Different place, different action: Clients' personal narratives in psychotherapy

FABRIZIO BERCELLI, FEDERICO ROSSANO, and MAURIZIO VIARO

Abstract

This paper deals with clients' personal narratives in psychotherapy. Using the method of conversation analysis, we focus on actions and tasks accomplished through clients' narratives. We identify, within the overall structural organization of therapeutic talk in our corpus, two different sequential placements of clients' narratives and describe some of their distinctive features. When they are placed within an inquiry *phase of the session and are solicited by therapists' questions, the clients' narratives mainly provide information for therapists in the service of their inquiring agenda. When placed within an* elaboration *phase of the session, personal narratives are regularly volunteered by clients and produced as responses to therapists'* reinterpretations*, i.e., statements working up clients' circumstances as previously described by clients. In this latter placement, they mainly offer further evidence relevant to the therapists' reinterpretations, and thus show how clients understand therapists' reinterpretations and what they make of them. The import of these findings, for both an explication of therapeutic techniques and a better understanding of the therapeutic process, is also discussed.*

Keywords: *conversation analysis; psychotherapy; therapeutic interaction; personal narrative; sequential organization.*

1. Introduction

By dealing with clients' narrations of personal events and experiences during psychotherapy sessions, this paper addresses issues relevant for research on narratives and on psychotherapy. Let us briefly characterize our approach with regard to these two fields.

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1.1. *Narratives*

Among the different perspectives through which oral narratives have been studied, a distinction has been traced (see, for instance, Labov and Fanshel 1977; Hopper 1997; Schegloff 1997; Ochs and Capps 2001; Becker and Quasthoff 2004) between two different yet complementary ones: structural textual versus interactional. From the former perspective, a narrative is defined as a way 'of representing past experience by a sequence of ordered sentences that present the temporal sequence of those events by that order' (Labov and Fanshel 1977: 105), where events include actions dealing with somehow noteworthy situations, and analytic attention is given primarily to the textual properties of such linguistic productions. From the latter perspective, the analytic focus is shifted to the interactional features of narrations in talk-in-interaction, i.e., storytellings, considered as social activities whose launch, development, and conclusion rely not only on storytellers but also on recipients (Sacks 1974; Jefferson 1978; Goodwin 1984; Sacks 1992 [1964–1972]; Lerner 1992; Schegloff 1997). While adopting the interactional perspective, and more specifically that of conversation analysis (CA), our target phenomenon is somewhat wider than storytelling as usually intended in CA. We consider a personal narrative to be any segment of talk in which clients build an account of their life events with a temporal and causal order (Ochs and Capps 2001).

1.2. *Psychotherapy*

In recent years a growing corpus of CA literature on psychotherapy (Antaki et al. 2005; Bercelli et al. 2004; Halonen 2006; Hutchby 2007; Peräkylä 2004, 2005; Peräkylä et al. forthcoming; Streeck 2004; Vehviläinen 2003) has been added to previous pioneering work on therapy talk (in chronological order, Scheflen 1973; Labov and Fanshel 1977; Davis 1986; Leonardi and Viaro 1990; Gale 1991; Bergmann 1992; Ferrara 1994; Peräkylä 1995; Buttny 1996). Much of past and recent research has focused mainly on therapists' actions. Our present contribution focuses, instead, on *clients'* actions, specifically clients' narrations—though analyzed, in accordance with CA principles, in their sequential context, which includes therapists' actions. The importance of clients' personal narratives within the therapeutic process has been widely acknowledged (Buttny 1996; Davis 1986; Ferrara 1994; Labov and Fanshel 1977; Peräkylä 2004; Vehviläinen 2003), but the practical tasks accomplished through them have not received systematic analytical attention. In this paper, we make a first step in this direction by identifying two different

sequential placements where clients' personal narratives (PNs from now on) can occur. We then show how, in these two different interactional placements, clients' PNs accomplish different tasks (Sections 2–4). In particular, we highlight how clients' unsolicited narrations, when produced as responses to therapists' *reinterpretations*, can show how clients understand therapists' suggestions and what they make of them, thus contributing in a very substantial way to the therapeutic process (Section 4).

1.3. *Method and data*

We are using CA to explore how some aims of psychotherapy may be achieved through 'talk in interaction' (Schegloff 2007). By focusing on actions done through certain types of utterances or series of utterances, such as narratives, and on how these actions are sequentially and interactionally organized and how they accomplish recognizable tasks, we also provide analytical descriptions of specific practices occurring in psychotherapy and thus contribute to a more detailed explication of some therapeutic techniques.

CA is data driven and therefore we do not lean on any clinical assumption. Although some terms, for instance 'reinterpretation', could be mistakenly intended as referring to some clinical theory, we define them in purely conversational terms (as for 'reinterpretation', see [b] in Section 2).

Our corpus consists of about 100 transcribed sessions, mainly audio taped, of individual therapies, conducted by cognitivist and systemic therapists.[1] Though belonging to two distinct clinical approaches, our sessions substantially share the same overall structural organization, which is briefly described in the next section.

2. Two different sequential placements of clients' PN in psychotherapy

Two main types of courses of action occur in all sessions of our corpus: *inquiry* and *elaboration*.

1. *Inquiry* is regularly started by therapists' questions about clients' circumstances. After the client's answer, the turn uniformly comes back to the therapist, who can proceed with other questions or comments (a turn-taking pattern described in Peräkylä 1995). A single question/answer sequence can be post-expanded by the therapist's further questions, sometimes into very large stretches of talk (see Schegloff 2007). Subsequent sequences are often topically connected or recognizably conform to the therapists' inquiring agenda (using practices described in Heritage and Sorjonen 1994).

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2. *Elaboration* is regularly started by therapists as well, through statements grounded in and working up clients' previous talk. In particular, we have identified a type of action, which we call *reinterpretation*, by which the therapist proposes his or her own version of the client's events and experiences, the therapist's version being grounded in another version of them previously provided by the client (Bercelli et al. forthcoming). Therapists' reinterpretations concern clients' personal events and experiences and therefore fall within so-called B-event statements (Labov and Fanshel 1977). Through a B-event statement, a speaker (A, here the therapist) tells something to a recipient (B, here the client) who has privileged access to the matters related and is consequently expected to confirm, disconfirm, or comment on them. Thus therapists' reinterpretations make clients' responses relevant (at least minimal responses such as acknowledgment tokens), as shown in Bercelli et al. (forthcoming). More extended responses are generally allowed by therapists, and sometimes pursued by them.[2] Through extended responses, clients can provide further autobiographical material relevant to the therapists' reinterpretations.

Inquiry phases regularly precede elaboration phases, this being a fundamental feature of the overall structural organization of the therapies of our corpus, in both cognitive and systemic therapies.

Clients' PN can occur within both inquiry and elaboration, but show different sequential features in these two distinct conversational environments.

a. Within inquiry, therapists usually solicit PN from clients or ask questions that make clients' PN relevant. Clients' PNs therefore occur as second-pair parts of a question/answer adjacency pair.
b. Within elaboration, clients usually volunteer PNs as parts of their extended responses. Therefore, such clients' PNs are not made conditionally relevant by prior therapists' actions. Moreover, therapists regularly post-expand such clients' PNs with further comments or follow-up questions, while this is less common after solicited PNs (for instance, in Excerpt [2], Section 3.1, a solicited PN is not post-expanded by the therapist).

In these two distinct conversational environments, and by means of these different sequential features, clients' PNs generally accomplish different yet complementary tasks: in the former, they provide information for therapists in the service of their inquiring agenda; in the latter, they convey the clients' stances toward therapists' reinterpretations of that same information.

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We will discuss within-inquiry solicited PNs in Section 3 and within-elaboration volunteered PNs in Section 4. Below, we will call them respectively *solicited PNs* and *co-elaborative PNs* (the sense of the latter term is explained in Section 4).

3. Solicited PNs

Within inquiry, clients' PNs are usually solicited by therapists.[3] In the next section (3.1), we describe some ways by which solicited PNs get started. In a subsequent section (3.2), we deal with their further sequential development.

3.1. *How solicited PNs get started*

Therapists can solicit clients' PNs by (a) asking for an example, (b) requesting more details, (c) requesting a PN belonging to a certain class of stories, or (d) requesting the narration of a previously mentioned episode. Most of the solicited PNs in our corpus get started in these ways.

a. A common way clients' PNs get started is through therapists' requests for an example after clients' general statements, as in the next excerpt:[4]

(1) (Therapist V, client S)
(In the excerpts, T = therapist, CL = client. In the title of each excerpt the therapist's and the client's identities are indicated by capital letters—different letters indicate different individuals.)

1	Cl:	I had the feeling that they ((Cl's parents)) were living
2		my own desire that's to say they were participating,
3		(.) in fact I <u>thi</u>nk they did not- basically (0.3) hh
4		they were afraid of the birth of a child.
5	T:	>there but-< 'I think' as your reasoning↑ or as
6		your sensations (.) you've had=
7	Cl:	=from the sensations I've had=
8 →	T:	=for example?
9		(0.5)
10	Cl:	hhh once there:: exactly::: two Christmases ago
11		((story))

Here the client provides a PN (starting at line 10) which is made relevant by the therapist's request for a concrete illustration (line 8) of what the client has stated in general terms (line 7: 'the sensations I've had') through her previous answer.

b. Another possible way a client's PN can get started is the following: the therapist can interject an ongoing client's PN to request more details of an already-told narrative segment, thus engendering a sort of sub-PN that would have been skipped over by the client, had it not been solicited by the therapist. This kind of request engenders something similar to the 'unpackaging of a gloss' described by Jefferson 1985.

(2) (Therapist G, client P)

1	Cl:	then::: hmm later [my husband::::
2	T:	[>your husband (where is he?)<
3	Cl:	hmm [now I'll make you something hot
4	T:	[(there)]
5	Cl:	(.) and he said that:: he would make me some
6		chamomile[le ( )]
7 →	T:	[but he] how did he intervene?
8		(0.5)
9	Cl:	'but what's up?' (.) 'I'm so so cold I'm trembling.'
10		'ah yes I can see that, now I'll:::: I'll cover you
11		with ( ) the duvet' things like that
. . .		((part of the turn omitted))
14		then:::
15	T:	then?=
16	Cl:	=I managed=
17	T:	=you managed?=
18	Cl:	=to calm down.=
19	T:	=a:::nd how did your getting to sleep go on?

In Example (2), the therapist's question (line 7) is answered by a client's PN (from line 9 on) which had been previously omitted and is then integrated, on the therapist's request, into a larger ongoing PN. At the completion of the client's sub-PN, the therapist does not expand it, but asks for a continuation of the previous ongoing narrative (lines 15–19).

In these two cases, the therapists' requests are contingent on clients' prior talk and occasion a narrative expansion of it. The selection by therapists of which segments of clients' prior tellings are in need of expansion and the corresponding requests to expand them are a major resource for therapists to pursue their inquiring strategies. In Example (2), for instance, the therapist's request for details about the husband's intervention (line 7) is a likely attempt to explore possible marital strains. As nothing of this sort emerges from the client's solicited narrative, the therapist does not post-expand it. Sequences of questions are strategically managed by experts in similar ways in other institutional settings (e.g., classroom and courtroom interaction; Levinson 1992).

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In cases (c) and (d), the therapists' requests open a new sequence within the inquiry, rather than expanding the previous one (as in Examples [1] and [2]) The next two excerpts exemplify two variants of this practice.

c. In this example the therapist asks for a PN of a specific kind, explicitly defined by his request.

(3) (Therapist G, client M)

1	Cl:	[. . .] that I was bad when I'm I'm not,
2		I wasn't
3	T:	eh (.) can we look at hm:: (.) for a moment
4		for example what we've just ( ) seen
5		less, an anecdote which refers more for
6		example to situations which we can look at in
7		detail then [instead] we can look at another
8	Cl:	[hm]
9 →	T:	which refers to the situations ( ) situations
10 →		in which you have to control yourself
. . .		((part of the turn omitted))
17 →		a situation (.) which has from a certain point
18 →		of view activated you and you've then had to control
19 →		because the social or work context didn't
20 →		allow you=
21	Cl:	=hm=
22 →	T:	=to make a scene
23	Cl:	hm:: well yes h:m for example I happened ((story))

In Example (3), after the client's completion of an answer to the therapist's prior question (data not shown), the therapist closes (line 3: 'eh') the previous sequence using a 'closing third' (Schegloff 2007) and then opens a new inquiry sequence, topically discontinuous with the prior one. The discontinuity is managed and somehow attenuated by the therapist by implicitly referring to his inquiring agenda (lines 5–7). The therapist makes explicit the sort of episode he is asking for (lines 5–22) and thus circumscribes the sense of the solicited story, though its selection among stories of that sort is left to the client.

d. In the last excerpt of this section, the therapist defines some features of the requested story, as in Example (3), but also selects the concrete episode to be recounted by the client.

Before the beginning of this excerpt, the client has described her recent trouble in sleeping. It has emerged that the very first insomnia episode occurred on the eve of her starting teaching a class, after she had spent many days preparing her lessons.

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(4) a. (Therapist G, client P)
1 T: oh, and how? in this context <u>here</u>, let's see
2 how it happened the first time you had
3 difficulty getting to sleep.
4 (2.5)
5 Cl: the first time I was thinking hm about the fact that I
6 had to wake up the next morning earlier, two hours
7 earlier, ((continues))

In Example (4a), the therapist's request is *and*-prefaced (line 1: 'and how . . .') and, immediately after, self-repaired (lines 1 and 2: 'how . . .' being repaired into 'let's see how . . .'). Both phenomena point to the therapist's inquiring agenda: *and*-prefaced questions are typically agenda questions (Heritage and Sorjonen 1994), i.e., questions that belong to a professional repertoire and are delivered according to some serial order; and the self-repair frames the request using an epistemic verb ('let's see') characterizing it as a scheduled action.

In all the previous examples, the therapist's requests provide a frame for the type of story and the kind of information features the PN is supposed to have. In this way s/he constrains the degrees of freedom as far as the client is concerned, but also creates a specific type of relevance for the occurrence of a PN, which is tied to the therapist's inquiring agenda.

3.2. *The interactional development of solicited PNs*

We now examine how therapists can also manage the production and subsequent exploitation of the solicited PN in the service of their inquiring strategies.

A single illustrative case will be discussed here. The next excerpt, which is the continuation of Example (4a), illustrates how therapists can use *formulations* (Heritage and Watson 1979) as a resource for accomplishing this task.

(4) b. (Therapist G, client P)
5 Cl: the first time I was thinking hm about the fact that I
6 had to wake up the next morning earlier, two hours
7 earlier,
. . . ((part of the turn omitted))
14 that is, I wanted to get organized quite well (.) to
15 check as well- the time I needed- (.)
16 to::: [( ) slower]
17 → T: [so the first time] that it happened to you

18 →		the following morning you had to give this lesson here.
19	Cl:	hm hm.
20 →	T:	so, the program was that you had to
21 →		wake up two hours earlier to check precisely the the
22 →		order [the timing]
23	Cl:	[hm eh], yes in fact, it was::
24	T:	okay. ((continues))

In Example (4b), the therapist interjects the client's narration with two *formulations* (lines 17 and 18 and 20–22), both confirmed by Cl (lines 19 and 23).

Formulating the meaning of clients' previous talk is an action often undertaken by therapists. Formulations are here intended (in a narrower sense than in other CA works) as utterances where speakers offer their interpretations of what another participant has meant through their previous talk within the same conversation (Drew 2003).[5] Through formulations, therapists can both check their understanding of clients' previous talk and direct its subsequent course. In Example (4b), the therapist's formulations select and highlight aspects of the episode's background which were already alluded to in his initial request (Example [4a], line 1: 'this context here'). The background is distinguished from the story core through a change of the verb from past to present tense (cf. lines 5–20 in Example [4b] with line 24 in Example [4c]). By setting the background, the therapist pushes the ongoing client's narrative in a specific direction: here he suggests some link between the story core and the background elements selected by him. In this way, formulations are a resource therapists can rely on to direct the development of clients' PNs.

Therapists' questions are another possible resource for such a task, as illustrated by the next excerpt, which continues the previous one.

(4) c. (Therapist G, client P)

23	Cl:	[hm eh], yes in fact, it was::
24 →	T:	okay. (and after this) how come you have
25 →		this difficulty? (.) you go to bed and what happens?
26		([ ])
27	Cl:	[that's to say] I feel really:: an- anxiety, trembling,
28		(1.0) and:: really hh hh I start:: to tremble as well
29		really, (.) cold,=
30 →	T:	=oh, are you in bed?=
31	Cl:	=yes.
32		(1.0)
33 →	T:	( ) the anxiety where do you feel it? what [( )]
34	Cl:	[a::::t::] at

35 the level::: of the hypogastrium
36 → T: and how do you realize that it's anxiety?

In Example (4c), the client, after confirming (line 23: 'hm eh, yes') the therapist's prior formulation, apparently proceeds with her narrative, but is interrupted by the therapist (lines 23 and 24). Instead of allowing the client to resume the production of her narrative, the therapist starts a series of questions (lines 24, 25, 30, 33, 36) that topicalize aspects of the client's PN not yet specified by her. One of them (line 30) is a yes/no question and another one (line 33) is a *contingent* question (Heritage and Sorjonen 1994), i.e., a question dealing with a contingency in a prior client's answer (line 27, 'anxiety'), designed to elaborate the prior answer in more detail; though not being a closed-ended question as the former yes/no question trains the client to a limited set of pertinent answers (the body part where she feels anxiety). Series of questions of these kind are another resource therapists can deploy to tightly direct the course of clients' narrations.

What follows shows how, in the subsequent part of the same PN, the therapist can even induce the client to change her version of her own experience of the narrated events through a series of questions, B-event statements, and formulations.

(4) d. (Therapist G, client P)
36 T: and how do you become aware that it's anxiety?
37 (2.0)
38 Cl: because- hhhhhhm I feel it inside, that's to say
39 real trembling inside, which then later
40 becomes also:: (.) [external]
41 T: [well well] ( )
42 Cl: that's to say really- evident because hhh I start
43 really dancing on the be(hh)d ((laughing voice))
44 T: eh however I say but >I can see that you don't realize it
45 simply because of this< because if someone has-
46 (1.5) hhh a kind of [thing inside]
47 Cl: [because it's:] antecedent
48 (0.5)
49 Cl: earlier [( )]
50 T: [I understand], but >it'll also have some
51 contents<, while you're in bed, you're trembling,
52 you'll also be imagining things, tomorrow morning
53 you've got this lesson.
54 Cl: no, on an imaginative level no.

55 (1.0)
56 T: and how do you manage [to differentiate] this thing

A central aspect of the client's story line, emerging from her talk throughout lines 27–54, can be glossed this way: her 'anxiety' (line 27) was manifested by *physical* symptoms (lines 27–29: 'trembling ... tremble ... cold'; line 35: 'hypogastrium'; lines 39 and 40: 'trembling inside ... also external'; line 43: 'dancing on the bed').

In Example (4d), this series of self-descriptions is firstly interjected by a contingent question focusing on possible *mental* manifestations (line 36: 'and how do you become aware that it's anxiety?'), insofar as the question suggests that the previously described physical symptoms are not enough to allow recognition of an anxious state. The client's insistence on such symptoms (lines 38–40, 42, 43, 47–49) is repeatedly countered by the therapist (line 41: 'well well'; line 44: 'however ...'; line 50: 'I understand, but ...').

Then the therapist also resorts to a speculative B-event statement (lines 50–53: 'it'll also have ...'; 'you'll also be imagining ...'), which seems to apply a tacit psychological assumption ('imaginative contents must be present in anxiety') to the previously selected and now recalled background (lines 52 and 53: 'tomorrow morning you've got this lesson.'). The client sharply rejects it (line 54), and the therapist again implicitly forwards it by means of a further contingent question (line 56: 'and how ...') which, by reformulating a similarly designed previous question (line 36: 'and how ...'), treats all the client's subsequent answers (lines 38–40, 42, 43, 47–49, 54) as insufficient.

Notice, however, how the therapist, here, while not accepting a client's version of her own experience, merely suggests a different direction along which the client may find evidence supporting a different one, instead of proposing it by himself. The therapist's actions are all questions, except the speculative B-event statement (lines 50–53), which is inserted in a series of questions.

A further series of therapist's questions (partly omitted here) finally leads the client to provide further evidence, whose upshot is finally made explicit by the therapist—as shown in Excerpt (4f) below.

(4) e. (Therapist G, client P)
75 T: so what does it mean, that it would have meant
76 starting the day again?
77 (0.5)
78 Cl: preparing:: th::e:: the program- wi- the:: that
79 I had:: decided.=
80 T: =that is, as if, for example, not wait until (0.5)

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81 the two hours earlier, but get it ready at once.=
82 Cl: =hm.
83 T: so, you were thinking about this thing.
84 (.)
85 Cl: yes, yes.
86 (0.5)
87 T: so the anxiety referred to this.
88 (0.5)
89 Cl: yes.

Here, three successive therapist's formulations (lines 80, 81, 83, 87) receive the client's confirming responses (lines 82, 85, 89). In this way the therapist, by drawing a conclusive evaluation of (a segment of) a client's PN, previously unknown and now known to him only through information provided by the client, pre-empts her to draw a conclusion concerning her own 'inner' experience.

Interactional trajectories of the kind described above are consequential to the way these types of PNs are started: they are provided by clients on therapists' request and are in the service of therapists' inquiring strategies or agendas (as demonstrated in Section 3.1). On the one hand, clients can have uncertain stances about the sense and even 'tellability' of stories whose narration is solicited by therapists, rather than volunteered by themselves. On the other hand, therapists, by pursuing their inquiry, elicit aspects of clients' events and experiences that possibly escape clients' previously set perspectives. For both these reasons, the way these clients' PNs are sequentially occasioned can deeply affect their course and conclusion.

In sum, the case discussed in this section shows how deeply a therapist can interactionally contribute to the development of a client's PN, possibly leading the client to substantially modify a previously projected point of his/her own story. Although these aspects of the therapeutic process have often been discussed within the clinical literature in general terms,[6] what we have provided in this section is a more detailed description of the interactional practices through which these features are implemented. By identifying a set of specific therapists' types of utterances and corresponding actions—formulations, B-event statements, contingent and closed-ended questions—we have also provided an analytical explication of some therapeutic techniques used to direct the course of clients' narrations and thus forward a different version of their own events and experiences.[7]

Therapists do not always direct the course of solicited PN so tightly as in the case here discussed, which can be considered an illustrative extreme

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case. However, all therapists in our corpus—whether they belonged to the cognitive or systemic approach—more or less frequently solicit clients' PNs within inquiry and deal with them in the ways illustrated above.

4. Clients' co-elaborative PNs

In Section 3, we have discussed clients' PNs placed within inquiry and, more specifically, provided by clients on therapists' request. We now turn to clients' PNs having a different sequential placement: they are volunteered by clients, rather than solicited by therapists, and are provided after therapists' reinterpretations, rather than after therapists' requests or questions.

Therapists' reinterpretations concern clients' events and experiences previously described or narrated by them. Therefore, they are B-event statements which make clients' responses relevant—responses which are often agreeing or disagreeing ones (see Section 4.1, 1–3). Though clients' PNs are not made conditionally relevant by therapists' reinterpretations, clients can and sometimes do respond by narrating personal stories introduced or designed as relevant to the previous therapists' reinterpretations, therefore contributing to the therapists' elaboration of the clients' accounts (Section 4.2). That is why we call them co-elaborative PNs. In the next section, we discuss and illustrate some ways in which co-elaborative PNs can be started.

4.1. *The launch of co-elaborative PNs*

In our corpus we have identified various ways by which clients can launch their co-elaborative PNs, immediately after therapists' reinterpretations:

1. Clients' agreements + PNs introduced or designed as evidence accounting for the agreement and supporting the previous therapists' reinterpretations
2. Clients' disagreements or qualified agreements + PNs introduced or designed as evidence accounting for the disagreement or the qualification restraining the agreement
3. PNs variously introduced and designed by clients as somehow relevant to the previous therapists' reinterpretations, though neither clearly agreeing nor disagreeing with them

The third case, though very interesting from a clinical viewpoint, will not be discussed in this paper. The next two excerpts illustrate cases 1 and 3.

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(5)  (Therapist B, client F)
 1       T:   =and so you start to say yes, a bit yes, but there
 2            are also some good things, (0.5) and so:
 3            you reinforce the nice things=
 4       Cl:  =sure=
 5       T:   =you're already thinking about it=
 6 →     Cl:  =yes (.) in fact, I- I [saw it
 7       T:                          [you're already feeling
 8            (1.4)
 9 →     Cl:  I saw it on Saturday, when I was asked to do
10            some housework, ((story))
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In Example (5), the therapist's reinterpretation is responded to by the client with two agreement tokens (lines 4 and 6). The second one starts a multi-unit turn where the incipient client's PN (line 6: 'I saw it') is introduced as evidence accounting for the agreement (line 6: 'yes in fact') by means of the 'evidential' adverb *in fact* placed between the agreement token and the narrative. By accounting for his agreement with the therapist's reinterpretation, the client supports it.

Notice also how the therapist, by interrupting an increment (line 7) to his own reinterpretation—an increment that overlaps the beginning of the client's narrative—and by abstaining from continuing it (line 8), allows the client to go on (lines 9 and 10). In this way, the therapist deals with the client's incipient co-elaborative PN as a welcomed response. Both participants show they are oriented to the relevance of a client's extended response, the client by interrupting the therapist, the therapist by leaving the floor to the client. These sequential patterns often occur in our corpus.

A co-elaborative PN can also be launched by a client as evidence in accounting for a disagreement, as illustrated by the next excerpt.

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(6)  (Therapist B, client F)
 1  T:   =you go by road (0.3) hhh you're n- not able to go
 2       by train, you're not able to go: b:y plane, (0.2)
 3       hh if you're able to go by car, but perhaps
 4       you can't go on the motorway, because
 5       the motorway-
 6  Cl:  hm no, but the big wheel: (at: ge:) (0.2)
 7       at Mirabilandia I made them turn it back by ringing
 8       the alarm, .(h)h al(h)most- (.) th(h)ere I
 9       succeeded .hh (0.3) (there it was) August, they closed
10       the gate, it started, ((continues))
```

In Example (6), the client interrupts the therapist's reinterpretation with a disagreement response (line 6: 'hm no'). In the same turn, the

disagreement token *no* is followed by an adversative conjunction (line 6: 'but') which frames the subsequent PN (lines 7–10) as evidence in accounting for his disagreement.

In this case, too, the therapist notably allows for the client's co-elaborative PN by abstaining from trying to resume his interrupted turn. This indicates that both participants orient to the possibility of clients' disagreeing responses and attendant accounts for their disagreeing, possibly using a narrative form.

We have just illustrated two ways of starting a co-elaborative PN that often occur in our corpus. We can now summarize some sequential differences between the two kinds of clients' PNs so far examined in this paper:

a. Though therapists' reinterpretations explicitly make clients' responses relevant, they neither request nor make conditionally relevant any PN from them: co-elaborative PNs are volunteered by clients, rather than solicited by therapists.
b. When soliciting clients' PNs, therapists more or less strictly define the contents and point of the requested narratives in the service of their inquiring strategies or agendas, while the content and point of co-elaborative PNs volunteered by clients are only weakly conditioned by the therapists' reinterpretations to which they respond.
c. Therapists' reinterpretations, unlike (or more explicitly than) therapists' questions, carry therapists' views on clients' own events and experiences. After them, clients are regularly allowed by therapists to responsively express their agreeing or disagreeing views on their own personal matters—while, on the contrary, clients' answers and solicited PNs must firstly provide the information requested by therapists, and get much less conversational space for explicitly forwarding clients' views (as shown throughout our analysis of Example [4]).

We will discuss point (c) more widely in the next section, where we will also describe a typical interactional trajectory of co-elaborative PNs.

4.2. *The interactional development of co-elaborative PNs*

We illustrate a typical trajectory of co-elaborative PNs, which displays the sequential features outlined in the previous section, with a single case analysis.[8] Trajectories of this kind occur relatively often in our corpus.

In talk prior to the Excerpt (7) below, the client has been narrating an episode she was involved in: she and her current boyfriend had casually met another couple—a man and a woman. The man, Giovanni, had had a secret affair with the client, during which he used to say to her that he could not abandon his girlfriend—the same woman now accompanying

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him—because of his fear about her committing suicide if abandoned. At the first moment of the encounter, Giovanni blushed. The client's narrative is followed by a discussion about the motives of Giovanni's blushing, and, at the beginning of this excerpt, the therapist forwards a possible explanation.

(7) (Therapist V, client Y)

1 T: that's to say isn't it as if: (0.4) he blushed b[ecau]se (0.4)
2 Cl: [no.]
3 Cl: oh
4 T: he could imagine that you would say I don't
5 know like 'stILL alive?' something like
6 th[(h)at(h)] heh heh heh h[eh
7 Cl: [Y(h)es:: hhh] [HOHOH .H
8 heh .hah::
9 T: 'there she's still al[ive]' ((smiling voice)) ( ) [( )
10 Cl: [hih] [.hehh
11 Cl: °hh yes°=
12 T: =but probably (.) the IMAge (.) which- in
13 in such situa[tions (° °)
14 Cl: [oh >but there's another thing
15 that I haven't told you< that- hhh a: bit
16 when I saw him in the shop ((continues))
... ((omitted turns, the narrative goes on))
31 and:: he said to me- ah how's it going? I said to him,
32 °who knows, rather well° thanks, and you? (.) hh fine fine,
33 an::d ( ) I was being a bit funny, so are you getting
34 married? (.) like, hh or have you changed girlfriend?
35 he says to me- no but:: hh I've dealt with the one I had, (.)
36 as if to say- I don't have her anymore.
... ((part of the turn omitted))
39 PERhaps for this reason too he was a bit embarrassed
40 because- he knew he'd told me that, (.) I
41 find him again (.) after he's been telling me bullshit for a
42 year and a half, and I find him again with her, fifteen
43 days after he'd said something like that to me (.)
44 T: that's to say, I (1.0) imagine that the reason
45 for the embarrassment is that (.) (at that point) (that)
46 he's told me so many stories that ((continues))

In Example (7), the first turn by the therapist (lines 1–6), though formatted as a question (line 1: 'isn't it'), works as a reinterpretation: in fact, the therapist offers a candidate explanation of Giovanni's blushing, grounded

on previous narration and tentative explanation by the client. The client's response is strongly affiliative: she provides an agreement token (line 7: a loudly uttered 'yes'), openly laughs simultaneously with the therapist (lines 6–10), and reiterates her agreement (line 11) after the therapist's repetition of the core of his explanation (line 9). After this strongly agreeing response by the client, the therapist starts an increment to his explanation (lines 12 and 13), which is interrupted by the client (lines 13 and 14) with a story announcement (lines 14 and 15) followed by the start of the announced PN (lines 15 and 16).

The point of the story and its relevance to the therapist's reinterpretation is made clear by the client at story completion: the story provides evidence in accounting for the client's agreement and thus supports the therapist's previous explanation (lines 39–43: 'perhaps for this reason too he was a bit embarrassed . . .'). Beyond this, and through it, the client demonstrates to the therapist how she understands his explanation and what she makes of it, an aspect which quite obviously has special import in psychotherapy.

The therapist does not intervene in this rather long narration (30 transcript lines)[9] and thus accords the client a large conversational space to organize her narration and forward a conclusive evaluation of the point of her story (lines 39–43). Only at this point does the therapist comment in a way that conveys full agreement (lines 44–46: 'the reason for the embarrassment is that . . . he's told me so many stories that . . .' matching lines 39–43: 'for this reason too he was a bit embarrassed because- he knew he'd told me that . . .').

On the basis of this analysis, we can indicate some tasks the client accomplishes through her co-elaborative PN, to whose production the therapist also contributes through his interactional conduct:

– She *shows* understanding of and agreement with the therapist's previous reinterpretation, rather than simply claiming them—the former action being more reliable than the latter in granting the achievement of an intersubjective accord.[10]
– She *corroborates* the therapist's reinterpretation with new evidence, narratively provided, previously unknown to the author of the corroborated reinterpretation.
– She also *develops* the therapist's suggestion by extending its validity to a wider range of life events than the one previously referred to by the therapist: in fact, Giovanni's lies about his 'single' status (lines 36, 40) are put in the same categorical drawer (lines 41 and 42: 'he's been telling me bullshit for a year and a half') as with Giovanni's lies or exaggerations about suicidal risk (lines 5, 9).

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The joint accomplishment of these tasks entails participants' interactional stances neatly differing from those we have observed in solicited PNs. In the latter, clients mainly provide information asked for by therapists as subservient to therapists' inquiry and, consequently, clients' perspectives on the narrated matters can hardly be expressed, when not requested. On the contrary, in co-elaborative PNs, as illustrated by Example (7), clients' views on the narrated matters can be, and regularly are, in the foreground, and therapists allow for them although they do not explicitly ask for them. By responding to therapists' views on the clients' circumstances through volunteered PNs, clients find themselves in a suitable sequential position for proposing and arguing their views—whether agreeing or disagreeing with those of the therapist—on their own personal events and experiences, and thus possibly extend, enrich, or modify the therapists' previous suggestions. The importance for the therapeutic process of the clients' uptake of the therapists' suggestions has been widely acknowledged in the clinical literature.[11] Our contribution here consists in outlining the details of how clients' PNs, placed after therapists' reinterpretations and accounting for clients' agreement with them, are a specific form of such an uptake,[12] which can accomplish very relevant tasks: showing understanding of, corroborating, and developing the therapists' suggestions. We have also documented, through a single case analysis, how therapists allow for, welcome, and exploit such clients' co-elaborative PNs. Explicating these practices through a detailed analysis of their conversational accomplishment can sharpen therapists' awareness and implementation of their own techniques.

5. Conclusions

In one of his lectures, Harvey Sacks (1992 [1964–1972]: 767–768) remarked:

> [...] one doesn't listen to a story for what can be treated as 'the topic' of any such story and extracted as the topic of this story, but one listens for the issue of how is it that A is telling this story to B, where 'topics' should be an interactional phenomenon. [...] Rather, we want to ask: what is a story about, by virtue of the fact that it's between those two? Stories are 'about'—have to do with—the people who are telling them and hearing them. That is my orientation.

And throughout this paper this has been our orientation as well. From a general perspective, what we have tried to demonstrate is the interactional complexity of personal narratives in terms of where and when they occur and in terms of what they are doing according to whom. More specifically, we have shown that, in psychotherapy, clients' narratives do not

start in a vacuum nor end when the teller apparently completes the last sentence describing the last temporal event. They occur in specific sequential contexts, within specific courses of action. Because of these contingencies, they have very specific developments.

Following Sacks' remark, we should not forget what is special about these interactions and about these two people meeting and only one of them telling about personal events to the other: it is a psychotherapeutic interaction. It is special because of the general task of this interaction: solving clients' problems, and the more specific ones (inquiry and elaboration), through which the former task is pursued. We have shown that, in the psychotherapy sessions of our corpus, clients' personal narratives occur both in inquiry and elaboration, but they vary greatly as for their interactional organization and the work they do. When clients' narratives occur in the phase of inquiry and are solicited by therapists, they are constrained in terms of content but also in terms of appropriateness as answers to the therapists' questions. And their main point is often provided by therapists rather than clients. When clients' narratives occur in the phase of elaboration, they are regularly self-initiated and volunteered by clients, and are usually produced to negotiate agreement and show clients' understandings of the therapists' previous reinterpretations. Moreover, in this specific conversational environment, the therapist provides interactional space for the client to organize their personal narrative so that they provide their main point as a co-elaborative contribution to the therapist's reinterpretation. The client's co-elaborative PN is thus treated by both therapist and client as an appropriate contribution to the elaboration they are jointly doing. This is one way by which a crucial advancement in the therapeutic process can be made: the client's active participation in the rearrangement of some problematic aspects of his or her own life.

If stories 'have to do with the people who are telling them and hearing them', then by telling and hearing them in the specific ways described in this paper, those two individuals are not just telling and hearing stories, but they are also, actually, doing therapy.

Appendix: Transcription conventions

We adopt a simplified version of Gail Jefferson's system of transcription:

(0.5)	Elapsed time in silence in tenths of a second.
(.)	A tiny 'gap', i.e., a pause in the talk of less than two tenths of a second.

Symbol	Meaning
=	Equal signs, one at the end of one line and one at the beginning of the next, indicate no gap between the two lines.
[ ]	Square brackets between adjacent lines indicate the onset and end of overlapping talk.
hh	Outbreath. The more h's, the longer the breath.
.hh	Inbreath. The more h's, the longer the inbreath.
<u>word</u>	Underscoring indicates some form of stress or emphasis, either by increased loudness or higher pitch.
WORD	Capital letters indicate especially loud talk.
::	Colons indicate prolongation of the immediately prior sound. The more colons, the more prolonged the sound.
-	A dash indicates a cut-off.
.	A period indicates a stopping fall in tone.
,	A comma indicates a continuing intonation, like when reading items from a list.
?	A question mark indicates a rising intonation.
( )	Empty parentheses indicate the transcriber's inability to hear what was said.
(word)	Parenthesized words are dubious hearings.
w(h)ord	A parenthesized *h* indicates breathiness, as in laughter or crying.
> <	'More than' and 'less than' signs bracketing an utterance or utterance part indicate speeding up.
° °	█
→	An arrow in the left margin points to a line discussed in the text.
↑	█
(( ))	Double parentheses contain transcriber's descriptions of non-verbal activities or transcriber's comments on contextual features.

Notes

1. As for the clinical background of the therapies in our corpus, see Guidano (1991) on cognitive and Viaro (1990) on systemic ones.
2. Peräkylä (2005) has shown how, within his corpus of psychoanalytic sessions, clients' responses to analysts' interpretations can similarly vary from minimal (acknowledgment tokens) to extended ones.
3. Within inquiry, clients' PNs can also be volunteered by them as parts of answers to therapists' questions not explicitly requesting any PN from clients. Such elicited PNs often undergo interactional trajectories similar to the solicited ones. Space limitations do not allow us to deal with such cases in this paper.

4. The original Italian transcripts and word-by-word translations are available from Fabrizio Bercelli (bercelli@dsc.unibo.it).
5. On formulations in psychotherapy, see Antaki, Barnes, and Leudar (2005), Davis (1986), Hutchby (2007), and Vehviläinen (2003).
6. Concerning cognitive psychotherapy, see, for instance, Guidano (1991).
7. On how CA findings on therapist/client interaction can add to pre-existing professional knowledge of it, see Peräkylä and Vehviläinen (2003).
8. In our corpus, co-elaborative PNs are rarer than solicited PNs.
9. Except for this short clarification question (in a part omitted in the main text), which does not affect the narrative course:

   16 Cl: when I saw him in the shop (1.0) hm hhh=
   17 → T: =on another occasion?
   18 Cl: yes a previous occasion (.) eh hm:: those days when I was there in the
   19 shop I saw him ((continues))

10. This distinction and its import have been clearly drawn by Schegloff (1984: 38–39): 'I say "show agreement" to differentiate it from agreeing, or more particularly from claiming or asserting agreement, for agreement, like understanding, is subject to incorrect or manipulative treatment. That is, there can be extrinsic reasons for claiming understanding or agreement, for example, in the case of agreement, to achieve closure of a topic or argument [...] In any case, for both understanding and agreement, "claiming" them and "showing" them are different sorts of things, and impose different requirements.'
11. Concerning cognitive psychotherapy, see, for instance, Guidano (1991).
12. In this paper, we deal only with clients' narrative responses to therapists' reinterpretations. Other kinds of clients' responses, placed in the same sequential position and possibly accomplishing the same tasks, are dealt with in Bercelli, Rossano, and Viaro (forthcoming).

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Fabrizio Bercelli is professor of Sociology at the University of Bologna (Italy), where he teaches Interpersonal Communication and Conversation Analysis. He is also a cognitive psychotherapist. His research interests are within the field of conversation analysis and mainly concern psychotherapy interaction. His main publication, coauthored with P. Leonardi and M. Viaro, is *Cornici terapeutiche* (Therapeutic frames) (Raffaello Cortina editore, Milan, 1999). Address for correspondence: Dipartimento di Discipline della Comunicazione, Università di Bologna, via Azzo Gardino 23, 40122 Bologna, Italy ⟨fabrizio.bercelli@unibo.it⟩.

Federico Rossano is a doctoral student at the Max Planck Institute for Psycholinguistics, Nijmegen (The Netherlands) where he is a member of the 'Language and Cognition' group. His main interests are the organization of talk and social action and the use of visible behavior as a public display of orientation toward and understanding of action in interaction. In particular, his dissertation focuses on the organization of gaze behavior in face-to-face interaction. He is currently working on ordinary and institutional conversation (psychotherapy).

Maurizio Viaro, MD, psychiatrist, is a relational-systemic psychotherapist. He also teaches courses on Theories and Techniques of Interview at the University of Venezia Ca' Foscari. Since the early 1980s, he has devoted himself to analyzing both family and individual psychotherapy sessions. He has published two books and several articles in international journals on this topic. His main publication, which he coauthored with P. Leonardi, is *Conversazione e terapia* (Conversation and therapy) (Raffaello Cortina editore, Milan, 1990).