the dialogue and thus are informative for our purposes. We shall focus in particular on *positioning*, *addressees*, and *voices* (Table 1).

In the first sequence, Arja described how she felt bad, and T1 joined this in a dialogical way in the symbolic language area. We can assume that she addressed her words to Matti also. Even if she positioned herself as being powerless, after T1 responded to her utterance, she found some empowering ideas (''you can get rid''). After that, T1 turned to Matti, asking about his concerns in the present situation: ''how would you comment on that or is there something else you would like to add?'' In inviting a new speaker, the therapist was taking interactional dominance. In response, Matti talked about his concerns over Arja's heavy workload. He *positioned himself* as the one supporting Arja and searching for new options in life. He seemed to *address his words* both to the therapists and to Arja. This became evident when Arja continued fluently from this point, with Matti stopping at this point. He explained that he had tried to support Arja and that he was worried about Arja's alcohol use. He spoke about the new house that they had hired for the summer and about Arja's withdrawal from social contacts. During Matti's speech, the second therapist (T2) became more active, as if the male voice was

responding to the voice of another man. T2 was here positioning himself as active. He followed Matti's speech, giving short encouraging comments. In the middle of Matti's story, he asked, "Was it this summer you got the idea of the summer cottage?" It is interesting that out of Matti's six different topics, the therapist selected the summer cottage. Later on, this turned out to be a selection that supported the couple's stories in the frame of the positive resources available. By selecting the topic of the house, the therapist succeeded in connecting with some of the positive resources of Arja and Matti, instead of focusing on the problem elements in Matti's answer.

In addition, this response can be seen as a choice of positioning. Knowing the narrative background of the therapist, this might be an "intentional" positioning, inviting the clients to speak with empowered voices about their life in connection with some of their resources. The therapist's answer is interesting because at this specific point, he used the word *you* in the plural form. In that way, he was addressing both Matti and Arja. The therapist's response was initiated by Matti's relating of what has happened, but it was directed to both of the spouses simultaneously, and thus, both of them remained agents in the story.

The voices emerging most often in the session were those of Arja and Matti talking about each other. Arja recounted many details about her fellow employees, about her boss with whom she repeatedly had difficulties, and about the doctors and nurses in the occupational health care system. A specific voice entered when Arja and Matti talked about their wish for a child. Arja said, with a touch of sarcasm, that it was good that they did not have a baby, as the baby did not need to suffer from Arja's misery. Although these words were addressed to the therapist, the baby can also be seen as an addressee, someone to whom the words were directed. Other outside addressees were not recognized in the topical episodes.

The second episode we wish to focus on here is episode 22, in which Arja's drinking is discussed and in which more emotions emerge (Table 2).

In this episode, T1 asked the clients about the use of alcohol. The therapists seemed to have the idea that Arja wanted to stop drinking and that she had already decided to quit. However, it appeared that this was not the case. The therapist responded to this surprising information by accepting Arja's comment and starting to explore the significance of alcohol use. In answering the therapist's questions, Arja reacted very emotionally, which, however, was not responded to by the therapists. As in the ninth sequence, they seemed to prefer to focus more on everyday aspects of becoming bored.

In Arja's emotional utterance, *many voices* seem to be present, even if they were not directly clarified. Her husband, Matti, was both one voice and *her addressee*, which became visible when she slightly smoothed his hand. Some voices of her life, related to her need to dull her emotions through alcohol use, became visible, even if they were not defined precisely. Arja positioned herself as powerless concerning the issue of drinking (representational positioning), but at the same time, she demonstrated that she was an agent in relation to the therapist by disagreeing with T1's suggestions (interactional positioning). One can speculate about what would have happened if the therapist had focused on Arja's emotional reaction (her crying) and encouraged her to speak more about her experience at the present moment. Would that have made it possible for these experiences to be voiced and for these voices to be heard by the therapists, Matti, and herself? One possible voice seemed to speak of the loss of children, which Arja mentioned in her next utterance. The never-born baby became one voice in her utterance.

In addition, the therapists' *professional voices* can be observed in this transcript. The choice of responding to the renting of the house perhaps illustrates the therapists' specific family therapy orientation. They seemed to be working from systemic premises, enriched by a narrative orientation. Here, also, may be the explanation of the therapists' choice not to respond to the emotional reaction of Arja, but rather to emphasize the positive experience in Matti's utterance. As the narrative therapist Michael White (1991) has noted, in dealing with difficult and traumatic issues, it is important to first construct a frame of the client as a competent individual, to guarantee resources for dealing with experiences in which the client has not been so competent.

As we mentioned earlier, in our analyses, we only focus on how therapists, through their answers, guide the dialogue process. In the sequence focused on here, the therapist's choice of talking about the house meant that other choices were left out. This kind of point is always

Table 2
Sequence II: Arja (A) and Matti (M) With Therapists 1(T1) and 2 (T2), First Session, Topical Episode 22 (904–944)

T1	T2	A	M	Response categories	Voices, addressees, positioning
If I could return to the alcohol issue, when you said . . . you said in a way . . . that I understood by implication that . . . that in a way you . . . you feel powerless . . . or do you have a feeling that it is under . . .				Interactional and semantic dominance; dialogical, even if it increases the person's own interpretation of what was said; symbolic meaning	*TOPICAL EPISODE ALCOHOL ISSUE* Two voices: her own, A's Positioning herself as somewhat uncertain; positioning A as powerless
		Under control?		Responds to powerlessness issue Dialogical	
Under control . . .				Empathic responsiveness; dialogical	
		Well . . . it isn't under control.		Responds by denying	Voice of not having control, but positioning herself as the one opposing T1's assumption
			That's true.		
Yes.					
	How do you know that it isn't under control . . . do you have . . . ?			Responds to control; dialogical	

Table 2
Continued

T1	T2	A	M	Response categories	Voices, addressees, positioning
		Well . . . I . . . I drink too much.		Indicative	
	Hmh.				
(nodding her head) Hmh . . . That in a way even if you've decided that you won't drink, you will drink. . . . That these . . .				Responds by taking up word for word what the client has said, but still holding on to her prejudgment ("you've decided")	Positioning herself as the one who can make judgments about the other's response
		Hmh.			
. . . suggestions to . . .					
		Hmhm.			
. . . have a beer after sauna, so that . . .					
		But I haven't decided that . . . I haven't yet managed to decide that . . .		Semantic and interactional dominance Monological	Double positions: not managed but not decided either; positioning as the one who can disagree with T1 + 2
Aha, yes, (nodding her head), exactly				Responds to objection, accepts	
		My decision hasn't been made. . . .			

Table 2
Continued

T1	T2	A	M	Response categories	Voices, addressees, positioning
Your decision isn't made.				Dialogical	
		My decision . . .			
Yes?					
		. . . isn't yet made . . .			
Well . . . what's the problem? That if you see that you're drinking too much . . .				Responds to A's "undecided" comment; dialogical	Voice of a person ("what's the problem")
		. . . and I have an ally here (touching the arm of her husband) . . .		Interactional dominance; symbolic	Address to M
Yes.					
		. . . by my side.			
Yes.					
	Hmh.				
		Perhaps I only want to dampen myself down.			
To dull your emotions? About what?				Dialogical	
		(6) (crying) I don't know (6) (sobbing). About my whole life, I suppose (9) (weeping more freely).		Symbolic; semantic and interactional dominance	Intimate voice of her life—"implicit," not explicitly definable

Table 2
Continued

T1	T2	A	M	Response categories	Voices, addressees, positioning
Hmh . . . well, when I was listening to you talking about Matti's keep-fit hobbies, and . . . about his training programs, I was thinking that if you feel bored . . . that if you have . . .				Does not respond to the emotion at the present moment Responds to something previously discussed Interactional dominance Indicative language	M's voice; address to M Positioning herself as the one who can disacknowledge emotions
		Hmh . . . well, I should be more active . . . that there are other hobbies available, as well. Not only walking. Perhaps it depends on the fact . . .		Responds to indicative part of T1's utterance—steps away from emotions	Shifting toward a *NEW TOPICAL EPISODE* of not having . . .
Yes, yes . . .					
		. . . that we don't have children . . . that there		Semantic dominance	. . . children; private voice of sorrow
Yes, yes . . .					
		are no children who should suffer from . . .			Address to M Voice of the unborn baby

Table 2
Continued

T1	T2	A	M	Response categories	Voices, addressees, positioning
			You are very slow . . . slow to make visits to anyone.	Responds to T1 and the wife at the same time Indicative language	Voice of A
		Well, it depends on these . . .			
			It is . . .		
		Yes . . .			
			. . . nothing works out when I'm trying to get her out to go somewhere.		Loss of agency

crucial in a therapy session. If the therapists had had a dialogical orientation instead of a narrative one, their answer might have been different and more focused on Arja's emotional reaction (e.g., Seikkula, 2008). This would have led to a different type of dialogue after the comment, compared with the dialogue that actually occurred.

What Can We Learn About the Case Using This Method?

In the course of the general categorizing of the responses, some illustrative elements of this therapeutic process became evident. The couple wanted to talk at length about emotionally loaded experiences concerning their work, their friends, and stressful aspects of their intimate relations—such as not yet having a child. They did this mostly using indicative language, reporting how things had happened and how they had reacted.

From one specific session, we selected two decisive episodes for microanalysis. In these episodes, symbolic meanings emerged. From a more detailed description using the Narrative Process Coding System, it was possible to observe shifts between the internal and reflective mode in the couple's stories. The therapists acted in a dialogical way, with their main aim being to follow the stories of the clients and thus focus on responding to their utterances. Mostly, they managed to do this in such a way that the clients could go on in their experiences and find new words for those parts of their stories that did not have any exact narrative form. In their "fine tuning," the therapists acted according to their systemic and narrative ideas on family therapy. They chose to answer those parts of the utterances that consisted of descriptions of actions and happenings. On the other hand, they chose *not* to respond to embodied implicit utterances, such as emotions that became evident in crying. After the first session, the therapeutic process continued following the same main lines. In the clients' stories, more voices emerged, which can be seen as a sign of having more inner dialogues concerning all the issues in their life. This seemed to be associated with an easing of the depressive mood, with a diminishing of the need for further therapy.

In this investigation, we can easily see the elements of the family therapy that may explain why the process was successful. As is known, the relationship between therapists and clients is one of the most important elements for positive change. In this case, the foundations for good listening and empathetic relations were present from the very start of the first sessions. The clients could use their familiar language and take initiatives regarding both the content of the stories and the way it was spoken about. They could freely correct the therapists' suggestions or preunderstanding and thus affect the therapeutic process. The most profound issues in their critical situation were put into words from the very beginning, and they thus received more agency within the experiences they underwent.

For family therapists, the method introduces interesting possibilities for looking at our personal ways of participating in therapeutic dialogues. In becoming aware of how we take the initiative regarding the form of the dialogue (interactional dominance), we may find new resources for inviting more speakers into the specific subject. In looking at the response categories, we may develop our dialogical sensitivity to a multiplicity of forms of answers; thus, we may avoid repeating the same patterns—repetitions that could hinder new perspectives from being opened in emotionally charged topics. We may find, for instance, that it is our (repeated) answer form that is causing the dialogue to focus on negative and pathological aspects of the couple's interaction, rather than on finding new resources in the midst of all the difficulties that the couple may have. And in becoming aware of the indicative quality of the language of the family, we may gain a better understanding of the uneasy feeling that we may experience in a session when we strive for a new understanding and nothing new seems to come out of the conversation. When we are present in the actual dialogue, it is difficult for us to separate ourselves from the context and to look at ourselves as outsiders; nevertheless, it may be that some of the aspects that are analyzed are capable of being observed at the actual moment of dialogue.

DISCUSSION

In this article, we have proposed some preliminary ideas on qualitative investigations into multi-actor dialogues. Our aim has been to work toward an integration of Bakhtin's theoretical

concepts with good practices of qualitative research (e.g., dialogical tools and concepts of a narrative processes coding system) to make sense of family therapy dialogues. While communication research has been an important pioneering line in the development of family therapy and family therapy research (e.g., Bateson, 1972), the perspective of the dialogical self, multiple voices, and positioning adds interesting new dimensions to the behavioral level of systems thinking. The social reality of therapy conversation is not a mere strategic game, but rather a multidimensional negotiation of living persons participating in both outer and inner dialogues; it is a negotiation where new meanings are generated (Rober, 2005b).

We have taken on the challenge of operationalizing Bakhtinian concepts, moving from heuristic ideas to tools for empirical qualitative research. So far, we have found that this way of analyzing the data provides us with new and exciting alternatives for reading marital therapy transcripts. Our methodology involves a way of categorizing the data from the entire session, allowing us to see the quality of the session as a whole. Furthermore, it includes also micro-analyses of specific topical episodes that seem to be important for the therapeutic process. We have tried to use the possibilities afforded by recorded data, therapy transcripts, and research team negotiations to reach multiple descriptions of therapy sessions and identify some crucial moments in these sessions. The testing of this procedure has turned out to be particularly fruitful with data from marital therapy. The three-step analytical procedure shows the importance of looking at the therapist's response and seeing how the horizontal client-informed or client-centered process intertwines with the therapist's various agendas. Using all the sources of data within research, team negotiations have also helped us to take notice of all the participants and of their individual ways of participating in therapy discourse. While we have used this research tool in research on couple therapy sessions, the next step in the development of this research tool could be to try out these analytical tools in family therapy sessions with children or in the treatment meetings of a social network. In the future, we would also envision doing this kind of analysis and then comparing sessions with good and poor outcomes. And overall, it will always be our aim to look for ways in which dialogues can promote change for the better in communication between couples and within families.

REFERENCES

Agnus, L., Levitt, H., & Hardtke, K. (1999). The narrative process coding system: Research applications and applications for therapy. *Journal of Clinical Psychology*, *50*, 1244–1270.

Andersen, T. (1995). Reflecting processes: Acts of forming and informing. In S. Friedman (Ed.), *The reflecting team in action* (pp. 11–37). New York: Guilford Press.

Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems. *Family Process*, *27*, 371–393.

Bakhtin, M. (1981). *The dialogic imagination*. Austin: University of Texas Press.

Bakhtin, M. (1984). *Problems of Dostoevsky's poetics*. Minneapolis: University of Minnesota Press.

Bakhtin, M. (1986). *Speech genres and other late essays*. Austin: University of Texas Press.

Bateson, G. (1972). *Steps to an ecology of mind: A revolutionary approach to man's understanding of himself*. Toronto: Random House.

Baxter, L. A. (2004). Dialogues of relating. In R. Anderson, L. A. Baxter, & K. N. Cissna (Eds.), *Dialogues: Theorizing difference in communication studies* (pp. 107–124). London: Sage.

Gergen, K. (2009). *Relational being: Beyond self and community*. New York: Oxford University Press.

Haarakangas, K. (1997). The voices in treatment meeting: A dialogical analysis of the treatment meeting conversations in family-centred psychiatric treatment process in regard to the team activity. Diss. English Summary. *Jyväskylä Studies in Education, Psychology and Social Research*, *130*, 119–126.

Hermans, H. J. M. (2004). The dialogical self: Between exchange and power. In H. J. M. Hermans & G. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 13–28). New York: Brunner/Routledge.

Hermans, H. J. M. (2006). The self as a theater of voices: Disorganization and reorganization of a position repertoire. *Journal of Constructivist Psychology*, *19*, 147–169.

Hoffman, L. (1991). A reflective stance for family therapists. *Journal of Strategic and Systemic Therapies*, *10*, 4–17.

Laitila, A. (2009). The expertise question revisited: Horizontal and vertical expertise. *Contemporary Family Therapy*, *31*, 239–250.

Laitila, A., Aaltonen, J., Wahlström, J., & Agnus, L. (2001). Narrative process coding system in marital and family therapy: An intensive case analysis of the formation of a therapeutic system. *Contemporary Family Therapy*, *23*, 309–322.

Leiman, M. (2004). Dialogical sequence analysis. In H. Hermans & C. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 255–270). Sussex: Brunner-Routledge.
Linell, P. (1998). *Approaching dialogue: Talk, interaction and contexts in dialogical perspectives*. Amsterdam/Philadelphia: John Benjamins.
Linell, P., Gustavsson, L., & Juvonen, P. (1988). Interactional dominance in dyadic communication: A presentation of initiative-response analysis. *Linguistics*, *26*, 415–442.
Luckman, T. (1990). Social communication, dialogue and conversation. In I. Markova & K. Foppa (Eds.), *The dynamics of dialogue* (pp. 45–61). London: Harvester.
Lysaker, P., & Lysaker, J. (2004). Dialogical transformation in the psychotherapy of schizophrenia. In H. Hermans & C. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 205–219). Sussex: Brunner/Routledge.
Markovà, I., Linell, P., Grossen, M., & Orvig, A. S. (2007). *Dialogue in focus groups: Exploring socially shared knowledge*. London: Equinox.
Rober, P. (1999). The therapist's inner conversation: Some ideas about the self of the therapist, therapeutic impasse and the process of reflection. *Family Process*, *38*, 209–228.
Rober, P. (2002). Some hypotheses about hesitations and their nonverbal expression in the family therapy session. *Journal of Family Therapy*, *24*, 187–204.
Rober, P. (2005a). The therapist's self in dialogical family therapy: Some ideas about not-knowing and the therapist's inner conversation. *Family Process*, *44*, 477–495.
Rober, P. (2005b). Family therapy as a dialogue of living persons. *Journal of Marital and Family Therapy*, *31*, 385–397.
Rober, P. (2008). The therapist's inner conversation in family therapy practice: Struggling with the complexities of therapeutic encounters with families. *Person-Centered and Experiential Psychotherapies*, *7*(4), 245–278.
Rober, P., Van Eesbeek, D., & Elliott, R. (2006). Talking about violence: A micro-analysis of narrative processes in a family therapy session. *Journal of Marital and Family Therapy*, *32*, 313–328.
Salgado, J., & Gonçalves, M. (2007). The dialogical self: Social, personal, and (un)conscious. In A. Rosa & J. Valsiner (Eds.), *The Cambridge handbook of social cultural psychology* (pp. 608–621). Cambridge: Cambridge University Press.
Seikkula, J. (1991). Perheen ja sairaalan rajasysteemi. [Family-hospital boundary system in the social network. English summary]. *Jyväskylä Studies in Education, Psychology and Social Research*, 80.
Seikkula, J. (1995). From monologue to dialogue in consultation with larger systems. *Human Systems*, *6*, 21–42.
Seikkula, J. (2002). Open dialogues with good and poor outcomes for psychotic crises: Examples from families with violence. *Journal of Marital and Family Therapy*, *28*, 263–274.
Seikkula, J. (2008). Inner and outer voices in the present moment of family and network therapy. *Journal of Family Therapy*, *30*(4), x–xx.
Seikkula, J., & Arnkil, T. (2006). *Dialogical meetings in social networks*. London: Karnac Books.
Steiner, G. (1989). *Real presences: Is there anything in what we say*. Chicago: University of Chicago Press.
Stiles, B., Osatuke, K., Click, M., & MacKay, H. (2004). Encounters between internal voices generate emotion: An elaboration of the assimilation model. In H. Hermans & C. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 91–107). New York: Brunner/Routledge.
Vygotsky, L. (1962). *Thought and language*. Cambridge, MA: MIT Press.
Vygotsky, L. (1981). The development of higher forms of attention in childhood. In J. Wertsch (Ed.), *The concept of activity in Soviet psychology* (pp. 189–240). New York: M. E. Sharpe.
Wertsch, J. (1985). *Vygotsky and social formation of mind*. Cambridge, MA: Harvard University Press.
Wertsch, J. V. (1991). *Voices of the mind: A sociocultural approach to mediated action*. Cambridge, MA: Harvard University Press.
White, M. (1991). Deconstruction and therapy. *Dulwich Centre Newsletter*, *3*, 1–21.
Wortham, A. (2001). *Narratives in action: A strategy for research and analysis*. New York: Teachers College Press.