

# 2 Therapists' Techniques for Responding to Unsolicited Contributions by Family Members

Charlotte M. Jones  
*Carroll College*

Wayne A. Beach  
*San Diego State University*

## OVERVIEW

Therapists' techniques for managing and regulating multi-party conversations are central to the interactional work involved in organizing family therapy sessions. Although clients' freedom of expression and voluntary comments are routinely encouraged in family therapy sessions, therapists must direct and constrain clients' contributions in ways deemed relevant and meaningful to constructive and healthy therapeutic environments. This joint (and at times, seemingly contradictory) task of "*opening up/closing down*" is routinely tailored by therapists as responsive to ways family members attempt to actively structure the session in progress. For example, it is not uncommon for family members to produce overlapping talk when responding to therapists' queries and therapists may impose structure by selecting a particular member to speak next; a family member may interject and attempt to "speak for another," prompting therapists to request cooperation in letting individuals speak for themselves; and/or family members may begin talking to themselves, creating a "schism" from what the therapist is attempting to address with others, and is subsequently treated as a distraction to be eliminated before returning to what therapists orient to as the "main business" at any given moment in the session.

Managing a family therapy session can be challenging conversational work. Therapists organize sessions in order to discuss the functioning status of family interaction. This work includes focusing on and drawing out particular family members' various kinds of information before moving onto other matters, determining whose perspective to solicit currently and whose next, and also when to allow family members to talk together and when to come back into the conversation.

In Exemplar 1, we can observe the therapist's response to one family member attempting to "speak for another" by answering a question directed to another speaker.' (Throughout the data presented in this chapter, the following abbreviations are employed for speaker designations: TH = therapist, F = father, M = mother, D = daughter, G = grandmother, RP = romantic partner, and SF = stepfather. See the appendix in the introduction to this volume for transcription symbols.)

Exemplar 1- FAM:B2((simplified))

=>I TH: Oh you gotta house er somethin?  
 RP: He's gotta property right around the corner he  
 doesn't havta pay rent deposit he doesn't havta pay  
 anything (he owns his own) property  
 \*=>2 TH: [ Let me hear it from him cause he's I gotta deal  
 with the reality  
 F: I'm probably not going to stay in the area

This instance involves talk concerning what a father might do if he and his daughter move out of his romantic partner's home. It begins with a therapist directing a question to F. Notice, however, that RP speaks *for* F by answering the therapist's question (= > 1). In response, the therapist fails to address the issues raised in RP's unsolicited comment, in favor of instructing RP, in essence, to refrain from taking a turn (\*=> 2).

This instruction from TH is permissively packaged as a polite request (i.e., "let me"), but minimally so; it is also command-like. Furthermore, even though TH does provide a reason for his instruction, notice that he interactively overlaps RP's turn (at a non-transition relevance place), sequentially deleting the possibility that she will continue.

As in Exemplar 1, the activities we examine display identifiable features of sequential organization. These activities begin with either a two-part or three-part opening, subsequently treated as problematic by therapists. The first turn in both is a question from the therapist specifically directed to *a next* and *selected* speaker, family member 1 (FM1). Speaker selection is accomplished by the current speaker (therapist) selecting the first family member to answer the particular ques-

The family therapy data segments are coded in the following manner: A, B, and C correspond with the three therapists whereas 1, 2, and 3 correspond with the families. Therapist A worked with two families (i.e., two sessions were with one family), Therapist B worked with two families, and Therapist C worked with one. The participants included: a single mother and son (Family A1); a divorced family with a mother, father, daughter, son, and grandmother (Family A2 and A3); a mother, father, toddler son, and preschool daughter (Family B1); a father, his live-in romantic partner, and his daughter (Family B2); and a mother, stepfather, and **son** (Family C1).

T  
b

R  
at  
se  
PC  
tic

or  
adt  
len  
inv



tion. This can take one or more of the following forms: addressing the person by name, employing the recipient proterm "you," gazing at the person, or continuing with follow-up questions to the same person (Goodwin, 1980; Lerner, 1993).<sup>2</sup> The simplest, "unproblematic" version would consist of a therapist's question to FM I, followed by an answer from FM I.<sup>3</sup>

Exemplar 2

TH: Question to FM I  
FM I: Answer

For instances treated as "problematic" by therapists, the sequential organization of the two-part opening involves a second turn as an *unsolicited* contribution from a nonaddressed family member (FM2).

Exemplar 3

TH: Question to FM I  
FM2: Response  
\*\_> TH: Response

The three-part opening consists of an answer from the addressed family member (FM1) followed by an unsolicited contribution from a nonaddressed family member (FM2).

Exemplar 4

TH: Question to FM I  
FM1: Answer  
FM2: Response  
\*\_> TH: Response

Regardless of where in the activity the FM2 offers a comment, whether directly after the therapist's question or after the FM I's response, it is *unsolicited* and *self-selected*. This turn by FM2 may be an attempt to be helpful or, to aid in the therapeutic process. However, TH, subsequently, is the one to direct attention to particular matters and away from others.

TH's response to FM2's unsolicited contribution (see \*\_> in Exemplars 3 and 4 above) is of primary concern for this chapter. We have identified several tech-

<sup>2</sup>Unfortunately, in the majority of segments chosen, the therapist happened to be off camera or his or her gaze direction was undetectable. Therefore, the analysis of gaze direction of the therapist as an addressing device was not possible.

<sup>3</sup>For the purposes of this study, we are treating the categories of "question" and "answer" as unproblematic. However, see Schegloff (1984) and ten Have (1991) for discussions of the problematic issues involved in determining what counts as a "question" or an "answer."

niques employed by therapists to manage interactional junctures of this sort: (a) close down the unsolicited contribution, as in Exemplar 1, (b) not respond verbally to the additional comment, (c) briefly acknowledge or confirm the remark but continue with the first family member, (d) redirect the focus to the second family member's unsolicited comment, or (e) allow the family members to collaborate while the therapist remains silent.

These responses seem designed to deal with two issues concerning unsolicited second family member contributions. The first three types of TH responses treat FM2s' contributions as not particularly useful to the current therapeutic moment. For whatever reason, TH wishes to continue the current line of questioning or ongoing narrative with the FM 1. Rather than redirect his or her attention to the second member, TH closes down the unsolicited contribution, does not respond to the volunteered contribution, or briefly acknowledges the contribution but continues with FM 1.

The last two types of TH responses treat the FM2s' volunteered contributions as helpful or useful to the current therapeutic moment. That is, after an unsolicited comment from a second family member, TH redirects his or her focus to the second member and questions him or her, or allows the two family members to collaborate while remaining silent.

Thus, therapists' responses to unsolicited contributions range from verbally "shutting down" the second family member to "opening up" the talk, letting him or her momentarily direct and control the interaction with the first family member. In between these extremes, therapists can use responses to discourage, acknowledge but discourage, or encourage the second family member.

Routine problems such as this faced by therapists in family therapy sessions are readily apparent when inspecting 8 hours of videorecorded and transcribed family therapy sessions, involving three therapists and five families ranging in size from two to five. As the analysis proceeds, it becomes evident that talk in therapy sessions, like other types of institutional talk (e.g., physician-patient encounters, lawyer-witness interaction), is distinguishable from everyday casual interaction (cf. Drew & Heritage, 1992).<sup>5</sup> Casual conversations are characterized by varying turn order, turn length, turn type, and number of turns and participants, all of which are locally occasioned on a turn-by-turn basis (Sacks, Schegloff, & Jefferson, 1974). Few restrictions are placed "on what can be said and how it should be said" (West, 1983, p. 76). Therapeutic discourse, however, is more constrained than casual conversation in that therapists routinely restrict topics, turn types, turn length, number of turns, and speaker order (Jones, 1988; Viaro &

Therapist solicitation was not based on theoretical orientation to study for several reasons: (a) the study was not intended to contrast or compare therapists with varying or similar orientations, and (b) the limited number of therapists and families who both consented to participate.

Family therapy discourse does not seem to be as constrained as other forms of institutional talk. For instance, family members can spontaneously offer a telling as the result of being triggered by a word or thought; this is not usually permitted in witnesses' testimonies (Beach, 1985) or by students in the classroom (Mehan, 1979).

F  
F  
t.

na  
ab  
rats  
sp'  
e%<  
tak  
vic  
act  
eN  
ber  
the

Leonardi, 1983). In the ways therapists are treated as experts and display expertise, they influence the ordering and direction of the interaction at any particular moment.

There has been limited systematic examination and description of the details of therapeutic interaction. In 1977, Labov and Fanshel noted that "very few authors have addressed the question of what is actually done in the therapeutic interview" (p. 3). Several notable exceptions (Davis, 1984; Jones, 1988, 1992a; Labov & Fanshel, 1977; Schefflen, 1973; Siegfried, 1993; Stamp, 1991; Viaro & Leonardi, 1983) do provide extensive detailed analysis of the interaction in therapy.

However, the overall lack of explication is especially problematic for practitioners and students of family therapy (Labov & Fanshel, 1977). Labov and Fanshel remarked that in order for therapeutic practice to develop as a technical skill, focus must be placed on the particular use of language within the therapeutic interview. This chapter is a response to the call for this type of study. Before an in-depth analysis of therapists' techniques for managing unsolicited comments, a brief discussion of therapeutic discourse in general is warranted.

### THERAPEUTIC DISCOURSE AS CONSTRAINED TALK

Examinations of therapeutic discourse often focus on how stories or narratives get organized (cf. Jones, 1988; Labov & Fanshel, 1977; Schefflen, 1973). Narratives are themselves considered diagnostic and treatment techniques uniquely adapted to therapeutic purposes (e.g., The Family Interaction Apperception Technique: Elbert, Rosman, Minuchin, & Guerney, 1964; The Mutual Storytelling Technique: Gardner, 1969, 1971, 1975). Family therapy sessions may be understood as diagnostic tools and as methods of therapy aimed at behavioral and/or interactional changes within family systems. Therapists design their talk as a means of discovering *how* family members co-produce potentially dysfunctional communicative patterns, a prerequisite to facilitating and recommending specific solutions to such problems and their consequences.

A good portion of therapists' work involves eliciting from members various narratives regarding past, present, and future events and, by so doing, make available the kinds of everyday experience comprising a family's existence. Such narratives are comprised of general descriptions of family-related events, as well as specific states of mind and/or emotionally relevant issues-concerns ranging from events deemed particularly troublesome and in need of remedy, to unnoticed or taken-for-granted activities pursued by the therapist. Narrative descriptions provide an opportunity for therapists to directly observe how family members interact with one another during the session. By integrating information of externalized events produced through the narrative, and data apparent in the ways family members produce these narratives in real-time therapy sessions, "the raw material for the therapeutic work" (Labov & Fanshel, 1977, p. 35) is made available.

Clearly, a therapist maintains some degree of "control" in order to structure or

influence the sequences of interaction and draw out particular stories or information. The ways in which therapists organize narratives is one of the constraining features characterizing therapeutic discourse. For example, a therapist may need to understand specific family members' points of reference or viewpoints on a particular issue or event and, therefore, question individuals one at a time getting each person's perspective before moving onto the next. Alternatively, a therapist may question several members in an alternating or successive fashion, building a more collaboratively produced narrative.<sup>6</sup>

A second set of constraining features characterizing therapeutic talk is its turn-taking organization of question-answer sequences. The therapist asks questions to create a picture of how the family has been, is currently, and will be interacting (e.g., to manage decisions) in the future. MacKinnon and Michels (1971) noted a therapist's questions "may serve to obtain information or to clarify his own or the patient's understanding" (p. 35).<sup>7</sup> Considering the family's desire to receive help,

<sup>6</sup>It should be noted that we are using a particular notion of narrative. Past conceptualizations seem a bit limiting. For instance, Labov and Fanshel (1977) defined *narrative* as "one means of representing past experience by a sequence of ordered sentences that present the temporal sequence of those events by that order" (p. 105). Similarly, Scheflen (1973) considered a narrative to be "a series of declarative statements about events which have taken place elsewhere" (p. 85). These conceptualizations identify narratives as past events only, related by a single speaker, and as "occurring in large chunks or periods in time in which the narrator holds the floor and the audience listens" (Beach & Japp, 1983, p. 868). However, we know that family therapy discourse does not only deal with the past but also the future and the present (Friedlander, Highlen, & Lassiter, 1985; Penn, 1982). Furthermore, the end product (story or narrative) of a collaboration of all or some participants seems more generative, fertile, and exponential than a group of individually produced stories. Thus, Beach and Japp's (1983) perspective of storytelling seems more applicable. It considers a story to be a delineation of some event that can be set in the past, present, or future and, is collaboratively produced by participants.

<sup>7</sup>"N"-prefaced queries, as one specific type of question design, have been noted as prevalent within talk comprising institutional settings. The "n" preface includes the conversational tokens of "okay," "and," "so," continuers such as "uh huh" and "mm hm," and assessments. Several authors have described the use of turns that begin with or are prefaced by conversational tokens such as "okay," "and," and/or by assessments and continue with a question (Beach, 1992, this volume; Heritage & Sorjonen, in press; Jones, 1992b; Schiffrin, 1987; Sorjonen & Heritage, 1991). "Okay- what happen:s (.) when you get upset and someone is beating up on yo:u" is an example of a turn that begins initially with an "okay" followed by a question. This feature of question design, "n"-prefacing, is "comparatively prominent in interactional environments characterized by extensive questioning activity in which questions are constructed into one or more series-for example, classrooms, courtrooms, medical settings, and other forms of 'institutional' interaction" (Sorjonen & Heritage, 1991, p. 68).

"N"-prefacing is a way in which "nextness" is achieved in conversation. That is, it treats or acknowledges the prior turn as sufficient and hence, displays a "forward"-looking orientation; it moves "the talk forward either within or across a topical and/or sequence boundary" (Sorjonen & Heritage, 1991, p. 72). In particular, "okay"-prefaced questions can show a readiness for a shift to relevant subsequent matters (Beach, 1992), whereas "and"-prefaced questions can display a serial movement of agenda relevancy (Sorjonen & Heritage, 1991). Both types of these prefaced queries can also tie back to the immediately prior turn to address some problematic facet of it. Assessment-prefaced questions can also show a movement to other matters, but do so with an evaluation of the prior utterance first (Jones, 1992b).

members routinely provide answers. The majority of speaker turns in family therapy sessions are distributed in an alternating style: T-A-T-A-T-B ... , with T referring to the therapist and A and B referring to two different family members (Jones, 1988; Viaro & Leonardi, 1983).

But *how* do therapists direct and orchestrate family members' contributions (both elicited and volunteered) and lack of contributions to narratives through the primary use of questions? How do therapists reinforce particular behaviors or contributions but not disrupt the overall flow of the current line of talk? Viaro and Leonardi (1983) noted that the ways in which a therapist gathers his or her information are important because they determine the quality of the information that he or she obtains from a family.

The specific focus of this chapter is how therapists manage narratives in multiparty therapy sessions when a second family member voluntarily contributes a turn while the therapist is conversing with another. The additional family member may be offering his or her perceptions, contradicting something the other said, or may be adding information/embellishing the telling. Whatever the contribution, the following addresses therapists' responses in these recurring situations.

### THERAPISTS' TECHNIQUES FOR MANAGING UNSOLICITED CONTRIBUTIONS

As noted, we identify five responses by therapists to unsolicited contributions by a nonaddressed family member. Attention is now turned to explicating and exemplifying each of these.

#### Closing Down Unsolicited Contributions

Although family members may voluntarily contribute opinions or feelings concerning an event or topic being discussed, therapists may display greater interest in the prior speaker's contributions. By somehow directing the volunteering family member to relinquish speaking, therapists typically encourage continuance by the initial family member. Just as Viaro and Leonardi (1983) observed that "the therapist has the exclusive right to decide who may speak at any given moment" (pp. 30-31), therapists may essentially sanction particular contributions by family members at specific interactional junctures. Such work may temporarily disrupt the interaction, as illustrated in Exemplar 5.

Exemplar 5-FAM:B2 ((simplified))

=>I	TH:	Oh you gotta house er somethin?
	RP:	He's gotta property right around the corner he doesn't havta pay rent deposit he doesn't havta pay anything (he owns his own) property
		[ 1

\*=>2 TH: Let me hear it from him cause he's gotta deal  
with the reality

F: I'm probably not going to stay in the area

\_> 3 RP: See

=>4 TH: Oh this was the relocate thing?

F: I'm preddy much-decided that I ah if we s- separate  
I'm going to leave the area

\_> 5 RP: I  
S- he doesn't wanna move twice

\*\_> 6 TH: I  
Le-leme-  
let me hear 'im sa you don't wanna move twice I  
don't understand where would you go like outta  
state? er

F: Yeah quite a ways

TH: You have definite kinna:? \_

F: = Ah yeah I may go down to Florida to St. Petersburg

This instance provides an extended version of Exemplar 1. In response to RP's unsolicited comment (=> 1), TH first informs RP of the inappropriateness of her turn-at-talk by re-directing the focus to F, and then accounts for his action by explaining "cause he's gotta deal with the reality." F then states that he will probably not stay in the area if the breakup occurs. At (> 3), RP again offers an unsolicited comment, "See", a re-do and thus second attempt to explain F's situation. However, in (=> 4), TH does not attend directly to this comment (discussed further later) and continues his questioning of F ("Oh this was the relocate thing"), in response to which F further explains his plans for leaving the area if the separation occurs. In what amounts to a third effort to join in the ongoing talk, RP offers yet another unsolicited explanation for TH's consideration (> 5). For the second time, TH instructs RP to allow F to speak (\*=> 6). Notice, first, that TH's overlapped and then recycled "let me hear" prefaces a restatement of RP's prior "you don't wanna move twice"-a more specific attempt to close down RP's contribution than the deictic "let me hear it" in (\*=> 2), but also evidencing that RP's comment was nevertheless heard on its merits by TH. Next, TH addresses two questions to F by employing the address term "you" (again, a more specific speaker selection technique than apparent in (\*=> 2)). After this second direction to RP, TH and F continue the narrative about possible future events without further unsolicited comments by RP

In Exemplar 5, it is evident that TH deals with RP's persistence by first providing a reason in (\*\_> 2), disattending RP's abbreviated attempt to speak again in (=> 5), and in (\*\_> 6) by displaying adequate hearing but then moving via "you" to address F even more directly.



### Not Responding to Unsolicited Contributions

When a therapist treats a family member's contribution as untimely and not helpful at any given moment, a second and less explicit way to respond (as compared, e.g., to Exemplar 5) is to *not* respond directly to the contribution. In other words, the therapist appears to disregard the remark and simply asks another question to the initially queried family member. Although the family member's unsolicited contribution may disrupt the therapist's line of questioning, the disruption is momentary and does not promote a departure from the therapist's line of questioning. By not responding, the therapist essentially and sequentially deletes the unsolicited comment by treating it as a nonoccurrence as seen in the following exemplar.<sup>8</sup>

#### Exemplar 6-FAM:A2 (simplified)

- TH: Who does she depend on? fer: Hazel who does  
Hazel depend on?
- M: I think Hazel depends on Christy en (1.0) Donald  
en Tina? 'those are the people^=
- TH: =Christy is: who?
- M: ^Christy"
- =>I D: M- our aunt our aunt
- \*=>2 TH: That's your si-?
- M: My sister
- TH: Your sister
- M: She's still 'at home^

Here, TH queries M about who her mother (i.e., Hazel) depends on, and then seeks clarification concerning one of the people that the mother named (i.e., Christy). As M softly says "^Christy^", D volunteers an answer, "M- our aunt our aunt" (↳)

Ignoring a person's verbal contribution, however, may momentarily deny the value of a speaker's contributions and possibly "disconfirm" the person (Watzlawick, Beavin, & Jackson, 1967; Wilmot, 1987). Satir (1967) argued that disconfirmation functionally undermines a person's confidence. Thus, although this type of response (i.e., nonresponse) may not appear to disrupt the therapist's line of questioning, questions may be raised as to possible and negative consequences of such actions (e.g., when later eliciting comments from a previously ignored speaker).

Based on Watzlawick et al.'s (1967) claim that openly disagreeing with someone still confirms her or him as a person, one might argue that the therapist response of no response (second in our list) should instead be placed first in the list (i.e., a disconfirming response is more extreme or "worse" than a direction to refrain from taking another turn). We, however, ordered the therapists' responses based on the therapists' verbal explicitness in "closing down" to "opening up" of the second family member.

tM

1). As an alternative to responding directly to D, TH instead asks for further clarification from M using the recipient proterm "your" ("That's your si-?") (\*<sub>-></sub> 2)-one means of attending to M's utterances by indirectly building on what D's volunteered response implied, but also better ensuring M (*not D*) as both recipient and next speaker.

In Exemplar 7, TH is talking with G about her children:

Exemplar 7-FAM:A3

TH: Let's see you had u::h (0.3)  
G: Four children  
(0.4)  
TH: Four children a::nd what was the other one's  
Chris and (something)  
=> 1 M: (That's) my sister (.) (Christine)  
\*<sub>-></sub> 2 TH: Is that the one that's living with you  
M: I  
(Yeah)  
G: Uh huh  
(0.8)  
G: ^Christina^  
(0.8)  
TH: ^Uh huh^ What's her situation

After hearing that she had four children, TH repeats "four children" and then uses an "and"-prefaced question to first ask G for the other daughter's name and then offers a possibility ("Chris and (something)"). Responsive to TH's ambiguity and obvious "search," M then volunteers "That's my sister (.) (Christine)". Here again (\*=> 2), TH does not directly acknowledge M's unsolicited information, opting instead to query and seek G's affirmation that this is the daughter "that's living with you." Although M overlaps and provides an affirmative answer ("yeah"), it is clear that TH continues by relying on "you" to address G but also disattend M's contribution. G then affirms TH's query and provides a specific name, followed by further questioning by TH **to G**, now unencumbered by further (volunteered, unsolicited) contributions offered by M. As compared to RP's persistence in Exemplar 5, in this case M can be heard and seen as assisting in TH's apparent "search," and not actively seeking the floor. Even though M's "yeah" does affirm the correctness of TH's (\*=> 2), it is not implicative for further talk as the problem (i.e., TH's uncertainty) has now become resolved. And it was this problem to which M's talk was addressed, talk that proposed active involvement, but that was neither pursued by M nor encouraged by TH.

### Briefly Acknowledging the Contribution But Continuing With Initially Queried Family Member

Therapists can respond in a slightly confirming vein even when they wish to continue with the first family member. Following an unsolicited remark from a family member, a therapist can briefly acknowledge the remark but continue the questioning with the first family member. Such brief acknowledgments can take the form of acknowledgment tokens such as "okay," "yeah," "ah ha," partial repeats of the prior speaker's contribution, a short question, or a combination of these.

The acknowledgment, however brief, displays some responsiveness, "confirms" (albeit minimally) the family member's unsolicited contribution, and may momentarily validate his or her involvement. Responses of this type are both efficient and sensitive to relational issues (i.e., brief confirmation *en route to* quickly getting "back to business," thus minimal disruption to therapists' lines of questioning).

Work of this type may occur within one conversational turn (Exemplar 8, 9, 10) or across several conversational turns (Exemplar 11).

#### Exemplar 8-FAM:C1 ((simplified))

- TH: Are you saying that in a way you do want to get into a discussion of it yet you're jus so afraid that- (1.0) you can't handle it? (2.0) is it kind of like (that cold feet)  
(2.0)
- M: I'd like to know: ((sniff)) (I dunno I) feel like (1.0) I'd like to know what I did wrong (1.0) ^that's how I feel^
- \_ > 1 SF: That's something she stated- (1.0) last week I guess it was
- \* \_ > 2 TH: ^Kay^ an who would you like to know that from?  
M: From Scott

In this instance, TH and M discuss M's thoughts and feelings concerning her son's desire to move in with his father. After one of M's turns, the stepfather (SF) voluntarily offers a comment reinforcing M's contribution (> 1). In (\*=> 2), TH briefly acknowledges his receipt of SF's comment with "Kay", then continues with an "and"-prefaced question to the mother. Here TH's "Kay" is employed to both acknowledge *and* close down SF's contribution by treating it as sufficient (cf. Beach, 1993b, in press, this volume). Next, TH's "an" prefaces a query tied to a portion of M's turn not yet answered due to SF's contribution, once again relying on "you" to specifically address M. In this sense, just as the "Kay" closes down SF's contribution, the "an plus question" builds *across* a series of questions, thus

revealing the connectedness of prior/next questions (cf. Heritage & Sorjonen, in press; Sorjonen & Heritage, 1991).

In Exemplar 9 when TH is questioning M concerning the type of work she does and where she does it, TH's "<sup>^</sup>Okay<sup>^</sup>" treats information regarding M's work as sufficient, immediately prior to transitioning to home/Hazel.

Exemplar 9-FAM:A2 ((simplified))

- TH: What kind of work do you do?  
M: Ah food service  
TH: At?  
M: Ah post office cafeteria downtown main post office on Redwood  
TH: <sup>^</sup>Okay<sup>^</sup> so if you didn't get home ah Hazel?  
=> 1 D: Hazel would watch us  
\*=> 2 TH: <sup>^</sup>Would watch us<sup>^</sup> an then if you were in the hospital? (1.0) for an accident or something then she would probably call Joe an Joe an Hazel would work out something? (1.0) An if you were dead they'd probably work out something  
M: Well they'd have to wouldn't they?  
TH: They'ud have to

Here, TH's "okay"-prefaced question turns the talk to the subject of M's nightmares (i.e., having a car accident on the way home from work and not being able to pick up her children). Even though the question is directed to M (i.e., "if you didn't get home"), D answers the question for her mother (=> 1). And while D responds in M's "slot," notice in (\*=> 2) how TH offers a *partial repeat* of 'Would watch us' in the first part of his response, which confirms TH's hearing of D's contribution. TH then continues his turn once again relying on an "and"-prefaced question to re-connect following issues as issues-in-a-series that TH was focusing on/working toward (and also via repeated references to "you" in addressing M).

And in Exemplar 10:

Exemplar 10-FAM:A1 ((simplified))

- TH: Ah:ha Steven you sound like you're a ah good helper (0.5) huh? (1.0) do you help your friends too? any of 'ema come to you when they're in trouble? er unhappy?  
S: ((Nods head up and down))  
TH: <sup>^</sup>Do you know how to help any of your little friends at school when they're cryin er unhappy?<sup>^</sup>  
S: ((Nods head up and down))

TH  
in r  
(\_=  
mirr  
dire

I

Hei  
an i  
"an  
reta  
am  
fore  
197  
min  
ting  
|  
beii  
TH  
(th.

- \_> 1 M: He's a very sensitive little boy  
 \*-> 2 TH: ^Yeah^ tell me a story about somebody you helped  
 at school

TH questions S about his being a good helper. After S nods affirmatively in response to TH's last question, M offers an unsolicited evaluation of her son (=> 1). In (\*=> 2), TH then utters a soft "yeah" that briefly acknowledges, but minimally so (cf. Jefferson, 1993) M's contribution en route to continuing with a direction for S to "tell me a story" about someone he helped at school.

Again, in Exemplar 11 a slightly different variation occurs:

Exemplar 11-FAM:AI ((simplified))

- TH: Sounds nice an now how did you get up this  
 morning? does your mom wake you up or did  
 you get up by yourself?  
 S: I wake up by myself  
 =>1 M: Yeah he's an early bird  
 \*=>2 TH: Ah ha an you sleep a little later?  
 M: Yeah  
 TH: So:  
 =>3 S: I'm an owl  
 TH: You're an owl?  
 S: A night owl  
 TH: A night owl  
 =>4 M: Ha:(h)'hh  
 \*=>5 TH: An so a: when you got up was it still dark?  
 S: ((shakes head side to side))

Here, TH questions S about how he got up that morning. After S's answer, M offers an unsolicited evaluation in (=> 1). In (\*-> 2), TH's newsmark ("Ah ha") and "and"-prefaced query briefly acknowledges M's remark but then (via "you") retains the questioning on M and away from her son. This new focus seems to be a momentary event, as evidenced by TH's next turn which he starts with "so." "So" forecasts a summarizing type of utterance, a "formulation" (Heritage & Watson, 1979). Heritage and Watson claimed that one function formulations serve is to terminate topics. Furthermore, they noted that authority figures in institutional settings (e.g., judges, chairpersons) hold the "rights" to formulate.

However, TH drops his utterance when S offers an unsolicited remark about being an owl (=> 3), and then TH continues with the son. However, at (\*=> 5), TH relies on an "and so"-prefaced question to continue the past narrative with S (the relationship between it being "dark" and being a "night" owl is evident), even

though M's ( $\Rightarrow$  4) can be understood as a reaction to S's "owl" description, TH fails to acknowledge it. The "and so"-prefaced query here shows a summarizing and "forward" movement in TH's line of questioning; it displays that TH has a series of questions or an agenda "in mind."

### Redirecting Focus to the Second Member

Rather than treat a second family member's unsolicited contribution as unhelpful at that time, a therapist may instead treat it as helpful and useful and want to redirect his or her attention to the second member. That is, a therapist may follow-up on a family member's unsolicited contribution, dropping her or his focus and previous line of questioning with the initially queried family member. For any number of reasons, the therapist may decide his or her redirected attention to the second family member may prove more productive or constructive in the therapeutic process. Considering that interaction is created moment-by-moment, the therapist can clearly redirect his or her attention and utterances back to the initially queried family member (or to another, for that matter) if interaction with the second family member does not seem to be constructive in the therapist's view. Exemplars 12 and 13 are illustrations of redirected attention to the second family member's unsolicited contribution.

#### Exemplar 12-FAM:CI ((simplified))

- TH: Is there anything wrong with that? ^to be mad  
at him <sup>?A</sup>
- M: I think so I don't think people should carry grudges
- TH: He's cheating you
- M: Er ^ya know^
- TH: But he's cheating you  
(1.5)
- TH: He's takin away yer son
- =>I S: He's not takin me away he's not cheating her if  
anybody's doin it it's me I'm takin me away he's  
^it wasn't his decision for me to move'
- \*=>2 TH: But these are your mom's feelings Scott do you  
hear that?
- S: Yeah I know but see she's not getting it through it's  
me that's doin this so why should she be mad at him?

Exemplar 12 involves TH's questioning of M about her feelings towards her ex-husband. In ( $\Rightarrow$  1), S offers an unsolicited comment. TH then redirects his attention and focus, questioning S ( $*_{\rightarrow}$  2).

And in Exemplar 13:

## Exemplar 13-FAM:A3

- TH: You mean u- when- the kids are sick are upset  
or (0.8)
- F: Hm hm  
(0.4)
- TH: And how bout their sleeping in her bed before  
she goes to (s- sleep)
- F: Yeah that doesn't (.) ^(hurt me)^
- =>I G: They have to sleep in one bed or be out in the  
front room with the T V and that isn't  
very good either so  
[ I [ I
- \*=>2 TH: I see So they don't have  
separate beds for ^themselves^
- G: No I have two bedroom apartment

TH and F discuss F's children's sleeping arrangements while being baby-sat at their grandmother's house. After one of the father's answers, G offers an unsolicited explanation for the sleeping arrangements (= > 1). At this moment, TH switches his attention away from F, to G by uttering an acknowledgment token ("I see") while she is talking and then in overlap offering a formulation (Heritage & Watson, 1979) concerning the bed, for G's confirmation (\*=> 2).

### Letting Family Members Collaborate

After a family member offers an unsolicited comment, the therapist may refrain from taking a turn and instead let the two family members talk together or collaborate on some narrative. The therapist may wish to do this for any number of reasons. For instance, the therapist may want to view the members interacting, may consider their collaboration productive or constructive for them, or may simply be taking advantage of the opportunity to gather information. Whatever the reason, the therapist stops asking questions for a few moments and allows the family members to talk with each other (without questions from him or her). This form of response by the therapist "opens up" the interaction to family members alone, momentarily giving them control of the interaction.

## Exemplar 14-FAM:A3

- TH: I see so they remember that you flunked first  
grade and even though you're in third grade  
they call you a flunking first grader?
- S: But I don't flunk I didn't flunk Mom didn't  
want me pass cause I missed too much school
- TH: Oh she wanted you to

f

S: Right  
 TH: make=  
 =>I M: =No::  
 (0)  
 S: 'hh But y ou didn't  
 I  
 M: Mom mom made a trade with the  
 school if they would take you out of handicapped  
 classes (0.8) instead of putting you in the second  
 grade we would leave you in the first grade  
 S: Yeah  
 (1.4)  
 =>2 TH: I see

Here, TH questions S about being teased at school. In (= > 1), M interjects negatively concerning a particular part of the story. At this point, TH stops his participation and M and S continue together for several turns. In (= > 2), TH comes back into the conversation by uttering a newsmark ("I see"), displaying his receipt of the information (i.e., the reason behind the son's school status).

And in Exemplar 15:

Exemplar 15-FAM:A1 ((simplified))

TH: =To think about how he died you mean?  
 S: I dunno  
 =>I M: I don't think she did go back there after=  
 S: ==>>Yeah she did<<  
 M: That sounds strange to me  
 =>2 TH: ^Eh he n- could I ask you to do some- I'm gunna  
 ask you to do something that's gunna make you  
 kinna sad (1.5) ^do you think you can handle it?^

TH and S discuss S's memories of his grandmother. In (= > 1), M offers an unsolicited comment disagreeing with her son's perceptions of the grandmother's behavior after her husband [died](#). TH allows them to interact for several turns without his participation. In (= > 2), TH re-enters the conversation by uttering a soft acknowledgment token ("Eh ha"), and then begins to say "now" before moving to a new topic. After allowing the family members to interact without his participation, TH uses a "now"-prefaced query to return to the here-and-now and his current agenda for the therapeutic process.<sup>9</sup>

<sup>9</sup>It is interesting to note that both the previous segments include the second family member disagreeing with the first family member in front of the therapist. Lerner (1993) noted that this type of event can show association between the two speakers. He argued that the second speaker's disagreeing and attempting to correct demonstrates his or her own involvement and hence, their association. The disagreement and attempt at correction is produced for the recipient, the therapist, by the second family member on behalf of him or herself and the other, as members of a family.



This chapter describes how therapists work through and accomplish the difficult task of managing unsolicited contributions from nonaddressed family members. The examination of naturally-occurring family therapy sessions enables us to see *how* therapists construct narratives with family members while also resolving routine problems such as unsolicited comments. We explicated the common sequential organization of this event, which begins with a two- or three-part opening involving the unsolicited comment by the nonaddressed family member, and is followed by the therapist's response.

We identified and described the techniques that therapists use at these interactional junctures: (a) close down an unsolicited contribution, (b) not respond verbally to the additional comment, (c) briefly acknowledge or confirm the remark but continue with the first family member, (d) redirect the focus to the second family member's unsolicited comment, or (e) allow the family members to collaborate while remaining silent. We observed how these responses vary in the degree of "closing down/opening up" a particular family member's participation in the interaction.

In particular, responses that "close down" (cf. Beach, 1993b, in press, this volume; Button, 1987, 1990; Schegloff & Sacks, 1973; Vuchinich, 1990) an opening bid of a nonaddressed family member form a continuum. As discussed, this range of responses varies in the degree of sanction and acknowledgment of the nonaddressed family member's contribution, and also in the degree of disruption to the interaction and to the therapist's line of questioning.

This continuum occurs within a larger continuum as we compare therapists' responses to unsolicited contributions in family therapy with those of other "officially designated" participants or authority figures in various institutional settings (e.g., courtroom judges, facilitators in focus groups). At one end of the continuum, for example, are courtroom judges. They can be explicit, and even crude in their directives to those in their courtrooms, for example, by telling them to "shut up" (Beach, 1990b, 1993a).

At the other end of the continuum, Beach (1990a) described a facilitator's responses to a focus group member's volunteered piece of information. The facilitator's response consisted of a positive evaluation ("*Oh great!*") of the contribution followed by a continuation of her turn in which she moved the focus of the talk to an alternative topic.

Thus, judges', therapists', and group facilitators' responses are similar, but are tailored to the particular requirements of the setting. That is, the basic opportunity to "open up" and "close down" talk is afforded to all authority figures (i.e., illustrating one of the ways in which institutional talk is asymmetrical, cf. Markova & Foppa, 1991), but how the talk is shaped differs with the degree of formal, a priori power associated with particular roles and the tasks to be achieved. Specifically, judges do not depend on the cooperation of the people before them to the same degree as therapists and facilitators and, are not attempting to build

possible long-term working relationships with them. Additionally, within the courtroom, judges are empowered with legal authority over those they interact with. Therefore, more crude or explicit commands may be more appropriate for judges.

On the other hand, therapists must maintain working relationships with their clients over the course of the therapy (i.e., possibly years). Similarly, group facilitators must foster participation and enlist the cooperation of group members. Therefore, a more delicate handling of volunteered responses may be helpful and appropriate in comparison to cruder, and more explicit commands.

### **FUTURE RESEARCH DIRECTIONS**

Research studies in the future should examine ways in which authority figures in other institutional settings involving multi-party interaction (e.g., news show interviewers, talk show hosts, pediatricians) manage unsolicited contributions from nonaddressed participants. Responses employed in everyday multi-party conversations (e.g., family discourse) also could be investigated. Research projects of this nature would further expand the continuum of such responses.

The responses of therapists from different theoretical orientations could be compared and contrasted to see if particular types of responses are more or less characteristic of specific therapeutic orientations. Are there differences between therapists from different orientations? Future studies could investigate therapists' responses to unsolicited contributions in group therapy. Do therapists use different techniques with groups of unrelated individuals than they do with families? Potential differences in the responses used by therapists in other cultures (i.e., speaking other languages in addition to English) could be explored. ten Have's (1991) research on medical consultations in the Netherlands suggests that differences across cultures may exist concerning clinical discourse. These are but a few of the possible directions for future research projects.

### **IMPLICATIONS FOR PRACTITIONERS**

Descriptions such as this allow students and practitioners of therapy to observe and examine in detail actual therapists' responses to one type of activity treated as problematic in family therapy sessions. The findings illustrate, at a microscopic level, how the "problematic" activity is displayed by family members and the different ways it can be responded to by therapists. For example, the continuum of responses to "close down" an unsolicited contribution offers clinicians a variety of conversational techniques to use at these interactional junctures. Based on the interactional and therapeutic needs at any given moment (e.g., to disrupt the interaction or not, to complete a line of questioning or not, to confirm or acknowl-

edge a family member or not), a therapist can more clearly enact a specific response.

Being sensitive to the many demands of being a therapist is delicate work. He or she must treat each family member as a valuable and worthwhile person capable of participating in and contributing to the therapeutic process while also managing and directing a meaningful and relevant interaction. Microanalytic studies such as this one can be used to provide insight and practical guidance concerning techniques and behaviors for interaction management that can influence the process of therapeutic care.

## REFERENCES

- Beach, W. A. (1985). Temporal density in courtroom interaction: Constraints on the recovery of past events in legal discourse. *Communication Monographs*, 52, 1-18.
- Beach, W. A. (1990a). Language as and in technology: Facilitating topic organization in a Videotex focus group meeting. In M. J. Medhurst, A. Gonzalez, & T. R. Peterson (Eds.), *Communication and the culture of technology* (pp. 197-220). Pullman, WA: Washington State University Press.
- Beach, W. A. (1990b). Orienting to the phenomenon. In J. A. Anderson (Ed.), *Communication Yearbook 13* (pp. 216-244). Newbury Park: Sage.
- Beach, W. A. (1992). "Okay-prefaced" queries and contingent institutional relevancies. Paper presented at the annual meeting of the Speech Communication Association, Chicago.
- Beach, W. A. (1993a). *Judges' sanctions*. Unpublished manuscript.
- Beach, W. A. (1993b). Transitional regularities for 'casual' "Okay" usages. *Journal of Pragmatics*, 19, 325-352.
- Beach, W. A. (in press). "Okay" as a clue for understanding conversation analysis and "consequentiality." In S. J. Sigman (Ed.), *The consequentiality of communication*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Beach, W. A., & Japp, P. (1983). Storifying as time-traveling: The knowledgeable use of temporally structured discourse. In R. N. Bostrom (Ed.), *Communication Yearbook 7* (pp. 867-889). New Brunswick, NJ: Transaction.
- Button, G. (1987). Moving out of closings. In G. Button & J. R. E. Lee (Eds.), *Talk and social organization* (pp. 101-151). Clevedon: Multilingual Matters.
- Button, G. (1990). On varieties of closings. In G. Psathas (Ed.), *Interaction competence* (pp. 93-147). New York: Irvington.
- Davis, K. (1984). The process of problem (re)formulation in psychotherapy. *Sociology of Health and Illness*, 8, 44-74.
- Drew, P., & Heritage, J. (1992). *Talk at work: Interaction in institutional settings*. Cambridge: Cambridge University Press.
- Elbert, S., Rosman, B., Minuchin, S., & Guemey, B. (1964). A method for the clinical study of family interaction. *American Journal of Orthopsychiatry*, 34, 885-894.
- Friedlander, M. L., Highlen, P. S., & Lassiter, W. L. (1985). Content analytic comparison of four expert counselors' approaches of family treatment: Ackerman, Bowen, Jackson, and Whitaker. *Journal of Counseling Psychology*, 32, 171-180.
- Gardner, R. A. (1969). Mutual storytelling as a technique in child psychotherapy. In J. Masserman (Ed.), *Science and psychoanalysis* (Vol. 14, pp. 123-134). New York: Grune & Stratton.
- Gardner, R. A. (1971). *Therapeutic communication with children: The mutual storytelling technique*. New York: Jason Aronson.

- Gardner, R. A. (1975). Techniques for involving the child with MBD in meaningful psychotherapy. *Journal of Learning Disabilities, 8*, 16-26.
- Goodwin, C. (1980). Restarts, pauses, and the achievement of mutual gaze at turn-beginning. *Sociological Inquiry, 50*, 272-302.
- Heritage, J., & Sorjonen, M. L. (in press). Constituting and maintaining activities across sequences: "And"-prefacing as a feature of question design. *Language in Society*.
- Heritage, J. C., & Watson, D. R. (1979). Formulations as conversational objects. In G. Psathas (Ed.), *Everyday language: Studies in ethnomethodology* (pp. 123-162). New York: Irvington.
- Jefferson, G. (1993). Caveat speaker Preliminary notes on recipient topic-shift implicature. *Research on Language and Social Interaction, 26*, 1-30.
- Jones, C. M. (1988). *An examination of storified discourse in the family therapy context*. Unpublished master's thesis, San Diego State University, San Diego, CA.
- Jones, C. M. (1992a). *Chin tuck displays in family therapy interaction*. Paper presented at the annual meeting of the Southern States Communication Association, San Antonio, TX.
- Jones, C. M. (1992b). *"That's a good sign" : Encouraging assessments as a form of social support in medically-related encounters*. Paper presented at the annual meeting of the Speech Communication Association, Chicago.
- Labov, W., & Fanshel, D. (1977). *Therapeutic discourse: Psychotherapy as conversation*. New York: Academic.
- Lerner G. H. (1993). Collectivities inaction: Establishing the relevance of conjoined participation in conversation. *Text, 13*, 213-245.
- MacKinnon, R. A., & Michels, R. (1971). *The psychiatric interview in clinical practice*. Philadelphia: W. B. Saunders.
- Markova, I., & Foppa, K. (1991). *Asymmetries in dialogue*. Hamel Hempstead: Harvester Wheatsheaf.
- Mehan, H. (1979). *Learning lessons: Social organization in the classroom*. Cambridge, MA: Harvard University Press.
- Penn, P. (1982). Circular questioning. *Family Process, 21*, 267-280.
- Sacks, H., Schegloff, E. A., & Jefferson, G. (1974). A simplest systematics for the organization of turn-taking for conversation. *Language, 50*, 696-735.
- Satir, V. (1967). *Conjoint family therapy*. Palo Alto, CA: Science and Behavior Books.
- Schefflen, A. E. (1973). *Communication structure: An analysis of a psychotherapy transaction*. Bloomington: Indiana University.
- Schegloff, S. (1984). On some questions and ambiguities in conversation. In J. M. Atkinson & J. Heritage (Eds.), *Structures of social action: Studies in conversation analysis* (pp. 28-52). Cambridge: Cambridge University Press.
- Schegloff, E., & Sacks, H. (1973). Opening up closings. *Semiotica, 3*, 289-327.
- Schiffirin, D. (1987). *Discourse markers*. Cambridge: Cambridge University Press.
- Siegfried, J. (Ed.). (1993). *Therapeutic and everyday discourse as behavior change*. Norwood, NJ: Ablex.
- Sorjonen, M.-L., & Heritage, J. (1991). And-prefacing as a feature of question design. In L. Laitinen (Ed.), *A sennonvaihtoja [Changes in Footing]: Essays in honor of Auli Hakulinen* (pp. 68-84). Helsinki, Vastapaino.
- Stamp, G. H. (1991). Family conversation: Description and interpretation. *Family Process, 30*, 251-263.
- ten Have, P. (1991). Talk and institution: A reconsideration of the "asymmetry" of doctor-patient interaction. In D. Boden & D. Zimmerman (Eds.), *Talk and social structure* (pp. 138-163). Cambridge: Polity Press.
- Viaro, M., & Leonardi, P. (1983). Getting and giving information: Analysis of a family-interview strategy. *Family Process, 22*, 27-42.
- Vuchinich, S. (1990). The sequential organization of closing in verbal family conflict. In A. D.

## 2. RESPONDING TO UNSOLICITED CONTRIBUTIONS 69

- Grimshaw (Ed.), *Conflict talk: Sociolinguistic investigations of arguments in conversations* (pp. 118-138). Cambridge: Cambridge University Press.
- Watzlawick, P., Beavin, J. H., & Jackson, D. D. (1967). *The pragmatics of human communication*. New York: W. W. Norton.
- West, C. (1983). "Ask me no questions. .." An analysis of queries and replies in physician-patient dialogues. In S. Fisher & A. Todd (Eds.), *The social organization of doctor-patient communication* (pp. 75-106). Washington, DC: Center for Applied Linguistics.
- Wilmot, W. W. (1987). *Dyadic communication* (3rd ed.). New York: Random House.