

A PROBLEM AIRED: EXPLORING RADIO THERAPEUTIC
DISCOURSE AND ETHICAL SELF-FORMATION

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ABSTRACT

The operation of power within psychotherapeutic practice is explored within a media (radio) counselling setting utilising a discourse analytic approach informed by Foucault's later work (1988, 1992).

I argue that psychotherapeutic practices tend to escape the problem of power and following a review of psychotherapy 'process' research, a Foucauldian theoretical framework is presented - drawing upon Foucault's account of ethics (1992) - as providing a means to understand the counselling process as discursive and the operation of power in relation to regulatory practices of the self.

A three-part discourse analysis is reported in which media therapeutic exchanges (broadcast telephone conversations) are explored in relation to (discursive) modes of subjection, processes of problematisation and the relation of the exchange to the overhearing audience. The results of the analysis are discussed with reference to the range of means through which clients may be made responsible for their own 'cure' and the manner in which therapeutic discourse has been able to adapt itself to a contemporary media setting.

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CHAPTER 1: INTRODUCTION

1.0 INTRODUCTION

The focal question in this study concerns the operation of therapeutic (counselling) discourse on the radio in relation to client self-formation as a means to understand the operation of power in a contemporary (for some postmodern, for example Lyotard, 1992; Eagleton, 1992) therapeutic exchange. Such a question is important given the lack of detailed reflection on the problem of power by both practitioners and critics who conceive of the problem in broad individualistic (and psychologistic) ways.

I am primarily concerned then, with the operation of power in the (individual) counselling relationship and the extent to which psychotherapeutic practice is regulatory in nature¹. These themes have become increasingly important over recent years (for example, Szasz, 1988; Masson, 1989; Rose, 1989; Rose, 1992; Rose, 1994; Miller & Rose, 1994; Rose, 1996) and their relevance has been underscored by the publication of client accounts of experiences of

¹ The distinction between counselling and psychotherapy is an important one, not least because there are a variety of explanations offered in the literature. On the whole however, a separation between the two is considered illusory while certain differences in overall aims (Patterson, 1995:xvii) or 'client populations and settings' (Nelson-Jones, 1992:3) are, for example, acknowledged. Here I analyse a media counselling setting in particular and refer to psychotherapeutic practices in general, assuming that both target (elements of) the 'self' as a site of transformation but where generalisations from one to the other must be made with great caution.

psychotherapy (for example, Dinnage, 1988; France, 1988; Alexander, 1995). Alexander (1995:1) offers a striking image of the potentially negative consequences of psychotherapeutic practice:

Some years ago I started taking drugs. I did not swallow them, smoke them or sniff them. I imbibed them, unwittingly at first, through some kind of emotional osmosis in the course of therapeutic encounters. Like their chemical counterparts, these drugs (administered by a process known as transference) turned out to be intoxicating, addictive, hallucinogenic and destructive. My dealers were respectable, middle-class professionals who meant me no harm.

It is difficult to imagine psychotherapeutic practice operating without some form of power relation between therapist and client. After all - considering power in its simplest sense - clients go to therapists to draw upon their expertise (and authority) and it is probably reasonable to assume that clients are, on the whole, more vulnerable than their therapists. Yet I will argue that psychotherapeutic practice tends to escape the problem of power within the therapeutic relationship - which we must always remember claims to offer the possibility of transformation and 'healing'.

In fact, it is very difficult to find any extended reference to power in counselling training and theory guides (Egan,

1990; Nelson-Jones, 1992; Dryden & Feltham, 1992; Patterson, 1995 are four widely used examples) and I will now briefly explore a range of perspectives on power from five practising therapists and counsellors which will provide some general background to the research problem.

1.1 THE PROBLEM OF POWER IN THERAPEUTIC PRACTICE

In the following first example Aveline (1992:324-325) offers an account of the problem of power which serves as a useful illustration of the common and taken-for-granted understanding of its operation in therapeutic practice held by practitioners and researchers (we will see further examples in the following chapter):

The arena in which individual therapy takes place is constructed essentially by the therapist. Though subject to negotiation, the therapist decides the duration, frequency and form of the therapy. Ultimately, beginning and ending is in her hands, the latter being a powerful threat to the patient who is dependent or not-coping. With rare exception, the meetings take place on the therapists territory. The therapist, whether trainee or trained, is held to be expert in what goes on in the arena, certainly by the patient, who is relatively a novice in this setting. What procedures the therapist propounds, the patient is predisposed to accept...All this gives therapists great power and, consequently, exposes them to great temptation.

Here power is conceived primarily in terms of the control of the designation and arrangement of the therapeutic

relationship which is in the hands of the therapist along with (expert) authority. Note that here power offers a temptation to the (presumably weak) *individual* therapist. In a similar way Mair (1989:244-245) also emphasises the problem of power as one of the desire to control another, though for him authority is understood in relation to scientific method:

There is a crucial issue of power... We value, in science as in life, the means by which we can be protected and at a distance, in control, having power over the choices and destiny of others. Hardness is massively sustained by the rumbling tanks of the scientific methods we most value. We fear and despise and live in terror of our shameful weakness...

Both these practitioners conceive of the operation of power in relation to characteristics of individuals - 'desire' for control, 'hardness' masking a fear of 'weakness'.

Most counsellors and therapists, I suggest, would accede that there may well be a problem of power in therapeutic practice and would conceive of that power in the individualistic (and psychologistic) terms presented above, (a notable exception to this individualism is Frosch, 1987). For example, Egan (*op cit*:78) advises the trainee counsellor:

Helping can be dangerous if it increases clients' feelings of powerlessness... However, if the

values outlined earlier in this chapter permeate the helping process, client's will become empowered - capable of doing what they could not do, or thought they could not do. The notion of empowerment in human-service professions is a powerful one...

Thus, while the nature of counselling as a 'social influence process' (Egan, op cit:77) is accepted, the nature of the values provided by such influence remains taken-for-granted and therefore unexplored. Egan (op cit:77) offers the following figure in response to the problem of 'reconciling self-responsibility and social influence':

Imagine a continuum. At one end lies "telling clients what to do" and at the other "leaving clients to their own devices". Somewhere along that continuum is "helping clients make their own decisions and act on them".

Such (empowerment) concerns have increasingly been incorporated into counselling professional ethics. Young (1995:66-67) observes that:

...the modern codes of ethics and practice are designed to address... abusive elements, including client and practitioner dependency, and the issue of power... At the very least, a client must be enabled to experience *safe* dependency (a normal relationship need). This is possible only if the practitioner is responsible enough to hold and balance the constantly changing power differentials, and to ensure that the client has taken her power back at the end of each session. This is the principle behind the...'client as expert', non-directive modern counselling style..

The practitioner responsibility offered by Young as a remedy to the 'abusive elements' of counselling is - I suggest - pivotal to the treatment of the problem of power by practitioners and researchers - where power is understood as something that can be given or taken away. Moreover, empowerment and/or the responsible use of power by individuals are key means by which the therapeutic professions have sought to deal with this problem. In fact, even within the so-called radical (in this case 'constructionist') therapies this view of power (and its remedy) - that is, where power is to be regarded as an ethical issue - prevails:

Power should be neither celebrated nor demonised... one could say that the problem for a therapist is neither to be powerful nor to succumb to power. Rather, the therapist should take responsibility for his or her power of construction within the constraints of the relational/social domain. (Fruggeri, 1992:47)

Thus, we might agree that counsellors and psychotherapists are little concerned with a fine-grained analysis of power but rather conceive it in broad though individualistic terms. Those counsellors that consider themselves as having power wish to use it responsibly or to give it away, while others seek to constitute the client as powerful (as expert) and others still simply refuse the importance of power in their practice and hence do not include it in their manuals

or handbooks. Moreover, at the same time the validity of a therapeutic intervention (for example, an interpretation) is judged by its success in producing affect and/or change, thus - as with the problem of power - avoiding a detailed consideration of the nature (in particular the implicit values) of such change. I suggest the key point here is that in this way therapeutic practices in fact escape the complex problem of power - which is transformed into a problem of responsible use; along with an ideal of the empowerment of clients. Given this, a detailed analysis of the operation of power in the therapeutic relationship (including the notion of empowerment) appears urgent and pressing.

1.2 EMPOWERMENT AND THE REGULATION OF CONDUCT

The problematic nature of empowerment has recently been highlighted (Baistow, 1995; Woodhead, 1995) with respect to the multiple demands that it meets which may entail the regulation of empowerment 'candidates' in addition to their 'liberation'. Baistow (1995:37) conceives of the shift towards empowerment mobilised to '..free citizens from a network of professional, bureaucratic regulation..' as, in fact, intimately bound with contemporary ethical imperatives:

Taking control of one's life, or particular aspects of it, is not only seen as being intimately connected with the formation or

reformation of the self as empowered, *it is increasingly becoming an ethical obligation of the new citizenry* [original emphasis].

Baistow identifies a key paradox with the notion of empowerment, not only the extent to which it may constitute a 'soft' form of regulation but also its ethical operation in that the empowerment 'candidate' is invited to take responsibility for their own "government". Here I use the term "government" in relation to recent analyses of contemporary political rationalities that are understood as implicated - albeit in diverse ways - within aims to govern, in part, through the constitution of a '...well-regulated and "responsibilised" liberty.' (Barry et al, 1996:8). As Barry et al (op cit:1) argue:

If one thing unites these different aspects of political thought, it is the ways in which they seek a form of politics "beyond the state", a politics of life, of ethics, which emphasises the crucial political value of the mobilisation and shaping of individual capacities and conduct.

Moreover, empowerment, in particular its role in the 'self-esteem movement' (Cruikshank, 1993:328) has been linked to the very fabric of democratic society. Cruikshank (op cit:328-329) quotes the Californian Task Force (1990:4):

Self-esteem is the likeliest candidate for a social vaccine, something that empowers us to live responsibly and that inoculates us against the lures of crime, violence, substance abuse, teen

pregnancy, child abuse, chronic welfare dependency, and educational failure. The lack of self-esteem is central to most personal and social ills plaguing our state and nation as we approach the end of the twentieth century.

Thus, we might understand empowerment as bound both to contemporary orders of the self and their relationship to complex societal problems including even the foundations of the conduct of democratic government:

Personal fulfilment becomes a social obligation in the discourse of self-esteem according to an innovation which transforms the relationship of self-to-self into a relationship that is governable. (Cruikshank *op cit*:328)

1.3 AGAINST THERAPY

Interestingly, even the most injurious of attacks upon therapeutic practices, Masson's (in)famous polemic *Against Therapy*, offers an identical perspective on the operation of power within the therapeutic relationship to that of the practitioners discussed earlier. Masson (1989:290) suggests that:

The therapeutic relationship always involves an imbalance of power. One person pays, the other receives. Vacations, time, duration of the sessions are all in the hands of one party. Only one person is thought to be an 'expert' in human relations and in feelings. Only one person is thought to be in trouble. This cannot but affect the judgement and perception of the party less powerful [original emphasis].

For Masson then, given this imbalance of power, all psychotherapy is corrupt and constitutes nothing more than 'emotional tyranny' (Masson, 1990:7). Moreover, this imbalance of 'power appears' to constitute the overriding theory of the operation of power within his critique (see also [1989] pages, 224, 231, 289) and where he - as with the practitioners above - considers power as the desire for the control of another:

A prison warden, a slaveholder, and a psychotherapist have in common the desire to control another person. (1989:189)

Note that in this way Masson relates the operation of power to its possession and use by individuals which is similarly evident in his comments about Perls' therapeutic groups:

Perls made no bones about arrogating to himself all the privileges and power of a traditional guru. Implicit in this power is the ability to cause great pain and destruction to others...Perls seemed positively to revel in the power he held over the people in his groups. (1989:257)

I do not wish to overstate the problems with Masson's work, his critique is a pertinent and consequential one but it does serve to illustrate the need for a more complex understanding of power in the therapeutic relationship. Masson's slightly later (1990) chapter offers a useful example of the shortcomings of his position given that

within this edited volume there is a response to Masson's thesis from J. Holmes (a consultant psychiatrist) followed by a rebuttal from Masson and thus we are able to gain some access to the debate between critic and practitioner.

A major element of Holmes' (1990:29-36) response is an interpretation of Masson's character as childlike and regressed, I will quote the entire analysis:

Masson's child's tongue pours out the invective and we watch, painfully but with some fascination as his claims become more and more wild and outrageous, rather as one might witness a child in a rage laying waste to his immediate surroundings, hitting out at anything in sight, especially at the parents whom he holds most dear, and by whom he feels most let down...We are in a perverse and faecal world...in which everything is smeared and besmirched, in the discourse of graffiti where if you are not part of the solution you are part of the problem. (p.34-35)

Masson rebuts this interpretation with accusations of 'error' and 'arrogance' which once again remain at the level of individual or professional responsibility and more importantly fail to engage with Holmes' language-use which I will suggest is precisely where we need to focus our attention. Masson replies (1990:37-38):

It is hazardous to analyse anybody, under the best of circumstances. But to analyse somebody you have never met, on the basis of a paper he has written critical of your profession, is particularly liable to error...The arrogance behind..

[his]..assumption is revealing because it is the arrogance which I accuse the profession of harbouring, indeed, encouraging.

If we return to Holmes' language-use and consider it in a little more detail we can observe that he offers an account in which Masson's words are those of a child - 'Masson's child's tongue', and where such behaviour has an origin in Masson's regression, an aetiology which relates to his parents along with a symptomology - 'everything is smeared'. Moreover Holmes implies that the reader shares his discomfort at Masson's conduct - 'we watch, painfully but with some fascination'. What is important in relation to the discursive operation of Holmes' interpretation is that it shifts the 'problem' away from Masson's claims concerning psychotherapeutic practice towards Masson's psychological ill-health; though we must also remember that Holmes' interpretation only makes sense where there is at least the possibility that it will be read as authoritative in some way (as opposed to say a personal opinion).

Given Masson's individualistic (and psychologistic) understanding of power as the desire for control over another, his project must always remain lacking because of the limited theory of the operation of power at work there, in particular, I argue, with respect to the ways in which power operates through language. In fact it might be

offered that such a limited theory considerably weakens his argument in that - as we saw above - practitioners can reply that Masson cites instances of the *abuse* of power and that its responsible use or its transformation into a gift constitutes ethical (right and proper) professional practice. Thus, although Masson explicitly suggests that the abuses he charts are not exceptional (1989:293) he is unable to sustain this position given his individualistic understanding of power which paradoxically is identical to that of practitioners themselves.

1.4 THE COUNSELLING CONVERSATION AND THERAPEUTIC SUBJECTION

It would be useful at this point to consider an example of counselling conversation cited in a training manual (Dryden, 1992:64-65). The following extract is employed within the context of a professional account of therapeutic practice and is interesting precisely because it has been chosen by a practitioner as in some way defining the proper operation of therapeutic discourse (in this case in relation to 'rational-emotive' counselling). Taking an excerpt at random it is possible to look at the sample of transcript offered and the commentary that accompanies it.

In the following extract the counsellor 'Windy' is talking to his client 'Steve' about the homework which was set during

the previous session (note that 'homework', that is practices of self-inspection performed outside the therapeutic encounter is '...a central part of the counselling process..' within the rationale-emotive approach, [Dryden, op cit:21]):

Windy: How did you get on with your homework assignment, which was challenging your irrational beliefs three times a day?

Steve: Well, like the curate's egg. Good in parts.

Windy: What do you mean?

Steve: Well I made a good start. I went over the tape of the session and made notes about how to challenge my self-defeating beliefs using the three arguments we discussed and I did what I agreed to do for the first two days. Then it tailed off.

Windy: What do you mean 'tailed off'?

Steve: Well, let me see. I made a note of what I did and didn't do. On Monday and Tuesday, like I said - three times a day. No problem, and I was getting pretty good at it. On Wednesday I missed the morning, did it half-heartedly in the afternoon, and then nothing until yesterday, but that was out of guilt.

Windy: OK, first let's acknowledge that you did really well for the first two days. Now let's have a closer look at what happened on Wednesday. First, what did you tell yourself to miss the practice on Wednesday morning?

Steve: It's getting tedious.

Observing the operation of this exchange, we can ask what kinds of utterance does the counsellor deploy? Early in the extract the counsellor primarily questions his client: 'What

do you mean?' and 'What do you mean by "tailed off"?' which are followed by an acknowledgment, a further question and a form of interpretation. Thus far - even within this short extract - we are able to identify a variety of discursive features. The following utterance is of particular interest:

Windy: What did you tell yourself to miss the practice on Wednesday morning?

We might ask what actions does this question perform? I suggest at least four are evident:

- a) it constitutes the self in relation to itself,
- b) makes the client accountable, not only to the therapist but also to himself,
- c) locates the cause of ..'miss[ing] the practice on Wednesday...' in self-dialogue,
- d) implies that self-dialogue is the substance to be worked upon by the client.

This single utterance then, is doing a great deal of work in terms of the counselling process and which - in relation to the problem of power - we might consider as a form of subjection, that is the client is constituted as the subject of therapeutic discourse in such a way as to problematise the client's conduct in relation to self-dialogue as the 'substance' for the client's attention . If we now turn to

the professional account of what is happening, within the two paragraphs that accompany this excerpt (p. 64-65) certain themes recur:

Help him identify
Encourage your client
Assess
Encourage him to challenge
Ask him
Explore
Determine
Help him to challenge
Encourage

These terms constitute the therapist as active but facilitating (encouraging, helping, exploring), whereas I have suggested that the client is, in fact, being *subjected* to counselling discourse, that is he is being 'encouraged' and 'helped' to bear witness to the error of his ways and their means of rectification for which the client himself is responsible. In this way we are able to begin to establish a fine-grained analysis of the operation of power within the therapeutic encounter itself.

1.5 THERAPEUTIC DISCOURSE AND ETHICAL SELF-FORMATION

In this study I argue that we should bring a more complex theorisation of power to bear upon therapeutic discourse, not however by examining the writings of key figures in its development (c.f. Masson, op cit) but rather its 'everyday' (discursive) practice in a contemporary setting. The work of

Michel Foucault offers a developed understanding of power in relation to psychological (therapeutic) discourse (Rose, 1985a; 1985b; 1985c; 1989; 1994; 1996b). In particular, Foucault's (1988; 1992) later work suggests a means of mapping the language of counselling with respect to the discursive techniques employed by the counsellor and their effects upon the client's (discursively produced) self. Furthermore, Foucault's later work offers a framework for understanding the therapeutic subject's *self-formation*, for example Foucault (1988:18) speaks of 'techniques of the self' which:

...permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality.

Thus, Foucault's work leads in the direction of a fine-grained analysis of the counselling conversation in which we might understand the therapeutic process as discursive in nature and which, in turn, may lead to a fuller understanding of the operation of power within counselling practice. An exploration of the language of counselling (including a consideration of linguistic features such as the use of figurative language) will enable an alternative understanding of its effects in general and the kinds of

problems and solutions it constructs in relation to clients' self-formation in particular (c.f. Hodges, 1995). In this way the individualism and psychologism of current understandings of the problem of power in counselling may be avoided.

Within the analysis undertaken here power is not a possession of individuals (or professions) but rather is articulated with discursive and non-discursive practices and understood in strategic and tactical terms. In Foucault's words (1990:94):

Power relations are both intentional and non-subjective... the rationality of power is characterised by tactics which are often quite explicit at the restricted level where they are inscribed... it is often the case that no one is there to have invented them, and few who can be said to have formulated them...

Thus, an analysis of counselling discourse informed by Foucauldian theory enables a way of understanding the positivity and productivity of power relations that are played-out fundamentally through the therapeutic conversation itself rather than (individual) desire for control or the (mis)use of power.

1.6 THE EMPIRICAL ANALYSIS

The counselling exchanges analysed here are taken from a radio phone-in (produced by LBC, London Broadcasting Corporation). These particular exchanges were selected because they afford a means to explore a very focused therapeutic interaction. Each exchange occurs within a rapid time-frame and therefore the various 'stages' of the counselling process will need - in some sense - to be condensed within each conversation. This media setting therefore provides an ideal opportunity for an in-depth analysis of therapeutic discourse (also given that there is no visual channel). Moreover these exchanges are interesting because the vast majority of people who experience counselling in this context will do so as members of an overhearing audience and the analysis will therefore need to be sensitive to the effects of therapeutic discourse upon that audience.

Thus, the unique arena of the radio counselling phone-in condenses a much wider range of social processes than the more usual counselling situation which involves only the client and counsellor; in summary, within this media setting therapeutic discourse:

- 1) is deployed within a highly condensed and focused exchange,

2) will be conditioned in some way by its relation to the overhearing audience and will concomitantly include many more persons (as overhearing listeners) than one-to-one counselling,

3) will involve - in some way - the show's host and presenter (in this case Robbie Vincent); so that the exchanges will, at times, involve three persons (instead of two) in addition to the overhearing audience.

The radio phone-in setting then, provides a focused 'snapshot' of an array of (public) social processes that will illuminate the operation of therapeutic discourse in ways unavailable within the more usual (private) one-to-one situation and where the operation of power will involve the host and the overhearing audience in addition to client and counsellor.

Finally, the radio medium as a setting for therapeutic discourse is interesting in its own right given that:

There is no image and no text. The..medium.. is utterly non-visual: the receivers, who are listeners, or collectively an audience, cannot see the sender or broadcaster as they can on television or film; nor are they offered the compensation of a visible and lasting message as they are in literature. (Crissel, 1986:5)

In particular, an interrogation of counselling discourse on the radio might offer some insight into the way therapeutic discourse has adapted itself to a variety of settings and media, for example television, self-help publications and 'agony' columns; an area which has, as yet, received relatively little scholarly attention.

1.7 OUTLINE OF CHAPTERS

In chapter two I review the existing (psychological) literature relevant to the psychotherapeutic process and additionally consider (sociological) commentary concerning psychotherapeutic practices as they relate to contemporary culture along with the very scarce work on media therapeutics. In chapter three I go on to identify the most appropriate methodological framework for the research problem, reviewing^{ed} conversation analytical, discourse analytical (within social psychology) and Foucauldian approaches and chapters four to six present the empirical analysis in three parts - using a discourse analytic approach informed by Foucault's (1988, 1992) later work, including his four dimensions of ethical self-formation.

In chapter four I show that the advisor's discourse very quickly shapes-up the caller's account of their problem and that this shaping-up along with the deployment of figurative

language operate as modes of subjection. In chapter five the exchanges are analysed in relation to processes of problematisation by comparing the caller's initial account of their troubles with the final 'therapeutic' account. The 'therapeutic transformation' thus identified tends to move the caller's troubles - at least, in part - from the 'outer' to the 'inner' world, that is the caller's troubles are reinscribed onto a 'psychological' register which can be seen to operate within a wider moral order.

In chapter six I consider the relation of radio counselling discourse to the overhearing audience. In particular, I use the analytic of 'implied audience' which enables the examination of positions of identification available to the audience as implied within the media 'text' itself, including forms of address and the extent to which the audience is implied as gendered.

Finally, in chapter seven I outline the findings of the study, consider their relevance to the research question, discuss problems with the methodological framework adopted, propose some ideas for further work and make some concluding comments.

CHAPTER 2: REVIEW OF RELEVANT LITERATURE

2.0 INTRODUCTION

The most clearly identifiable and enduring body of work that relates to the research problem outlined in the previous chapter - that is interrogating the operation of power within the counselling process as discursive - is psychotherapy research within mainstream (as opposed to critical) psychology, though this includes other related disciplines for example psychiatry. This research focuses upon two main problems which relate to the question of efficacy (or 'outcome') and the question; how does psychotherapy heal (or 'process').

Given our research problem I will focus in this review chapter on psychotherapy 'process' research, although, as we will see, the two 'process' and 'outcome' questions have been linked in what is now termed 'process-outcome' research. Following an outline of the development of the psychotherapy research area, I will consider what has been termed the "linguistic turn" in process research' (Russell 1989:507) and finally discuss the work of sociologists and cultural commentators who have also analysed psychotherapeutic practice and which provides a link to the debates included in

the following chapter, although - as we will see - this (sociological) work offers a very different perspective to (psychological) process research. Lastly, I will consider some of the (very scarce) work on media therapeutics.

2.1 PSYCHOLOGICAL ACCOUNTS OF THE PSYCHOTHERAPEUTIC PROCESS

Although Carl Rogers and his colleagues were the first researchers to utilise recordings of counselling sessions for research during the early 1940's, it is claimed that a coherent discipline of psychotherapy research began with Eysenck's much cited (1952) study in which he transformed the existing issue of the purported uncritical acceptance of psychoanalytic practice and procedure - especially in the United States - into a challenge directed at the psychoanalytic establishment (for example, Orlinsky & Howard, 1986; Eysenck, 1970,1992; Bergin & Garfield, 1994).

Eysenck reviewed the efficacy of psychotherapy by comparing five studies of psychoanalysis and nineteen studies of eclectic psychotherapy, claiming that only 44% of psychoanalytic clients improved compared to 64% for the eclectic approach. However, the main controversy focused upon Eysenck's claim of a spontaneous remission rate of 67%, as this indicated that both psychoanalysis and psychotherapy in general were no better as healing processes than mere

expectancy, and by 1960 Eysenck was arguing that behaviour therapy was the only technique that produced improvement over and above the rate of spontaneous remission. However, by the late 1970's Eysenck's findings had been refuted by many other researchers, whilst the field of psychotherapy research had become much broader and the issues more complex. I offer the following major review studies as key examples of this shift.

Bergin (1971) reviewed several of the papers included in Eysenck's original study and showed that by operating with different criteria of improvement, the success rate for psychoanalysis could be raised to 83% (65% for all psychotherapies). Bergin cited studies in which the spontaneous remission rate was estimated to be as low as 30% and later suggested that the exact figure was, in fact, irretrievable as it depended upon the length of follow up and the criteria of recovery used - along with the objectivity of their assessment - (c.f. Bergin & Lambert, 1978).

Malan (1973) discussed reviews of control studies and concluded that evidence for the efficacy of psychotherapy was relatively strong, especially for psychosomatic conditions, however he found the evidence to be weak with regard to neurosis and personality disorders - for which psychotherapy was originally developed. Later he asserted that it was

important to consider the *quality* of recovery for untreated patients and showed that for a group of 45 untreated neurotic patients who were assessed both symptomatically and psychodynamically, (for general emotional and social well-being), it was judged that 51% had improved symptomatically and 24% showed at least partial psychodynamic improvement.

At the same time Luborsky et al. (1975), critically reviewed comparative studies and found little or no differential efficacy between different psychotherapies while claiming that controlled comparative studies showed a substantial number of patients gaining from psychotherapy, with as many as 80% of studies showing positive results. Other quite sophisticated studies (particularly controlled clinical trials) showed similar results; positive outcome but little differential efficacy.

The best known example of such comparative work is the Temple study (Sloane et al., 1975) which is often cited as an advance on earlier methodology, (for example, Gregory, 1987). Sloane et al. (*op cit*) studied ninety four patients suffering from mild neurosis or personality disorder and who were assessed using a variety of measures including psychometric tests and peer/relative ratings. Patients were then randomly assigned to one of four groups - the control group where

patients were placed on a waiting list and promised therapy within four months, or one of three groups receiving treatment from experienced psychodynamic therapists. Two measures of change were used; symptom assessment and work/social adjustment. Using this method it was found that the treatment groups showed a significantly greater improvement after four months with no difference between psychotherapy and behaviour therapy, while the improvements were maintained for one year or more after treatment.

Thus, the newly recognised complexity of psychotherapy research began to provide alternative questions to the simpler; Does therapy work?, Does one therapy work better than another? and by the mid 1970's most outcome studies seemed to be showing that therapeutics in general *did* provide a better rate of success than spontaneous remission.

These early studies then, embraced Eysenck's challenge and began to tell psychotherapists what they wanted to hear: psychotherapeutic practice was, after all, a worthwhile pursuit, providing a means both to specific symptom relief and general individual betterment. Mahoney (1980:xi), suggested that psychotherapy research not only faced three fundamental questions; is psychotherapy effective? when and why is it effective? how should psychotherapists be trained?

but also claimed that the first question had been at least partly answered, he continues:

The latter two questions presume that the first can be answered affirmatively. Although I would hardly defend the generalisation that all forms of psychotherapy are effective for all clients, it is equally clear that there is now ample warrant for the contention that some of the things we do in our fifty-minute hours seem to have positive effects.

However, this positive message incorporated a double-bind; as studies were at the same time showing little or no difference in the relative efficacy for diverse therapies (c.f. Garfield, 1990; Jones & Pulos, 1993), despite the results of comparative process studies which consistently indicated enduring differences in technique, (for example, Hill et al 1979; Brunink & Schroeder, 1979; De Rubeis et al., 1982). Luborsky et al. (1975), suitably captured this situation with their often quoted subtitle taken from the verdict of the Do-Do bird in *Alice in Wonderland* - 'Everybody has won and all must have prizes'; a conclusion which was further bolstered by major review studies, for example Smith et al. (1980), who undertook a very thorough and comprehensive review using a quantitative approach known as meta-analysis (this method incorporates statistical measurement to review substantial amounts of empirical literature), and existing studies that suggested that psychotherapeutic practices in fact contained

the same 'active' ingredients - often those factors pejoratively termed 'non-specific' - a useful example is the early work of Frank (1973:27):

Our survey has suggested that much, if not all, of the effectiveness of different forms of psychotherapy may be due to those features that all have in common rather than those that distinguish them from each other... since the leading theories of psychotherapy represent alternative rather than incompatible formulations, it is unlikely that any one of them is completely wrong.

More recent work in this vein has attempted to describe the "therapeutic alliance", (see for example, Marmar et al., 1986; Hartley, 1985; Marmar, 1990), which researchers and practitioners currently appear to accept as the key variable in relation to therapeutic outcomes (for example, Marziali & Alexander, 1991; Kolden et al., 1994).

Although process and outcome studies had been considered to be addressing entirely different questions, studies such as those described above and especially the more methodologically sophisticated, including Sloane et al. (*op cit*), provide an illustration of the ways in which comparative research progressed by becoming more focused on the relation *between* process and outcome, for example by relating therapeutic outcome to specific measures of change and (later) particular symptoms and diagnostic categories.

In fact, perhaps the most enduring development has been this focus on the various *links* between process and outcome. For example Stiles et al. (1980) utilised the concept of 'session impact' as a bridge between process and outcome. They stated that comparison of process with long term outcome was not feasible but comparison of process measures with the impact of a single session was, and consequently the impact of many sessions with eventual outcome.

Later, in their review of process variables, Orlinsky & Howard (1986) suggested that psychotherapeutic practice contained five core elements: i) therapeutic contract ii) therapist interventions iii) therapist/client bond iv) patient self-relatedness v) therapeutic realisations (insight) and went on to link these processes to outcome by suggesting that the therapeutic bond, along with skilled interventions focusing on emotions, were the most effective ingredients.

At the same time there was an increasing interest in relating discrete therapeutic events during sessions to outcome, as opposed to linking outcome to single or aggregate process measures. This development led to the so-called 'events paradigm' (for example, Rice & Greenberg, 1984; Elliott &

James, 1989) which was to have a significant impact on the concerns of process researchers and was said to have given the area '...a new sense of vigour', (Goldfried et al 1990:669). Barkham (1992:290-291) describes the paradigm's utility in the following methodological terms:

...the intensive study of significant moments occurring during therapy are [sic] more informative than the aggregating process of traditional therapy whereby considerable 'noise' is included in the data.

Studies such as those above (within the 'events paradigm') provide useful examples of a broader trend which - as we have seen - became known as the 'process-change' paradigm in psychotherapy research, (though its current form now tends to be referred to as process-outcome research; for example Tan, 1995), summarised - at an early stage - by Greenberg & Pinsof (1986:12) as follows:

[T]he new "process-change" paradigm... for psychotherapy research involves the study of patient change events over the entire course of therapy and follow-up periods... Our studies will require measurement of process variables at various levels of abstraction; employing different sized units of transaction; using sequential analyses as well as data-aggregate procedures; applying experimental, quasi-experimental and yet to be discovered methodologies; using group and single case designs; applying both discovery oriented and hypothesis testing approaches - at all times keeping in mind the transactional context in which

therapy events occur wherein any factor may influence and be influenced by all other factors.

Four years later, Garfield (1990:277) observed that researchers were, in fact, responding to earlier criticisms:

..some process researchers are attempting to study potentially more meaningful process variables and to bring somewhat more uniformity to the diversity of measures used by individual researchers.

Importantly, at the same time, the process-outcome approach continued to incorporate concerns over the maintenance of its scientific status (for example, Martin, 1990).

In their comprehensive review of the process literature, Goldfried, Greenberg & Marmar (op cit:669) too reflected the area's optimism concerning the developing process-outcome approach particularly in relation to improved intervention linked to specific diagnoses:

The current generation of process research promises to forge a new link between assessment and intervention...This calls for an understanding both of the determinants of any client's disorder and the mechanisms of change, and of the interventions needed to produce change for these determinants. Research must aim to demonstrate that for *this* determinant, *this* intervention produces *this* type of change process, resulting in *this* type of outcome [original emphasis].

More recently, Windholz & Silberschatz (1988) claimed to have found significant correlations between ratings of outcome by patients, therapists and clinical evaluators and two process variables, patient involvement and therapist offered relationship. Bachelor (1991) examined client improvement with three alliance measures focusing on the perceptions of clients and therapists, showing that client perceptions yielded stronger predictors of improvement. Moreover, there continues to be an interest in linking process variables to related outcomes, Jones & Pulos (1993) champion the continuing importance of comparative process research, while Hamer (1995) draws researchers attention to the conceptual and methodological problems with research into the role of counsellor intentions in process-outcome relationships.

Furthermore, there has been an assertion that (consistent) findings which relate particular (key) process variables to positive therapeutic outcomes have been proven as fact (Tan, 1995). Orlinsky et al. (1994:361) - much respected in this area - propose that:

...consistent process-outcome relations, based on literally hundreds of empirical findings, can be considered facts established by 40-plus years of research on psychotherapy...

Despite such faith in the factuality of consistent research findings, alongside this scientific approach there has been

some form of reflexivity. Stiles & Shapiro (1989:521) for example, drew researchers attention to their 'abuse of the "drug metaphor"'. They proposed that the disappointing progress in psychotherapy process-outcome research was, in part, the result of an implicit subscription to a figurative understanding of process which suggested that psychotherapy consisted of the application of active ingredients by the therapist; a high level of which was assumed to produce a positive outcome whilst the lack of such an outcome was concomitantly taken as indicating that the ingredients were inert (note there is no mention that these ingredients may be harmful).

One important methodological consequence of Stiles & Shapiro's (*op cit*) objection to the abuse of the "drug metaphor" (for them, its oversimplification and over-extension, p.525) was that:

...clinicians would be ill advised to abandon their theoretical positions concerning what is therapeutic on the basis of seemingly disconfirming evidence from process-outcome research predicated upon the drug metaphor...(p. 539)

Thus, Stiles & Shapiro's paper is not as reflexive as it might first appear, they were primarily concerned - as with many others at this time - with the (unproductive) separation between process and outcome and proposed the 'events

paradigm' we met earlier as one approach which might remedy it.

Other examples of these (somewhat) more reflexive approaches include a sensitivity to context, for example Heatherington (1989) examined the practical and theoretical problems resulting from the failure to take context into account in observational coding and where context ranged from 'culture' through to 'the private unconscious context'; whilst Herman & Heesacker (1991) and Shoham-Salomon (1990) explored the use of grounded theory. More recent reflexive approaches include qualitative and postmodernist approaches (for example, Clarkson, 1996) although the area remains dominated by a purportedly disinterested, (quantitative) conception of scholarly research in which the therapeutic process must be reduced to some form of (measurable) variables.

How might we understand this body of work in relation to the research question of interest here? As I have suggested elsewhere (Hodges, 1995:301-302), for process researchers:

Fundamentally, process is *out there* to be discovered, something that despite its transient and fleeting nature has a life of its own that can be captured by "scientific scrutiny". Psychotherapy process research within mainstream psychology... embraces a rigorous scientific and (quasi-scientific) methodology which stresses - despite some recent reflexivity.. - objectivity of assessment, precision of measurements, comparison

trials, control groups and accuracy in the identification of process-outcome dyads, all concomitant with an ubiquitous faith in the (essential) reality of the therapeutic process [original emphasis].

2.2 LINGUISTIC APPROACHES TO THE PROCESS-OUTCOME PROBLEM

From the field's putative inception (c.f. Bergin & Garfield, *op cit*), one of the primary methods in process research has been the analysis of audio-taped (and to some extent, videotaped) therapy sessions. Thus, the analysis (usually in the form of 'rating', that is identifying and 'scoring' pre-determined variables) of the verbal exchange has been ever-present in the field. Here I want to consider what has been described as 'the "linguistic turn" in process studies' (Russell, 1989:507) and focus not only on the methods employed but also upon the (usually implicit) theories of language-use that inform this approach to the 'process-outcome' problem.

Stiles (1979) offers a key early example of the linguistic approach, claiming to provide a taxonomy of 'verbal response modes' (p. 50) which include, for example, Disclosure, Questioning, Reflection and Advisement. For Stiles these verbal modes can be understood as independent of their communicative (and wider) context pertaining only to discussion in general, reflecting the (methodological)

requirement within this approach to reduce language-use to discrete units (which are independent of context):

Verbal response modes are attractive for research on the process of counselling and psychotherapy because they characterise the therapeutic relationship while remaining independent of the content of the communication; any mode can be used in a discussion of any topic. (p. 49)

Thus, the content of the therapeutic interaction is of less concern here than its form. We will see that, in fact, with all the studies considered here, the communicative content is to be made sense of only in relation to the (assumed therapeutic) process-outcome relationship.

Moreover, within his rationale for studying the verbal exchange Stiles (op cit:50-51) offers - unusual in this literature - an explicit formulation of the theory of language underlying his approach:

A single experience is meaningless in isolation; it gains its meaning by association with other experiences and ideas. The associated experiences and ideas form the frame of reference... The words used to express an experience are not the experience itself, but obviously they are associated with the experience. Thus putting an experience into words places it in a particular frame of reference. The frame of reference is the context in which the truth or accuracy of an utterance is intended to be judged. For example, the truth of the disclosure "I want an ice cream cone" must be judged from the speakers internal frame of reference.

For Stiles then, language is a system which provides a 'frame of reference' through the association of 'experience and ideas'. This frame of reference will, in turn, relate to the truth value of the utterance in question, producing the means for its evaluation. Thus, Stiles' conception of language appears to occupy an ambivalent position between a representational and constructionist view of language. We will see that such an ambivalent conception of language use runs throughout the work considered in this section.

The majority of the work conducted within the linguistic approach attempts to determine the frequencies of deployment of particular linguistic variables (usually termed 'units') which may then be linked to outcome, this has been termed the 'frequency approach' (Russell & Trull, 1986:16). For example, Gervasio (1988) analysed an assertiveness training film using CALAS (Computer-Assisted Language Analysis System) which:

...provides totals for the number of words, phrases, clauses and blocks of clauses or sentences for each speaker and for the entire text. (298)

For our purposes, this study offers a useful example of the frequency approach to the relation between linguistic 'units' and process-outcome concerns. Gervasio sought

statistically significant differences in the deployment of particular linguistic units between utterances made by assertive and passive role-players (actors and clients).

Most importantly, the frequency approach aims at the incorporation of the study of language within the *existing* concerns of process-outcome research (outlined in the previous section):

A taxonomy of linguistic styles may prove important in understanding the subtle conversational variables involved in therapy process, and ultimately of the relationship of such variables to outcome in behaviour therapy [and] traditional verbal psychotherapies. (Gervasio, *op cit*:303)

Thus, despite an acknowledgement of the central role of forms of communication in the therapeutic process:

Most verbal psychotherapies involve changing clients' communication patterns, and by extension, the ways they think about themselves and their lives. (Gervasio, *op cit*:294)

this key relation between communication patterns and self-understanding is left unattended and untheorised in favour of the (assumed) link between discrete linguistic units and favourable outcomes.

More recently, Stiles & Shapiro (1995:16) reported a comparative study of the verbal exchange (frequencies) in psychodynamic and cognitive-behavioural therapies utilising a factor analytic approach:

Verbal exchanges can be identified by factor analysis of the frequencies of speech act categories coded in encounters of a particular type, such as cognitive-behavioural psychotherapy sessions. Factor analysis gathers the coding categories into groups, based on their intercorrelations. According to this approach, reasoning categories that are used together ("exchanged") will tend to be correlated across encounters and load on the same factor.

Stiles & Shapiro then, adopt linguistic units that incorporate the exchange between client and therapist (as opposed to units from only one party in the exchange), aiming to identify and compare verbal response modes, for example story telling, across different approaches.

However, there is no attempt to evaluate these units of "exchange" other than as means to a therapeutic (healing) outcome. I suggest that more importantly, the 'frequency' approach - including Stiles' taxonomic approach above - ignores the possibility of the detailed analysis of any communicative context other than the operation of process-outcome variables. In other words the linguistic 'units' identified with this approach are *solely* understood as

operating in relation to a measure (or measures) of efficacy. No other context is considered.

The frequency approach has not been without its critics. Russell & Trull (1986) argue for the utility/efficacy of sequential (quantitative) analyses of language variables as preferable to the traditional 'frequency approach'. However, for Russell & Trull language remains something that can be counted, quantified and measured - they use the term 'language behaviour' (p.17). While they suggest that 'meaning is primarily born of dialogue' (p.17) and criticise the frequency approach as unable to capture the dialogical quality of language-use, their rationale for sequential analyses still offers the context of language-use as the process-outcome relation:

...changes in the sequences of client and therapist speech may be considered therapeutic only if movement is obtained toward the posited endpoint for the process under study. (19)

In other words, they are not criticising the frequency approach per se but rather wish to make such an approach more sophisticated, using more complex statistical techniques and above all - not unlike Stiles & Shapiro's (op

cit) concern with "exchanges" above - incorporating dialogue within the analysis of linguistic 'units'.

Other criticisms of the linguistic approach focus upon methodological issues pertaining to the form of linguistic units adopted by analysts, which has been termed the "unit problem", (Russell & Staszewski, 1988:191) and which, for them, relates to an inconsistency in the use of and lack of theoretical and methodological bases in choosing the unit of analysis in studies of therapeutic discourse. The so-called "unit" - for these and other researchers - ranges from para/extra linguistic to pragmatic features of utterances. Moreover, a discourse analytic perspective is included in their description of the various 'units':

A growing number of structural discourse units are available for use, the most popular being the utterance and exchange... scoring units defined by more than two turns at talk... are now finding their way into process research with its new interest in episode and narrative units. (Russell & Staszewski, 1988:195)

For these researchers, discourse analysis is akin to a form of content analysis - where, despite the recognition of the pragmatics of verbal exchange, research remains concerned with frequencies. So although these researchers are critical of a crude scientism and reductionism, for example in the

tendency of process researchers to seek the standardisation of units of analysis:

...the quest for standardisation stems from an *outmoded* positivistic assumption concerning the requisite relationship between the universalisation of category definitions and the attainment of the much sought after "scientific" status of one's research (p.193)

the welcoming of discourse perspectives does not include the relevance of conditions of possibility other than the process-outcome context. For them, therapeutic practice remains viewed as informed *only* by coherent and valid theory (p. 199). Garfield et al (*op cit*:670) - who we met earlier - provide another example of this taken-for-granted nature of the context and operation of the therapeutic exchange:

..knowledge of psychopathology provides information about *what* to change, whereas our understanding of psychotherapy process tells us *how* change may be brought about [original emphasis].

Process research then, appears to take for granted not only the positive nature of the therapeutic process but also the validity of those elements that it targets for change.

I want to move on now to analyses which offer a more reflexive consideration of the operation of language in the psychotherapeutic process. In their review paper, Small &

Manthei (1986), despite acknowledging the 'shaping' effects of the therapist's language in relation to that of the client, (p. 395) seem to favour the ambivalent model of language we met earlier rather than fully embracing the notion of language as constitutive. Here language remains the medium *through which* the therapeutic process occurs, thus they suggest the aim of the use of language in therapy is:

..to establish a trusting, open relationship so that the process of therapy may develop with the least hindrance. (p.399)

In fact, Small & Manthei are concerned primarily with the question of *efficacy*, that is with the problem of what is the most effective way of using language with clients? The possibly coercive nature of such techniques is subsequently overlooked:

..therapists trained in such [therapeutic use of ordinary language] approaches are urged to use their client's language as much as possible. Thus, although the therapists personal use of ordinary language is contrived or culturally typed, there should be little imposition on the client's assumptive world by the therapist.. (398)

Thorpe (1992:61) presents a similarly ambivalent approach, considering the role of language as simultaneously liberatory and entrapping and imploring therapists to

facilitate the opening of a 'potential space' best enabling the client to 'symbolise' their feelings/experiences:

We may see the therapist's task as the facilitation and creation of optimal conditions for symbolisation. (p.61)

Thorpe considers language as able to (partially) capture the pre-ontological 'experience' of the patient and concomitantly therapeutic practice as the dialogue between symbolisation (language) and experience. Thus, Thorpe moves away from a simple representational model of language towards a conception of language which, rather than simply indexing a pre-existing reality, has a complex dialogical relationship with a pre-existing reality (in this case 'experience' and 'feelings', p. 65).

Such ambivalence towards a constructionist conception of language-use is also evident in the following two studies which both claim to apprehend the normative function of therapeutic discourse. Friedlander (1984), despite offering a view of the therapeutic exchange as, in some sense, normalising (or socialising as 'social policy', p. 335), remains with the frequency approach (utilising computerised content analysis, DAAS - discourse activity analysis system) - informed by the process-outcome context where only positive therapeutic outcome conditions the exchange:

To make meaningful inferences about the therapy process we must study not only the content and form of communication, but also the functions of participants' speech in performing acts that they consider critical for therapeutic effectiveness. (p. 340)

Likewise, Cederborg (1995) offers a joint qualitative and quantitative analysis of a series of family therapy sessions involving seven children, employing a somewhat reflexive conception of the operation of language:

...therapeutic talk may influence how the child perceives his/her problem... The dialogue between the therapist and the family members affects the child's sense of self and also how the parents themselves come to understand the behaviour of the child. (p. 209-210)

However, while she laments that, given we accept the therapeutic dialogue as a kind of socialisation, children in family therapy (and in general) are left to:

..sit on the sidelines as observers of the negotiations as to whether their behaviour is to be seen as normal. (p. 210)

Cederborg, in fact, seeks to better *include* children in this process of normalisation, which one could argue is to call for greater social control over children rather than liberating them from neglect.

Finally, in his discussion paper, Russell (1989:509) presents a very sophisticated account of the (constitutive) role of language in psychotherapy:

Language so permeates how we come to take persons, processes and things that it is impossible to imagine how things might be outside and untouched by our linguistically mediated construals.

Moreover, he also refers to the link between language and the conditions for moral assessments and judgements of the conduct of self and others:

In brief, language functions to open us up to the type of discriminations involved in making broadly moral judgements concerning our own and others activities. It involves us in assessing conduct with respect to standards that before and without language would be of no apparent concern. (p. 510)

Unfortunately, Russell fails to follow this conception through to the operation of therapeutic discourse itself:

Our knowledge of individuals and their place in society is seriously incomplete unless we know how they and their significant social interactants deploy... language functions in their habitual constructions of self- and social- discourses. In therapy, this knowledge must become explicit, and extend both backward in time through the course of the patient's biography and over the ongoing moment to moment construction of the therapeutic dialogue. In biographical reconstructions and therapeutic dialogue the principle clinical material consists in how the patient expresses/constructs him/herself linguistically and how the patient relates him/herself to the therapist (or, within the context of the patient's

narrative, to other significant protagonists) through the performance of speech acts. (p. 511-512)

Thus, despite a reflexive conception of language-use as the 'principal clinical material' in psychotherapy and which provides the conditions for the moral assessment of conduct, there is no consideration of the role of the therapeutic process in such moral assessment. Rather for Russell, the aim of the therapeutic process should be the making explicit of the patient's habitual linguistic construction. (In fact, I suggest that Russell has already made a moral judgement in constituting the individual as the responsible agent in their troubles in relation to their *own* language-use).

To summarise, I have suggested that the linguistic approach to psychotherapy process research has incorporated an ambivalent conception of the operation of language. In particular, although there is some acknowledgement of the constitutive role of language, the dominant methodology (that is, an objective, quantitative (frequency) approach to the role of linguistic "units" in positive therapeutic outcomes), always draws this conception back towards a representational mode.

Moreover, the adoption of discourse analytic techniques, amounts, I suggest, to little more than the incorporation of

larger linguistic "units" (despite the criticisms of Russell & Staszewski, *op cit*). Most importantly, what unites the work considered here is an uncritical acceptance of the positive (healing) effects of psychotherapeutic practice, in other words where the largest context that conditions the exchange is the assumed link to desirable outcomes.

The analysis of psychotherapeutic practice is not limited to psychologists. I now want to consider how others - in particular sociologists and cultural commentators - have considered the operation of therapeutic discourse in Western society.

2.3 SOCIOLOGICAL ACCOUNTS OF THERAPEUTIC PRACTICE

The normal is the good smile in a child's eyes...
It is also the dead stare in a million adults. It
both sustains and kills - like a God. It is the
Ordinary made beautiful; it is also the Average
made lethal. The Normal is the indispensable,
murderous God of Health and I am his priest.²

The above soliloquy spoken by Peter Shaffer's tormented psychiatrist Dysart, embodies the chief tenet of much sociological commentary on psychotherapeutics. Such analyses have tended to provide accounts of the links between the

² From Peter Shaffer's (1973/1987) Equus. Harmondsworth: Penguin. p. 65

individual, social, political and ethico-moral processes as they relate to the therapeutic endeavour - with some commentators lamenting the inadequacy of the therapeutic endeavour to the task of re-filling the 'ethical space' left in religion's wake. I will consider some key work in this area and relate it to the research question already outlined.

Rieff (1966/1987), provides an early and eloquent example of sociological commentary on the therapeutic endeavour, using the term 'therapeutic' (as a noun) to refer to a shift in the Western cultural character ideal in which:

...the dialectic of perfection, based on a deprivation mode, is being succeeded by a dialectic of fulfilment, based on the appetitive mode. (p. 49-50)

He goes on to map 'the triumph of the therapeutic' thus:

At the end of the historical road taken by the Western spirit, there, waiting to waylay any founder of renewed faith and analyse away all festivals of divine recognition, is the therapist. Where public and family festivals of recognition were, there let private, even intimate, resolutions of transference relations be. So changed is the face of authority that, in fact, therapeutic authority has no face. (p.x)

For Rieff then, the development of a moral ideal with well-being as its goal has ushered in a form of authority unrecognisable as such, in particular given that for him:

...the death of a culture begins when its normative institutions fail to communicate ideals in ways that remain inwardly compelling. (p.18)

In a different vein, Sennett (1977) - through an unashamed idealisation of our (more public) past life - instead critiques contemporary privatism by linking the success of therapeutics to the breakdown of the distinction between the public and private spheres, where the inner self has become supreme. According to Sennett, the most valuable legacy of the Western cultural tradition lies within its means of regulating impersonal public relations, for example he suggests that during the Eighteenth Century sociability did not depend on intimacy, but rather, societal conventions - currently considered to stifle emotional spontaneity - established civilised boundaries between people, limited public displays of feeling and above all promoted 'cosmopolitanism and civility'. In fact, in Lasch's (1979/1991:28) words, for Sennett:

Conversation takes on the quality of confession. Class consciousness declines; people perceive their social position as a reflection of their own abilities and blame themselves for the injustices inflicted on them.

Lasch (1979/1991), alternatively lays the blame for the 'culture of narcissism' at the door of bureaucratisation and professionalisation which he considers to be new forms of capitalist control - the 'therapeutic' being another manifestation of our modern dependence upon expertise. At the same time however, the substitution of the Nineteenth Century utilitarian ethic with the modern therapeutic ethic has produced a void within the modern self:

Our culture's indifference to the past - which easily shades over into active hostility - furnishes the most telling proof of that cultures' bankruptcy. The prevailing attitude, so cheerful and forward looking on the surface, derives from a narcissistic impoverishment of the psyche... Instead of drawing on our own experience, we allow experts to define our needs for us and then wonder why those needs never seem to be satisfied. (p. xviii)

In a later essay Lasch (1985:215) draws attention to the link between therapeutic authority and our contemporary 'therapeutic' morality (with its consequential lack of a sense of individual control, c.f. Giddens, 1991:174):

...therapeutic morality associated with Twentieth Century liberalism destroys the idea of moral responsibility, in which it originates, and... culminates, moreover, in the monopolisation of knowledge and power by experts.

Whereas, for MacIntyre (1981), our reasons for regret are instead the loss of traditional duties and community bonds.

Likening the therapist to a manager, MacIntyre links the rise of the therapeutic to its alignment with a particular form of moral discourse - the discourse of the self-serving emotivist individual who rejects public responsibility in favour of the goal of self-improvement or other hedonistic ends.

In a more overtly Marxist critique, Bourdieu (1984) suggests that therapists evidence the existence of a new ethical avant-garde, legitimating their claims via objectivity/science. For Bourdieu however, these claims are both arbitrary and functional - the ethic of hedonism satisfying the aspirations of a particular section of the petit-bourgeoisie to both service capitalistic culture and at the same time change the world for the better.

More recently, Giddens (1991) provides an analysis of the 'therapeutic' as a major 'abstract system' (p. 33) within which modern self-identity becomes reflexively ordered. For Giddens, the cultural commentary of Lasch and Sennett assumes an agent that is far too passive:

In the work of Lasch, and many others who have produced rather cultural diagnoses, one can discern an inadequate account of the human agent. The individual appears essentially passive in relation to overwhelming external social forces, and a misleading or false view is adopted of the connections between micro-settings of action and more encompassing social influences. (175)

Rather, Giddens aims to emphasise the self-reflexive activity of the modern individual:

Therapy is an expert system deeply implicated in the reflexive project of the self: it is a phenomenon of modernity's reflexivity. Therapy should be understood and evaluated essentially as a methodology of life-planning. (p. 180)

It is important to note that Giddens - unlike the commentators above - remains non-judgemental (or even supportive) of psychotherapeutics as a form of 'life-planning' in late modernity.

Kovel (1988) usefully draws our attention to the refusal of the 'psy' professions to acknowledge the social and historical context of their practices; other than in terms of the story of scientific progress:

..an opacity to the actual social basis of psy practice is one of the defining features of these [mental health] professions. Generally speaking, this deficit is covered over by a thick membrane of technocracy, which deflects any questioning in advance, indeed rules out the possibility of questioning the 'pure, value free, and scientific' pursuit of Mental Health. (p.119)

The maintenance of a value-free position, in part asserted through recourse to therapeutic techniques, for Kovel cannot cover the profoundly coercive nature of therapeutic practice:

It only remains to be added that the seemingly value-free position subsumed into a purely technical approach to therapeutics has in reality a profound, if unspoken, value embedded in it, namely, that very value inherent in reducing a person to a controllable object. (p.151-152)

Finally the work of Maranhão (1986) most closely connects with the analysis undertaken here. For Maranhão, if most schools of therapy can claim at least some success then there must be something that brings them all under the same umbrella and this something is therapeutic discourse - not discourse in its more common sense of verbal exchange - rather a more Foucauldian conception:

[Therapeutic discourse is] the complex of knowledge, power and rhetoric wielded by the healing social institutions, it is a cultural system invented in European and American societies, shaping the westerners worldview at all levels of life, and standing side by side, with its co-cultural systems religion, science and politics. (p.xii)

Maranhão also offers a sophisticated context to the rise of the 'therapeutic' in the West, emphasising the ubiquitous presence of the therapeutic in contemporary culture, especially its ethical operation:

The psychotherapeutic imagination has indeed penetrated all spheres of life in our cultural heritage. It is an all pervasive mode of discourse in popular and elite culture: it enters the media and literature; it concerns philosophy and

science, and challenges politics and religion; it establishes a new ethics without asking permission to do so by forming in clinical practice a normative corpus of principles about how we should lead our lives. We can say, without fear of exaggeration, that we live in a Freudianized world, a culture of the therapeutic on which an ever-growing gamut of existential problems are dealt with by professional psychotherapists. (p.26-27)

However, in terms of his analysis of the therapeutic process, although he produces an impressively skilled analysis he tends to equate the operation of therapeutic discourse and power with rhetoric at the micro-level:

In the same way that we concluded that rhetoric could not stand up on its own, power only comes into existence through actions - and since we are talking about discursive actions, we can say through rhetoric - as well as through a system of knowledge which simultaneously defines it and leans on it to be reinforced, preached, or challenged. (p. 129)

Whereas in this study I wish to avoid conflating the terms discourse and rhetoric but rather seek to conceive discourse as related to the technical machinery of the 'therapeutic' (I will discuss this in more detail in the following chapter, see also ch.4.5). In other words, I seek to understand discourse as articulated with other practices and techniques (of measurement, inscription and [self-]examination, for example) which are connected to lines of power.

Sociological work on psychotherapeutics then, provides a quite pessimistic view of the modern self and often urges us - in different ways - to lament the loss of some past era of fulfilment. However, despite the diversity of approaches this work does provide a useful core of factors for a broader, more contextualised understanding of psychotherapeutic practices. The following is a short summary of those factors:

- 1) The self is historically situated.
- 2) The move away from the public/private split towards understanding ourselves almost exclusively through the inner terrain has encouraged persons to take responsibility for the 'reflexive project of self-identity' - via lifestyle choices - but at the same time has left Westerners with a 'psychic void'.
- 3) This void is both a symptom and *condition* of capitalistic economies. Though - as we have seen - Gidden's work is an exception here, providing a far more 'agentic' analysis of late modernity.
- 4) The solution to this modern empty self has been to promise fulfilment via consumerism and therapeutics - providing a cure but at the same time re-installing the void.
- 5) The profession of therapeutics enables practitioners to claim/believe that they provide a cure for psychic ills

whilst, in fact they provide a means of aligning individuals with economic/governmental systems.

2.4 PSYCHOTHERAPEUTIC DISCOURSE AND THE MEDIA

There is remarkably little work in this area with the only extended analysis relating to therapeutic discourse on American television (White, 1992). Before I discuss this work, I want to consider a recent - and again, unusual - case-report of psychotherapy over the telephone.

In his brief paper, McLaren (1992) reports the successful use of cognitive therapy over the telephone with a client suffering from panic attacks and hypochondriasis. McLaren is primarily concerned - in accordance with the psychotherapy research we met earlier - with the efficacy of telephone psychotherapy and the practical advantages it affords both therapist and client:

This case illustrates the successful use of the telephone to continue cognitive therapy in a patient who would otherwise have been unable to continue and keep her job. The telephone therapy required less of the therapist's time, was more convenient for the patient and allowed the therapist to help the patient in her working environment. (p. 313)

Most useful for our purposes however are McLaren's (*op cit*:312-313) observations concerning the medium itself as a vehicle for psychotherapy. McLaren emphasises the unique nature of the telephone medium and the ways in which he had to modify his communicative style and deal with the problem of (presumably) the lack of a visual channel, which for him appears to have had a positive impact on the therapeutic process:

My style was subtly modified and I asked more checking questions such as "How do you feel about that?". (p. 312)

Openly addressing ambiguities in the communication appeared to increase trust and aided the therapeutic process. (p. 313)

McLaren closes with a plea for further investigation given the possibility of 'distortion' in the channel, though once again he is optimistic concerning its remedy:

There are real differences introduced by the medium which need more detailed investigation. It is essential that both participants are aware of the potential for distortions in the communication: the flexibility inherent in verbal communication should ensure that they can be overcome. (p.313)

We might take from McLaren's paper the importance of the particularity of the telephone medium and the problems and possibilities this affords therapeutic discourse (along with

its analysis). For example, the lack of a visual channel might lead to more clarification (McLaren states that he asked more 'checking questions') and the fact that counselling or psychotherapy are even possible over the telephone indicates that it is primarily the verbal channel that is required in psychotherapeutic practice. Thus, in relation to the present analysis, telephone counselling may offer some insight into the *minimal* conditions for psychotherapeutic practice and concomitantly into the key elements of its operation. Moreover, the telephone medium makes possible a novel spatial organisation in relation to therapeutic practice. Counsellor and client no longer need to share the space of the consulting room and in this sense the operation of therapeutic authority may rely more heavily upon the discourse itself.

White (1992) provides an - again rare in the literature - extended analysis of therapeutic discourse in the media, though tending to remain at the level of descriptive commentary and focusing upon the medium of television. For White, therapeutic discourse operates as a form of regulation of the subject's discourse, which for her equates to 'free speech' (p.81) providing a special form of narrative involving confession and diagnosis:

...therapeutic discourse provides a ready made and familiar narrative trajectory: the eruption of a problem leads to confession and diagnosis and then to a solution or cure. (p. 177)

...narrative context is provided, and regulated, by an authority who positions the confessional subject, orienting what the subject will say and how the subject will speak in advance. (p. 178)

However, although White emphasises the flexibility of therapeutic discourse (in that it is able to 'recruit' a wide variety of - in this case - viewers and presumably in its adaptation to the televisual medium):

Like television itself, therapy offers something for everyone, or can be tailored to fulfil a variety of needs and fantasies. (p. 180-181)

She tends to remain ambivalent about the regulatory nature of television counselling. Thus, while she identifies the problematisation of 'free speech' with respect to identity:

The couple shows function as social regulation to the extent that they channel "free speech" in the terms of a therapeutic problematic with the power to diagnose social identity. (p. 81)

She appears to - at the same time - down-play this regulatory function of therapeutic discourse in a way which conflates regulation and resistance; that is she fails to acknowledge

that the expression and recognition of 'social transgression' may, in fact, be deployed within a strategy of normalisation:

But the production of meaning and of subjectivity is constantly re-negotiated, a process exacerbated by the daily renarrativisations of these shows where the very strategies of discourse that work to secure and regulate subjectivity are the means for expressing and recognising social transgression [resistance]. (p. 81)

Despite this, White usefully offers an analysis which, in some sense, mirrors the sociological accounts we met earlier with respect to the interpenetration of subjectivity and social forms (for example, institutional forms):

...these [couple counselling] shows delineate the ways in which public and private experience are equally permeated by institutional and impersonal strategies of power - including the community, law and psychiatry - while requiring the involvement and complicity of subjects who will speak for themselves in their capacity as free, private individuals. (p. 80)

Thus with White's work we have the beginning of a framework through which to understand the operation of media therapeutic discourse as regulatory in nature, which includes confessional and diagnostic modes of discourse, is flexible and adaptive and operates, in part, through problematising the client's (for White) "free speech".

In the following chapter I will explore the methods that might be useful in analysing therapeutic discourse through such a framework and which will enable a close examination of the counselling (telephone) conversation itself.

CHAPTER 3: DISCUSSION OF RELEVANT METHODS

3.0 INTRODUCTION

Given the research problem outlined in chapter one and the lack of attention to issues relating to power and discursive processes in the psychotherapy research literature, I now wish to focus on the methodological approaches we might bring to bear upon the problem. Given my interest in the operation of power within psychological practices, I have suggested that the work of Michel Foucault might offer a profitable framework in which such practices are conceptualised as regulatory which I have also suggested would be a key concern for a treatment of the research problem.

What then, is the starting point for considering counselling as discursive? I suggest there are three main (though related) frameworks available for such an analysis, conversation analysis, discourse analysis within social psychology, (henceforth CA and DA), and a Foucauldian approach drawing on the later (ethical) work. I will consider each of these in turn, aiming to discern the most appropriate methodological means to address the problem. (Please note that I will consider here issues relating to the methodological *framework* I wish to bring to bear upon the

problem. I discuss methodological concerns which are specific to the each of the three stages of the analysis at the beginning of each of the related chapters - chs. 4-6).

3.1 CONVERSATION ANALYSIS

CA concerns the identification of regularities in conversational interaction through rigorous analysis of transcript data (c.f. Schegloff, 1968), aiming to identify the underlying rules/systems that govern the production and operation of conversation, which is understood as a skilled accomplishment of participants (Schegloff & Sacks, 1973; c.f. conversational openings). Thus, CA is very much concerned with a micro-analysis, proposing to make up the shortfall in structural sociology which:

...opted early for a theoretical construct of a "unit act" and decided against the study of actual, particular social actions and organised sequences of them. (Schegloff, 1980:151)

Despite some capacity to analyse power relations, for example (in relation to gender), men's (mis)use of turn taking in order to direct conversational topics in mixed gender groups (Coates, 1986:101), such analysis of power relations is limited in a double sense, firstly, through the prevailing emphasis on the micro-level of analysis and secondly, (though related to the latter), the assumption that social structure

is (nothing but) an accomplishment of participants in conversational interaction.

To understand this conception of structure it is worth briefly considering the ethnomethodological roots of CA (c.f. Garfinkel, 1967). Ethnomethodology offers a very useful reminder concerning the (possibly unintentional) reification of structure. Zimmerman et al. (1991), describe this in terms of Merleau-Ponty's "retrospective illusion" - that is, once a pattern of social relations has been conceptualised as prior to/external to individuals we retrospectively assume its predominance over us.

The comparatively recent perspective of ethnomethodology owes, in part, its development to Schutz's (1972) phenomenology; his application of Husserl's methods of identifying that which distinguishes an object/phenomena to the social via 'typifications' and 'commonsense knowledge'. For Schutz meaning exists not inside (classical phenomenology) or outside the individual or 'member' (materialism) but rather between them, that is, meaning exists only in as much as we constitute it during interaction.

One important consequence of this position is that social structure is seen to be a product of interaction, existing only as a result of the work of members who strive for consistency and meaningfulness - this, in turn, operating via shared understandings. Garfinkel (1967), argues that the social structure/order is entirely fictional in that members 'see' this structure/consistency only through a process of documentation or documentary method, that is once the features of an object/situation have been focused upon (chosen from an infinite number of possibilities), and conceived as evidence of some underlying pattern/structure, the process is then reversed so that particular instances of the underlying structure are seen as evidence for the structure itself.

Garfinkel also stresses the 'context dependent' nature of making sense, that is the nature of the accounting/interpreting process will depend upon the situation as perceived by members in interaction. In this way the constitution of structure is always indexed, whilst the quality of that indexicality remains fictional; structure becomes structure-in-action.

Schegloff (1980:106) in his consideration of the constitution and function of conversational 'preliminaries to

preliminaries' warns of the premature assumption of the role of power and status in 'action projections' (p.106) (that is, utterances which project the advancing occurrence of an action, for example the utterance 'can I ask you a question?'), when such an explanation is not empirically favoured:

It should not be taken... that "requests for permission" will be a common use of action projections employing nonconversational turn-taking systems, especially ones that partially restrict participation for some parties or constrain the form of talk for different parties. It may be tempting to use such occurrences as evidence for claims about such restrictions or for claims about differential rights, status, power and so on. For example... Sometimes, as in doctor-patient clinical interactions this organisation is mapped onto what is seen to be a differential in status or power between the two parties... This is not to deny that there may be differential... status in doctor-patient clinical interactions... The point is that caution is in order in too readily taking such materials as evidence of differential allocation or differential status, when an alternative, empirically well-grounded analysis is available. (p. 145-146)

However, such empirically well-grounded conclusions - while they appear robust - amount only to conversational management, or more specifically the management of turn taking and/or delicate topics. Thus, CA's rigor has a cost in that structures (for example, power relations) beyond the conversational interaction itself are rendered less visible.

Such reductionism is further apparent in an earlier - seminal - paper by Sacks, Schegloff & Jefferson (1974:727). For these researchers much of the technical aspects of the situated accomplishment of conversational exchange (for example, the local management of turn-order) can be explained primarily in terms of what they call 'recipient design':

By 'recipient design' we refer to a multitude of respects in which the talk by a party in a conversation is constructed or designed in ways which display an orientation and sensitivity to the particular other(s) who are the co-participants.
(p.727)

Thus, Heritage's (1984:241, in Silverman, 1994:125) suggestion that conversational structures '..stand independently of the psychological or other characteristics of particular speakers..' obfuscates the *implicit* theory of the person within CA as a skilled and empathic manager of conversational interaction. Such a theory always risks drawing the source of meaning away from the discursive and towards the individual (we shall later see that this problem has likewise been incorporated into much discourse analytic work within critical social psychology). Moreover, Heritage (*op cit*:242) further suggests that '..A speaker's action is *context-shaped* in that its contribution to an on-going sequence of actions cannot adequately be understood except by reference to its context... in which it participates.' Here,

however, as we have already seen, context is understood only in terms of the preceding conversational interaction.

Despite the more recent appearance of CA work which aims to link '...interactional mechanisms.. [with] the production and reproduction of the varieties of social formations found in society' (Boden & Zimmerman, 1991:4), what is important here is that "conversation" is taken as offering the baseline of structure and function (or as occupying one 'polar type' of a 'linear array' for example, with respect to turn allocation arrangements) through which its adaptation to other settings such as therapy sessions (c.f. Sacks et al, 1974:729) can be identified via a comparative approach.

Thus, I suggest that CA implicitly makes participants the key players within conversational exchange (c.f. the central tenet of recipient design), whereas I wish to focus upon the strategic operation of therapeutic discourse. Moreover, CA renders an analysis of structures beyond the conversational interaction extremely difficult and is therefore unable to take into account what Foucault has termed the 'historical a priori': that is to say, the historical conditions which make it possible for certain utterances to be made at all, to be "in the true" - sayable and hearable.

However, given these problems, perhaps the most important point here for a discourse analysis of therapeutic talk-in-interaction is that although conversational mechanisms need not take centre-stage as the *motor* of institutional forms for example, an analysis of the therapeutic encounter should not ignore them - for it may be those same mechanisms that characterise the operation of therapeutic discourse. To ignore these would mean to risk missing an essential fragment of the therapeutic process and the wider therapeutic endeavour.

3.2 DISCOURSE ANALYSIS WITHIN SOCIAL PSYCHOLOGY

For our purposes, DA within social psychology, unlike CA, offers a more critical and contextualised framework to investigate the operation of the therapeutic exchange. As Lovering (1995:12) has stated, a discourse analytic approach enables the researcher to establish a '...critical distance from concepts of language and internal mental states'. Moreover, it enables a focus, not only upon moving linguistic analyses beyond the examination of single sentences, but additionally the association of language with cultural processes (c.f. Harris, 1952).

Thus, DA, like CA, theorises the operation of language in relation to its effects, that is, its 'action-orientation'

(Edwards & Potter, 1992:2), although the context is usually understood as moving beyond the preceding episode of talk, incorporating broader social and cultural processes. Primarily DA focuses on the form and content of accounts and related processes of accounting, (for example Semin & Gergen, 1990 c.f. everyday accounts), reflecting, in part, its development in relation to attribution theory and social cognition within the field of social psychology. It is very difficult to offer any singular treatment of DA in social psychology because this term has been used to refer to such a wide variety of theoretical and methodological positions, some of which constitute entirely oppositional approaches. As Burman (1991:326) suggests:

...it is very difficult to speak of 'discourse' or even 'discourse analysis' as a single unitary entity, since this would be to blur together approaches subscribing to specific and different philosophical frameworks.

In fact, Potter et al (1990:205) propose that '...at least four distinct threads of work [have] laid claim to the title of discourse analysis.' Two of these have played a major role within social psychology and I will therefore discuss only these in relation to our research problem. Burr (1995:47) likewise describes two distinct approaches to discourse analysis within the overall area of social constructionism (which, for her, encompasses all anti-essentialist work

within psychology), though a useful distinction between discourse analytic and the more cognitively oriented approaches to the study of natural language has also been offered (Gallois & Pittam, 1995:7).

The two approaches I consider here draw from two distinct bodies of writing; firstly (taken together) ethnomethodology, speech-act theory and conversation analysis (also the work of Wittgenstein), providing an emphasis upon a more traditional understanding of discourse as primarily a linguistic form (for example, Potter & Wetherell, 1987; Potter et al, op cit; Edwards & Potter, op cit), and structuralism and post-structuralism which within social psychology have engendered a more Foucauldian perspective, regarding discourse as intimately embodied within practices, techniques, institutional forms and modes of power, (for example, Henriques et al, 1984; Parker, 1989, 1990, 1992; and to some extent, Wetherell & Potter, 1992), while DA has been combined with feminism (and gender concerns) within both these areas (for example, Walkerdine, 1990; Gill, 1993; Wilkinson & Kitzinger, 1995). Recently however, there has been a tendency to draw all these approaches together under terms such as social constructionism (for example, Burr, 1995) and critical psychology (for example, Fox, 1996).

I will offer some general shortfalls - in relation to the research problem - with discourse analytic approaches taken as a whole and refer to particular work or strands where appropriate, not least because as the area has matured the bifurcation described above has become less and less useful. For example, Wetherell & Potter's later (1992:86) research incorporates much more explicitly work from post-structuralism (especially Foucault) and theories of ideology (especially Gramsci). Moreover, the different approaches described above do share some kind of common framework, in particular the function and effects of language and 'interpretive and reflexive styles of analysis' (Burman op cit:326). In addition discourse approaches offer a powerful challenge to the psychological (experimental) orthodoxy, which is evidenced in the reticence of many psychologists to properly engage in the debates that inform these approaches and to which I now wish to briefly turn.

Thus, although DA has been increasingly incorporated within mainstream social psychology and research methods texts (for example, Hogg & Vaughan, 1995; Breakwell et al 1995; Coolican, 1996), there is not necessarily any acceptance of the critical elements of the approach, in fact there appears to be considerable resistance to them. For example, Hogg & Vaughan (op cit:25) acknowledge the humanist element (they

appear to conflate the role of anti-humanist influences) of alternative approaches to social psychology, which:

...share a broad emphasis on understanding people as whole human beings who are constituted historically and who try to make sense of themselves and their world.

but go on to warn the beginning student:

Most social psychologists, however, respond to the problem of positivism in a less extreme manner that does not involve abandoning the scientific method.
(p. 25)

Likewise, Coolican (1996:181) in his introductory research methods textbook foresees the following problems with discourse analytic and other qualitative approaches:

How will students be stopped from mere journalism? How will radicalism in research be graded? Will the tables turn (as with long and short hair) so that students will soon be rebuked for having too *precise* a hypothesis [original emphasis]?

Here DA and other qualitative approaches are constituted as extremist (Hogg & Vaughan) and faddish and methodologically careless (Coolican). Furthermore, Coolican subsequently prophesies the continued dominance of the experimental/quantitative framework thus:

The experimental and quantitative approach will no doubt 'prevail' for some time, especially in its strongholds and where quantification is clearly

useful and productive. We need to know whether a child's language is seriously delayed, for instance, or whether perceptual task performance is affected in such and such an environment, and what to do about it, without having someone constantly demanding that we constantly reflect on our definition of 'delayed' and then comment on our definition and so on. While this is happening the child may be disadvantaged still further. (p. 181)

Coolican's plea for - I suggest rationality - above provides an opportune model of the taken for granted nature of the values and ideals within mainstream approaches to the discipline of psychology. Disinterested science (in particular, experimental method) is unquestioningly considered as offering factual accounts of the (inner) world. For Coolican, continued reflection upon definitions is more than merely unproductive it is *counterproductive*. Moreover, it is significant that the example deployed here concerns a child, which serves to sharpen the moral location offered by Coolican - which might be considered a form of reclamation of the critical/moral ground of much qualitative work. The key point here is that Coolican implies that the reader *shares* the interventionist framework he seeks to defend. For Coolican it is self-evident that - for each and every one of us - some (already agreed upon) matters must forever remain exterior to the political arena, (political in the sense of 'open to contest').

However, it is not only mainstream psychology that 'pathologises' discourse analytic and qualitative approaches. In his usefully inclusive volume covering the analysis of accounts, Antaki (1994:119) also constitutes DA as extremist, although this time it is only the Foucauldian reading which is (subtly) pathologised (as extremism) in relation to the more conversation analytically styled approaches which Antaki clearly favours:

At the furthest outpost of critical theory..[talk in action].. shades into abstract relations between cultural meanings and practices, not necessarily locatable in any one person's talk and behaviour in any one place or time, but infusing the general understanding of some institution like government, madness or sexuality... some reference to [Foucault's]..work is, indeed, beginning to be made even in the middle range of discourse analysis...but perhaps too tentatively to give us enough purchase on his work to apply securely here. So when we say 'talk in action', we need to come down the line a bit.

I will consider here then, two primary (though related) problems with DA as they connect to our research question, firstly the theorisation and analysis of power relations and secondly the implicit individualism which I suggest relates to the *social psychological* concerns of theorists, in that explanation within social psychology has tended to be limited to the level of inter-personal interaction (usually among dyads or small groups).

Within the first tradition described above (where discourse is considered primarily as a linguistic form), power tends to be understood as 'interest' that is, accounts will be partial accounts or versions. Thus, we might ask whose version of the world dominates? In whose interests are certain explanations of the world promoted? Given such an elementary understanding of the relation between the discursive and the extra-discursive, this first tradition offers only a limited perspective concerning power. Here Edward & Potter's (1992:154) 'discursive action model' is useful in displaying this limited theorisation/understanding of power within this strand of DA work, and here I will quote three of the nine overall elements of their model, (provided under three headings; 'Action', 'Fact and Interest' and 'Accountability') to illustrate this:

FACT AND INTEREST

4 There is a dilemma of stake or interest, which is often managed by doing attribution via reports.

5 Reports are therefore constructed/displayed as factual by way of a variety of discursive techniques.

6 Reports are rhetorically organised to undermine alternatives.

Thus, the model by (very usefully) attending to both existing social psychological concerns (for example, attribution) and the organisational aspects of discourse (for example,

techniques for the constitution of fact), at the same time disenables a full theorisation of power by focusing on the micro-operation of the interaction in relation to the dilemma between the construction of truth/factuality and partiality. This focus, I suggest, misses the key point of interest in relation to the construction of 'truth' in that there is only a dilemma here if we consider the construction of factuality as operating within language and impute interest or stake to the (inner) motives/intentions of the individual speaker(s).

In other words, this strand of DA has tended to operate with a very narrow definition of discourse (as something which can be identified as (implicitly) intentional verbal behaviour, usually at the level of the dyad; disposed to analyse reported accounts for themes which might then turn out to be 'repertoires', available for individual utilisation (c.f. Potter & Wetherell, 1987, Potter et al, op cit) and where the complexity of the operation of power is thus rendered less visible as a result of equating it with stake or interest (both of which - I have argued - retain individualistic and psychologistic connotations).

Moreover, while the second tradition (drawing upon structuralism and poststructuralism) offers a more fully theorised understanding of power in relation to discourse, my

approach must differ from this given the import of psychoanalytic theories of the subject (c.f. Henriques et al, 1984) and the incorporation of ideology and realism (c.f. Parker, 1992). Curt (1994:49) have usefully suggested that both these variants of (psychological) discourse theory have resulted from an attempt to deal with the problem of the relation to the extra-discursive, both 'inside' and 'outside' the subject:

If it is the 'externalism' of 'critical realism'... that has been brought to discourse theory in order to re-balance its autonomous subjectivism, then it is the 'internalism' of psychoanalysis which is most readily brought to fill in the 'inner' gap..

Thus, Henriques et al (1984:207) offer a cautious incorporation of psychoanalytic (Lacanian) theories of the subject (and desire) as a means to better understand the role of subjectivity in relation to discursive processes, in particular aiming to respond to the uncertainty of studying discourse at the expense of subjectivity:

...psychoanalysis provides the clearest available theorisation of the psychic processes which contribute to our resistance to change, and why we repeat courses of action which are apparently detrimental to us, though its explanation of how change comes about outside the confines of the analytic situation is admittedly weak.

Thus, despite an acknowledgment of both the abandonment of the subversive elements of psychoanalytic theory through a tendency to focus on therapeutic practices and techniques and the historical specificity of psychoanalytic accounts of the inner terrain (p. 207), such an approach would not enable, I suggest, a 'critical distance' from the operation of therapeutic (which cannot exclude the incorporation of psychoanalytic) discourse that I seek to undertake here, though theirs is certainly a complex and compelling theoretical position.

I now wish to turn to the 'critical realist' strand within DA work, exemplified by Parker, (1988, 1990, 1992). Parker (1992:22) suggests that:

...in order to analyse institutions, power and ideology, we need to stop the slide into relativism which much discourse theory, and post-structuralism generally, encourages. We need some sense of the real to anchor our understanding of the dynamics of discourse.

For Parker, a clear distinction between the discursive and extra-discursive is key to the *political* practice of discourse analysis which he offers in the form of a distinction between the 'expressive' and 'practical' spheres (1992:96) respectively. However, while the insistence on attending to the extra-discursive is concomitant with his

(somewhat) Foucauldian position, others have suggested that an overly clear distinction is unhelpful (Stainton-Rogers et al, 1995:57):

Some critical thinkers have found it useful to distinguish between the 'practical'.. and the 'expressive'.. when teasing apart the different concerns that orientate our activity.. However, we would argue that any practice is concernful and hence expressive; and every expression is concernful and hence practical. Hence an overly clear separation is always distortive.

The difficulty with Parker's position in relation to our research problem is that by emphasizing a split between the expressive and the practical spheres there is a risk that these will be understood as entirely autonomous, whereas here I aim to emphasize the operation of discourse as material practice; in other words, by focusing upon the distinction between materiality and discourse, we risk losing the materiality of discourse. Thus, I suggest that a realist position is unnecessary here - particularly given the risk of a return to reductionism which Parker himself acknowledges (1992:95) - and further illustrated by Parker's (1992:37) understanding of a Foucauldian reading of discourse as entailing the constitution of the subject as a docile victim of power:

Whilst the images of individuality, responsibility and autonomy which post-structuralists describe as part of the disciplinary and confessional symbolic

architecture of..the West do become bizarrely internalised and so self-fulfilling.., a realist view sees in those very capacities to reflect and remake the self the powers to change it.

In fact, Foucault emphasises the inextricable link between power and resistance, even in methodological terms proposing that we might search for resistance as an indication that power is in operation. Thus, such a 'realist' view offered, I suggest, to escape an imagined (post-structuralist) discursive determinism, is not required.

Finally, Curt, (1994:49-50) offer a useful solution to the problems of idealism and materialism:

Subjectivity, as we see it, is not simply controlled or coerced by power, or regulated and influenced by discourse: it is made up of these things. The analytic of textuality renders the subject, not as a stable entity or inner force that underlies the outer vicissitudes of daily life (like the concept of 'personality' in psychology which is held to be constant despite situational variability), but as a fold or invagination in our textuality which creates the impression of an inner and an outer. h/

One problem with this approach however, is the constitution of an equivalence between discourse and 'textuality' which we will see relates to the individualism we met earlier (c.f. Edwards & Potter, op cit). In fact, it is possible to identify a 'textual' strand to DA approaches where, by 'textual', I am referring to recent critiques drawing upon a

particular reading of post-structuralist work; principally relying on a Derridian theorisation of the social (and psychic) as ultimately having a linguistic form - as always already constituted by and through communication and representation, the most important medium being language. In this way psychic and social phenomena have the quality of texts and may therefore be studied as such. Shotter & Gergen (1989:ix) in their volume entitled *Texts of Identity* begin the book thus:

..all contributors share a concern with the issues of textuality, with the construction of identity and with cultural critique. They are concerned with the ways in which personal identities are formed, constrained and delimited within ongoing relationships. The major metaphor underlying these explorations is the text, both the finally produced text and the textually aware activities involved in its production.

Thus, while 'textuality' - as we have seen - avoids the risk of ideal/material dualism (found within critical realism), conceptualising the social and psychic as inherently textual invites - I suggest - a homogenisation of thought/experience into a heterogeneity of texts, once again failing to properly theorise the extra-discursive³. This homogenisation is perhaps found in its purest form in the position taken by Curt (*op cit*:5-6):

³ I am grateful to Nikolas Rose for a discussion of this key issue.

...texts (human beings or human products) which impinge upon us by our position in space and place 'story' our social world into being... Indeed, we regard our social experience as always constituted out of .. multiply sedimented, de-formed and re-formed textuality... It is easy to accept that in our contemporary, media-saturated world, to 'pass' as culturally competent requires one to continually decode complex layers of text upon text... What confounding 'fact' with 'fiction' achieves is to make possible the shift into seeing that *everything* is like this. (Original emphasis)

The most problematic consequence of this textual position is the illusion that text - as discursive practice - is entirely fluid and (inter)changeable, having the quality of a resource which the individual can utilise/voice and interrupt at will. Fundamentally, this particular theoretical use of discursive practice risks placing the site of analysis solely *between* individuals where understandings and accounts are seen as socially negotiated and *between people* (c.f. Gergen, 1985). More importantly, at the same time discourse becomes another consumable; its fluid and shifting character enabling an attractive flexibility of meanings/uses and an equality of opportunity to voice them. Gergen (1992:26) describes the advantages of such a conceptualisation of discourse:

Patterns of human activity largely revolve around discourse; discourse serves as perhaps the critical medium through which relationships are carried out. And, because discourse exists in an open market, marked by chaotic and broadly diffuse alteration... then patterns of human action will also remain forever unfolding.

It seems however, that in an attempt to theorise the indeterminacy of discourse as a space of resistance (a similar concern to Parker's [1992:37] above), we are in fact left with a liberal-humanist conception of discursive activity where each and every discourse is available to all, thus - as with the CA approach - rendering power relations less visible.

What is required then is not only a way of averting the relativism of the textual approach but also a way of understanding the role of discourse as *embodied within* particular practices, institutional forms, cultural products, techniques of measurement, assessment, registration, inscription and so on. It is suggested here then, that the notion of discursive practice as used in much constructionist work fails to properly consider these extra-discursive forms. In addition, Curt's (op cit:6) (post-modern) rejection of truth, that is, 'confounding "fact" and "fiction"' has left it unable to account for *truth effects*. Instead of analysing discourse as simply fiction we must attend to the ways certain fictions function in truth (where truth is bound up with material, including institutional, practices) - thus enabling an analysis of power other than as perspectival interest. As Foucault (1990:131) has proposed:

..truth isn't outside power, or lacking in power...
Truth is a thing of this world: it is produced only
by virtue of multiple forms of constraint. And it
indices regular effects of power.

3.3 FOUCAULDIAN DISCOURSE ANALYSIS

Given the problems above, in particular the exclusion of the extra-discursive (in particular power relations), how might a Foucauldian analytical framework address the psychotherapeutic exchange, providing an alternative to the approaches outlined earlier?

In order to understand Foucault's contribution to cultural analysis it is useful to set out the different components within his project. Foucault has divided his work into three stages with the analysis of the 'objectification' of persons as the major underpinning of his project. It is worth quoting Foucault's (in Dreyfus & Rabinow, 1982:208) own reflection here:

My work has dealt with three modes of objectification which transform human beings into subjects. The first is the modes of enquiry which try to give themselves the status of sciences; for example, the objectivising of the speaking subject in *grammaire generale*, philology and linguistics... In the second part of my work I have studied the objectivising of the subject in what I call "dividing practices". The subject is either divided inside himself or divided from others... Examples are the mad and the sane, the sick and the healthy, the criminals and the "good boys". Finally I have

sought to study... the way a human being turns him or herself into a subject..

Foucault then, divides his work into three stages. Firstly, the archaeological work which focuses on systems of knowledge warranting themselves through claims to scientificity. Secondly, the genealogical work with a focus on 'dividing practices' and associated with the analytic of 'discipline' and the figure of Bentham's panopticon. Finally, his elaboration of a field of ethics in which discursive self-formation is interrogated in relation to sexuality (and the self) as a field of problematisation.

In the earlier archaeological works Foucault's methods were most closely aligned to structuralism, earning him the unwanted title of 'neo-structuralist'. Foucault (1993:part III) claims in the *Archaeology of Knowledge* that discourse is a rule-governed system, autonomous and self-referring, however after the *Archaeology* he moves away from this attempt to develop a theory of discourse and draws upon the work of Nietzsche in developing a genealogical method. Kearney (1989:296) notes this shift thus:

...Foucault's final works [sic] may be construed as, amongst other things, an auto-critique of his former attempts to establish a system of autonomous discourse on the basis of a structuralist vocabulary.

In the genealogical work, discourse and episteme (a dominant discourse embodied within a particular set of practices), become one element in broader (though particular) apparatuses of power/knowledge/discourse/practice/institutions. Dreyfus & Rabinow (1982:xxi) summarise this departure in method along with its relationship to the previous 'archaeology':

[Foucault]...uses Nietzsche's genealogy as a starting point for developing a method that would allow him to thematise the relationship between truth, theory and values and the social institutions and practices in which they emerge. The archaeological method is not rejected however. Foucault abandons only the attempt to work out a theory of rule-governed systems of discursive practices. As a technique, archaeology serves genealogy... This in turn, enables Foucault to raise the genealogical questions: How are these discourses used? What role do they play in society?

It is the latter two questions that are of interest here with respect to Foucault's genealogical method as these questions clearly show the difference between a Foucauldian and a CA approach in that, for Foucault, discourses (including their conversational operation) can only be understood historically (via archaeology) and in relation to their operation within society (via genealogy). This difference in the conceptualisation of context is usefully summarised by Parker (1992:37) who we met earlier:

Because of the existence of society as something that stands always already there in relation to persons, it is not possible to say that we create society, rather we must either *reproduce* or *transform* it... [original emphasis]

In this way Foucault (1980) introduces a useful means of conceiving the relationships between truth theory and values and the institutions and practices within which they emerge: the analytic of 'apparatus' (*dispositif*). Foucault (1980c:196) describes the apparatus as follows:

...the apparatus is essentially of a strategic nature, which means assuming that it is a matter of a certain manipulation of relations of forces, either developing them in a particular direction, blocking them, stabilising them, utilising them etc. The apparatus is thus always inscribed in a play of power, but it is also always linked to certain co-ordinates of knowledge which issue from it, but, to an equal degree, condition it. This is what the apparatus consists in: strategies of relations of forces supporting, and supported by, types of knowledge.

The concept of apparatus then, would serve to greatly broaden the notion of therapeutic discourse as used by many researchers and commentators (for example, Labov & Fanshell 1977). Remember though that for Foucault, the apparatus is the *system of relations* that we might establish between the elements described above, that is, it is a mobile assemblage of force relations. Thus, the concept of 'apparatus' serves

as an analytic (I make this point with regard to the risk of reification).

3.3.1 THE THERAPEUTIC APPARATUS

The analytic of apparatus then, enables an understanding of the extra-discursive elements obscured by some of the work we have already considered. Deleuze (1988) provides an interesting and illuminating outline of Foucault's analytic in which the *dispositif* is seen as a machine that makes us see and speak, consisting of lines which run through it and pull at it. At this conceptual level the notion of therapeutic interaction would form only one part of a broader 'diagram' or 'map' (Deleuze, 1988:44. Thus, analysing the *dispositif* means aiming to untangle the lines which make up such diagrams which for Deleuze (1988:44) is not unlike cartography or drawing a map. Four categories of lines can be isolated: 1) lines of light, 2) lines of enunciation, 3) lines of force, and finally 4), lines of subjectification and in this way we see that Foucault's move from archaeology to genealogy shifts the field of analysis from the rules underlying discourse to the complex relations between truth, discourse and power, providing a means of interrogating the therapeutic process as much more heterogeneous in nature compared with the psychologicistic approaches we considered in chapter 2. Such an analysis also offers an advantage over

Parker's (1990:196) definition of discourse which relies solely upon Foucault's earlier archaeological work:

Discourses are, according to one post-structuralist writer, "practices that systematically form the objects of which they speak" (Foucault, 1972:49).

Thus, an analysis of the therapeutic encounter would require the examination of all four lines above, reworking a question such as 'how does the therapeutic interaction provide a means of (re)shaping the psychic terrain?' into 'what part does the interaction play in constituting the self as a site of transformation?'. Moreover, I do not wish to reintroduce here a simple tension between the outside and inside but rather suggest a method for analysing their complex interrelation (c.f. Curt, *op cit*:50), enabling an understanding of the operation of the encounter within a complex field of power, truth and subjectivity; in other words, raising questions about the *productivity* of the encounter as opposed to the more usual (process/outcome) questions concerning its efficacy which we considered in the previous chapter (ch.2.1).

Thus, I am not concerned with traditional questions of 'outcome', that is with the relative success of the interaction in relation to some pre-defined therapeutic goal but rather with the deployment of specific techniques and

procedures for making the self an object of therapeutic work/reflection, manageable to both therapist and client and which, to some extent, relates to the 'process' concerns of (mainstream) psychotherapy research, though rather than taking 'therapeutic' values for granted, aiming to interrogate the therapeutic process as intimately bound up with such values.

I am arguing then, that therapeutic discourse might be analysed at the level of *dispositif*, broadening the conceptualisation of therapeutic discourse often used by researchers and making up some of the shortfalls described earlier. The elements of this 'dispositif' in our case will include technical operations, for example techniques of self-inspection; institutional elements of the radio medium, for example issues relating to production; psychotherapeutic knowledge (including diagnosis) and its values; modes of discourse, for example confession and lines of force which will include those impacting upon the audience. Moreover, I am not interested in providing a genealogy of therapeutic forms - valuable though this would be - but rather with analysing what is usually ignored in Foucauldian work; contemporary forms of conversational exchange.

3.3.2 THE THERAPEUTIC EXCHANGE AS CONFSSIONAL

Although in the *History of Sexuality* (vol 1) Foucault is concerned with the ways in which persons are subjectified (as sexual subjects) by the operation of a particular kind of apparatus, Foucault makes several observations regarding therapeutics, employing the analytic of the confessional to illuminate the process of 'subjectification' within therapeutic and other discourse. Foucault (1990:59) describes the analytic in the following way:

[T]he confession became one of the West's most highly valued techniques for producing truth. We have since become a singularly confessing society. The confession has spread its effects far and wide... One confesses ones crimes, ones sins, ones thoughts and desires, ones illnesses and troubles, one goes about telling with the greatest precision, whatever is most difficult to tell. One confesses in public and in private, to ones parents, ones educators, one's doctor, to those one loves; one admits to oneself in pleasure and in pain, things it would be impossible to tell anyone else.. Western man [sic] has become a confessing animal.

If the confessional then, is one of the defining features of the 'dispositif' under examination, we might ask in what ways might the therapeutic process work by subjectifying in the way of Foucault's confessional scenario? Might the production of truth about oneself - via the confessional - provide a key to understanding one of the many processes involved in psychotherapeutic practice? Such an analytic would certainly provide an alternative way of conceptualising the role of the

therapist, less as a skilled professional who is able to uncover the problems of the client/analysand and more as an agent acting as the 'relay' between therapeutic discourse/practice and its action upon selves.

However, perhaps the major shortfall of the 'confessional' is that it might potentially obfuscate the transactional nature of the therapeutic encounter, Stenson (1991:9) makes this point in relation to social work discourse and the social work interview:

Foucault's discussion of the confession as a medium of power.. depicts [it] as consisting of one party speaking and the other remaining silent.. [I] wish to argue that the process goes both ways, both parties in the social work interviews are actively involved in exchange.

Moreover, while there are compelling arguments other than Foucault's that cast therapeutic systems as a modern replacement for religious practices (for example, Rieff, 1966); a detailed analysis of current forms of psychotherapeutic practice would no doubt reveal not only its confessional nature but also that the complexity and diversity of the techniques deployed by therapists - so well documented in the 'process' research - renders the model of confession as lacking a critical factor: the client's own self-formation (that is, their work upon themselves). We will

later see however, that Foucault (1988) - in his final writings - considers self-formation in much more detail along with the 'technologies of the self' that enable it. We must also remember that self formation here is much more than the construction of biographical knowledge but concerns practices and techniques which may be deployed to transform oneself in some or other way and where such transformation will reflect some or other system of values. Harré (1983:260) usefully summarises this key relation between self-formation and morality:

Self-knowledge requires the identification of agentive and knowing selves as acting within hierarchies of reasons. It follows that this kind of self-knowledge is, or at least makes available the possibility of auto-biography... self-knowledge as history lacks the dimension of moral assessment that is at the heart of self-knowledge proper. I think it can be shown that self-knowledge as history cannot exist independently as self-knowledge as moral assessment... Self-knowledge is coming to see oneself in relation to moral order.

Thus, we might understand the operation of the therapeutic exchange as in some way involving a 'therapeutic' reformation (and self-reformation) of selves that engenders a particular relation to moral order.

3.3.3 FOUCAULT AND THE SPEAKING SUBJECT

It still remains however, to account for the detailed ways in which persons are subjected through discourse via what has

been termed a 'technology of voices' (Rose 1989:246). One important shortfall in Foucault's research was that he never extended his methods to the level of conversational interaction. This work seeks to therefore engage a Foucauldian analysis with one key element of the therapeutic apparatus, the conversational exchange.

We have already seen that established ethnomethodological investigations of conversation as the skilled accomplishment of social actors have demonstrated its systematically structured quality and that those ascribing to this position have resisted making connections between micro-structures of conversations and macro-structures such as social institutions, assuming that the production of such structures takes place solely at the level of conversational exchange.

We also saw that recently there have been some attempts to make such a connection. Peräkylä & Silverman (1991) provide an interesting example; using conversation analytical techniques to analyse counselling sessions they go on to relate particular moves and strategies within the exchanges to counselling as an institutional form of talk. Despite this however, the (institutional) context remains conceptualised in terms of a skilled achievement of actors (Peräkylä & Silverman, op cit:445):

..the context of interaction should be treated as something locally achieved rather than externally imposed. Social analysts should try to find out how the participants of an interaction "display in their conduct which of the indefinitely many aspects of the context they are making relevant".

I have suggested that although the participants of an interaction - in the sense that they *produce* the talk - do achieve the local context, it would be useful to extend the notion of context to encompass not only institutional forms but also the broader apparatus of the therapeutic. Put in the form of a question, how might the moves and strategies found within the therapeutic conversational interaction find their explanation in the political, cultural and particularly - for our purposes - moral relations within which they are produced? I offer that the strategic operation of discourse (as opposed to the strategic utilisation of discourse by individuals) provides a key means of avoiding the individualism and psychologism of the other approaches to the study of the operation of language. Foucault (1990:94-95) argues that:

Power relations are both intentional and nonsubjective. If in fact they are intelligible, this is not because they are the effect of another instance that "explains" them, but rather because they are imbued, through and through, with calculation: there is no power that is exercised without a series of aims and objectives.

Put another way, context for a Foucauldian conversation analysis would consist of the entire apparatus of the therapeutic, whereby the therapeutic interaction becomes only one particular component of that apparatus - albeit a highly specialised one here in that we are considering counselling within a radio setting - as the site of the production of truth through the subjectification of persons within discursive practices/ techniques, including ethical self-formation on the part of the client/analysand (or here, the caller).

Given this, I argue that Foucault's distinction between morality and ethics (c.f. the *History of Sexuality*, vol II, 1992), might provide a key methodological element of such an analysis of therapeutic practices. For Foucault, morality is understood in terms of codes, but codes which themselves do not determine in any specific way how persons conduct them, while the space of the ways one might conduct oneself always remains a space of indetermination. Foucault calls those ways in which individuals might relate themselves to the moral code a space of ethics. In this way the 'code' relates to techniques of government/biopower and 'ethics' relates to techniques of the self (that is, the self in relation to itself, as discursively formed).

Rose (1989:241) describes how the ways in which persons are produced (and produce themselves) within psychotherapeutics as subjects within a space of ethics might be conceptualised as a significant form of subjectification:

...humans have been urged and incited to become ethical beings, beings who define and regulate themselves according to a moral code, establish precepts for conducting and judging their lives, and reject or accept certain moral goals for themselves.

Prior to his death, Foucault began to write more specifically about the domain of ethics described above, outlining (1988:18) four major forms of (cultural) 'technology': 1) technologies of production, 2) technologies of sign systems, 3) technologies of power, and finally 4), technologies of the self - which (as we have already seen):

..permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct and way of being so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality.

The analytics then, of the site of the confessional, the space of ethics and technologies of the self, might provide links between the apparatus of psychotherapeutics and its conversational operations. Moreover, although the later work is sadly incomplete, we can identify certain directives that

might be useful in a study of psychotherapeutics. The (later) work in the *History of Sexuality* (Vols I & II, 1990; 1992) and the *Technologies of the Self* (1988) collection focuses upon the relationships between truth, power and self, and for Foucault it is the confessional that is the site par excellence of the production of truth about self. In the final paragraph of his chapter on 'technologies of the self' (1988:49), Foucault describes the way in which the confessional has more recently become less a means to bear witness against oneself and more a means to bear witness to new and better (transformed) selves:

From the Eighteenth century to the present, the techniques of verbalisation have been reinserted in a different context by the so-called human sciences in order to use them without renunciation of the self, but to constitute, positively, a new self. To use these techniques without renouncing oneself constitutes a decisive break.

Thus, we may begin to understand the therapeutic conversational exchange as not only involving confession, conceptualised as a '..form of subjectification that binds us to others at the very moment we affirm our identity.' (Rose 1989:240), but also as operating within a space of ethics conceptualised as a space of indetermination and utilising/providing techniques of self-formation.

It is argued here then, that Foucault's distinction between morality and ethics might provide a formula for analysing the conversational interaction itself. We have seen that Foucault's conceptualisation of ethics is quite different to that of the moral philosophers, aiming his analysis at a lower level (Couzens Hoy 1991); examining the ways the self regulates itself. We have also seen that for Foucault (1992:26) the most interesting questions are concerned not so much with the codes themselves but rather with the ways in which individuals practice them:

Given a code of action and with regard to a specific type of actions (which can be defined by their degree of conformity with or divergence from the code), there are different ways to "conduct oneself" morally, different ways for the acting individual to operate, not as an agent but as an ethical subject of his [sic] own actions.

Here then, Foucault introduces a third domain (in addition to the code and the individual's behaviour in relation to it), the ways in which individuals form themselves as the ethical subject of their own actions. Foucault (1992:26-28) devised a four-way conceptualisation of the self's relation to itself as follows:

1) The determination of the ethical substance:

..that is the way in which the individual has to constitute this or that part of himself [sic] as the prime material of his moral conduct.

2) Mode of subjection:

..the way in which the individual establishes his relation to the rule and recognises himself as obliged to put it into practice.

3) Forms of elaboration of ethical work:

.. the forms of.. ethical work that one performs on oneself, not only in order to bring ones conduct into compliance with the given rule, but to attempt to transform oneself into the ethical subject of ones behaviour.

4) Telos of the ethical subject:

..an action is not only moral in itself, in its singularity; it is also moral in its circumstantial integration and by virtue of the place it occupies in a pattern of conduct.

Thus, it is suggested here that therapeutic discourse - and the therapeutic 'process' - might be examined as not only providing codes of conduct in relation to a moral order but also as *utilising* the self's relation to itself to achieve its ends (that is, as a strategic means), most importantly - I suggest - aiming to make the self *accountable to itself*. In relation to the four axes above then, therapeutic practice might be seen as operating through:-

1) The production of a particular ethical *substance* upon which the therapeutic process may work, for example the unconscious, the 'child within', aggressive impulses, a distorted world-view and so on.

2) Providing an interpellation within which subjects recognise themselves as requiring therapeutic transformation (or as desiring this). For example, recognising that one has a 'problem'.

3) Inciting the client to engage in particular forms of 'techniques of the self' that is monitoring, measuring, and forming ones own conduct - but always within the ethical space provided - for example diary keeping, relaxation exercises, self-instruction and so on.

4) Providing models of patterns of conduct, modes of being and particular lifestyles; specifically, therapeutics provides particular models of the 'well-adjusted' individual, the 'functional' family and so on and in turn provides some of the resources for the projects of our own identities.

It is important to remember however, that Foucault's four-way 'map' of ethical self-formation does not necessarily refer to distinct objects or processes but rather offers a means of understanding *subjectification*, in other words they do not refer to planes of reality, that is to ontologically distinct zones, but offer a practicable method of cutting into the data under examination.

The above model also begs questions concerning the relation between the ethical space exploited by therapeutic discourse

and questions of regulation and governmentality (c.f. Foucault, 1991b), where governmentality refers, in its simplest sense, to political strategies "beyond the state" (Rose & Miller, 1992) concerned with the regulation of subjects as members of a population, or in Foucault's words the "conduct of conduct". For example, to what extent are the patterns of conduct within a particular therapeutic 'telos' concomitant with liberal forms of government? The key point here is that therapeutics can be understood as, in some sense related to the contemporary exercise of authority. In the words of Miller & Rose (1994:58-59):

...the rise of therapeutics [should] be understood... through analysing the formation of a complex and heterogenous 'therapeutic machine' which has attached itself to diverse problems concerning the government of life conduct, and which has connected these up with certain types of thinking and ways of acting.

For Miller & Rose (op cit) the rise of therapeutics is closely tied to the rise of advanced liberalism as a 'mode of government' (p.59) because it has made possible the government of conduct through the shaping of the ways in which individuals practice their freedom (and for which they require guidance from experts of the 'soul'). Thus, the forms of problematisation brought into being by therapeutics are tied to contemporary forms of political rationalities which are concerned with the problem of governing 'too much' and

where the expertise of the 'psy' professions provides techniques for the conduct of conduct which operate within an ethical "register" and which thereby provide a novel means of intervention.

These are difficult and complex issues, however Foucault's framework suggests that our analysis of power relations should commence by considering the therapeutic exchange as the operation of a micro-power, with respect to which Foucault (in Gordon, 1980a:99) has said,

One must conduct an ascending analysis of power.. starting.. from its infinitesimal mechanisms.. their own techniques and tactics.. and then see how these mechanisms of power have been.. invested, colonised, utilised, involuted, transformed, displaced, extended etc. by ever more general mechanisms and forms of global domination.

Thus, before any of the broader questions above can be considered we need to begin by mapping the (technical) micro-operation of therapeutic discourse conceptualised as a form of subjectification. In other words, rather than looking for 'power' we should seek to understand it in terms of practices concerning the constitution and regulation of the self. As Miller (1987:17) proposes:

...I suggest we dispense with the term power and begin to talk instead of regulatory practices of the self... These are quite simply practices... The emergence of practices for the regulation of the

self can only be fully understood in relation to the emergence and transformation of the practices of management of the state.

A Foucauldian framework then, offers a means of reflecting upon the 'psy' sciences through a developed theory of the operation of power in relation to language and through which we might understand the regulatory nature of psychological (here therapeutic) discourse. Furthermore, Foucault's later work - with its emphasis upon self-regulation and self-discipline - enables a consideration of the therapeutic transformation of selves as a form of subjectification (involving truth-telling) in which the ethical operation of psychotherapeutic discourse - its mode of subjection, ethical substance, ideal end state (telos) and the work involved in achieving these - offers a way of understanding how the discourse gets 'inside' the subject. In other words, rather than conceptualizing some form of psychic processes involving desire (c.f. Henriques et al, op cit) by undertaking a detailed analysis of therapeutic subjection we might begin to understand the ways - within this media setting - that therapeutic subjects fold discourse into themselves. Rose (1996:142) outlines the way in which a notion of the 'fold' moves an analysis of the 'interior' beyond desire:

The human being, here, is not an entity with a history, but the target of a multiplicity of types of work, more like a latitude or a longitude at which different vectors of different speeds

intersect. The 'interiority' which so many feel compelled to diagnose is not that of a psychological system, but a discontinuous surface, a kind of infolding of exteriority.

In adopting a Foucauldian framework some problems however remain in that I am not aiming to use a historical method, that is archaeology or genealogy while Foucault never considered naturally occurring talk and never addressed the media in a detailed methodical way. Thus, there is very little guidance for a fine-grained analysis of transcript data in the terms outlined above.

3.4 ANALYSIS OF TRANSCRIPTS

Given the above problems there is no identifiable procedure to turn to. I seek to analyse an archive, not of historical texts, but of transcripts of a 'naturally occurring' radio telephone counselling exchanges - where the central question is how does counselling discourse subjectify the client (and concomitantly how is this related to the audience?). In other words, my method must depart from Foucault's to some degree in that I have only the contemporary 'discursive practice' to work with and must therefore focus on the question: To what extent are the four (ethical) elements of subjectification operating within counselling talk-in-interaction? How then might these elements be applied to the archive? I suggest the

following questions provide four related means for a detailed interrogation of the talk for its truth effects:

1) How is the client made subject to the discourse, that is, how is the client brought to recognise themselves as a therapeutic subject? How are they brought to relate themselves to the therapeutic code? - (this relates to the 'mode of subjection'). Here, this question will relate to the techniques of persuasion deployed through therapeutic discourse. For example, are there identifiable modes of discourse that, in some sense, align the caller to novel forms of self-understanding?

2) What kinds of techniques are offered for the turning of oneself into a therapeutic subject? (this relates to 'ethical work'). What techniques for work upon the self can be identified within the data? What practices are callers given to 'take away' after the call? For example, we have already seen the 'homework' provided by the RET approach to counselling (Dryden, 1990).

3) What kinds of substances are constituted as the 'prime material' for therapeutic practice? (this relates to the 'ethical substance'). What are the objects with which callers must concern themselves? How are these related to the ethical work identified in question two above? What are their particular forms?

4) Towards what 'mode of being' (Foucault, 1992:28) does the discourse move its subjects? (this relates to the ethical 'telos'). Are there identifiable goals to which callers are enjoined to strive? What values are present within these goals? For example, what kinds of responsibility and culpability are operating within them?

3.5 CONCLUSION

What kind of method have we identified? We saw that CA was problematic because we are interested in the *identity* of statements and utterances, that is they are assumed to operate within an apparatus rather than themselves constituting social structures. DA (within social psychology) was problematic because primarily we are not concerned with the strategies of individuals but with a Foucauldian understanding of strategy as relating to the articulation of discourse with lines of power. Finally, a more rigorously Foucauldian approach also offered some difficulties in that we do not require a *historical* method but rather wish to analyse naturally occurring contemporary conversation.

What then, are we left with? I suggest a form of discourse analysis (within critical social psychology) informed by Foucault's later work. What kind of procedure is indicated? A systematic working through the transcripts, identifying the

accomplishments of each statement (utterance) and focusing upon those utterances which appear to play an important role in the problematisation of the caller's past, present and future conduct and concomitantly the subjection of the caller through therapeutic discourse. Thus, the analysis is theory driven as opposed to data driven. This is an important difference from, for example grounded theory, but similar to (established) discourse analysis within social psychology.

Foucault's later work then, enables a reconceptualisation of the therapeutic process as something constituted through therapeutic discourse; both its practice within the therapeutic interaction and its operation within a complex field of power, knowledge (including process research), practice, truth, self - the *dispositif*. We might utilise Foucault's work on ethics, with its attention to the ways the self regulates itself, to refuse the (scientific) *discovery* of therapeutic process and reconsider both therapy's subject and the subject of therapy - inviting the questions; what relations of self-to-self do therapeutic systems exploit? how are clients incited to tell the truth about themselves and what does this truth-telling cost them? what are they able to say and from what position can they say it? Remember though that clients are only able to "tell the truth" because what

they say is in some way placed upon a "register" of truth. It is truth-effects that are under investigation here.

3.6 DATA COLLECTION AND TRANSCRIPTION

Three complete broadcasts of the LBC (London Broadcasting Corporation) "counselling hour" were recorded off-air between August 1991 and May 1992 (exact dates: 12.8.91; 16.3.92; 11.5.92). From these broadcasts ten complete telephone exchanges were selected in order to provide:

- a) as broad as possible a range of problems/topics,
- b) a balance of gender (five women and five men),
- c) a range of three different advisors,
- d) inclusion of the two different days/times of the broadcast (as the counselling hour went out weekly on Mondays from 9-10 p.m. and Wednesdays from 12.00 - 1.00 a.m.)

The exchanges were transcribed to the quality required by conversation analytic research using accepted transcription notation conventions (c.f. Atkinson & Heritage, 1984) - see Appendix A. In this way I sought a balance between a relatively limited amount of very detailed data (in contrast to the much greater quantity utilised within 'linguistic' process research which has been subject to content as opposed to discourse analysis), and the representation of a useful

range of topics, advisors and broadcast times/dates (all ten transcripts are included in Appendix B).

However, despite the aim of providing a broad 'sample' of exchanges this is not intended to suggest that the exchanges analysed here are *representative* of media counselling or therapeutic practices in *general*. The aim of the analysis undertaken here is to provide an *in-depth* analysis of the discursive processes of media counselling and thus it is possible only to analyse a limited number of exchanges. In other words, I am attempting here to *exemplify* the processes involved and in that sense this study is very much an exploration.

Finally, I chose to let the original names offered by callers remain during transcription given that caller's may have offered pseudonyms and that given this it would be (theoretically, at least) possible to replace such a pseudonym with the caller's real name. However, this is by no means an ideal solution to the problem of possible identification, particularly given that the public nature of the data negated the possibility of consent from callers, though ultimately this material was in the public domain at the caller's own initiative.

CHAPTER 4: COUNSELLING DISCOURSE AND MODES OF SUBJECTION

4.0 INTRODUCTION

As stated in the previous chapter the theoretical framework informing this analysis proposes that the site of operation of the therapeutic process is discursive rather than psychologistic and that such a framework would enable consideration of the operation of power where 'power' might be replaced by 'regulatory practices of the self' (c.f. Miller, 1987). Moreover, I suggested that we can avoid privileging the individual discourse 'user' through the use of the Foucauldian analytic of 'technique'. From a Foucauldian perspective then, I seek to analyse therapeutic discourse not only through the meanings it conveys but more importantly through its technical effects, or in other words through the practical (discursive) operation of counselling techniques.

All the transcripts analysed here (with the exception of Charles where the advisor runs out of time) end with a solution offered in the form of a newly shaped problem. I aim in this chapter (and also chapter five where I focus upon the transformation in the *content* of the caller's account) to show that counselling discourse produces complex ethical constructions, that is, complexes of responsibility, culpability and right ways of communicating and relating to

self and others; of ordering one's life: not only through the provision of expert advice but more importantly through the reconstruction and reorganisation of the language brought by the caller to the interaction to account for themselves and their problems.

To summarise, I am concerned with the tactical (re-)production of problems with self and others and the formulae for their management produced by counselling discourse through an analysis of its ethical operation using Foucault's four dimensions described in the previous chapter and in this chapter I focus in particular upon the discursive *organisation* (or form) of the exchange (which will include certain modes of communication, for example the deployment of figurative language). I will begin however, by considering how counsellors tend to understand the operation of language within their practice and discuss some existing studies which have examined therapeutic discourse. I also discuss the value of the 'rhetorical approach' within social psychology to the analysis of therapeutic discourse.

4.1 COUNSELLING PRACTICE AND THE OPERATION OF LANGUAGE

I firstly wish to consider the understanding of the role of language offered to counsellors through instructions relating to counselling technique. Counselling textbooks - some of

which offer explicitly technical advice - have, in general, very little to say about the operation of language in the therapeutic process (see for example, Dryden, 1990; Nelson-Jones, 1992; Egan, 1990; Dryden & Yankura, 1992; Patterson, 1995). Dryden & Feltham's accessible (1992) *Brief Counselling* is perhaps useful here as it claims to provide - according to the subtitle - 'A practical guide for beginning practitioners'. At the same time, the guide concerns the model of brief counselling which, I suggest, relates - to some extent - to the form of counselling offered during the exchanges analysed here.

Only one slight section in the book is allocated to this topic, termed - in keeping with the book's step-by-step style - 'Use appropriate language and pacing' (p. 56) and is allocated approximately two and a half pages. I also found one other brief reference to language use and its effects in an earlier section entitled 'Elicit the client's view of counselling and explain and demonstrate yours' (p. 34). Here, Dryden & Feltham (1992:35) suggest that:

When you are explaining your approach it is advisable to avoid jargon altogether. Use the language and concepts appropriate to your client. It is a highly instructive discipline to think over your work and theoretical stance in order to clarify your purposes and to test your ability to describe your service without mystification!

Dryden & Feltham go on to state that any problems with therapeutic language are the result of a lack of clarity, 'when you are explaining it is advisable to avoid jargon altogether' (p. 35); or a lack of fit with the clients style or code, '...when working with clients use their language', (p. 57). Beginning counsellors are advised that:

One of the ways in which uniqueness is expressed is through language. Class differences in Britain are still fairly obvious and are betrayed in people's accents. In an increasingly multicultural society the use of language becomes even more complex, rich and open to misunderstanding. (p. 56)

Note that here 'multicultural society' contributes potential interference to the channel, albeit an apparently welcome - though some might say patronising - contribution of 'richness' and 'complexity'. Above all, for these instructors then, language is conceptualised as a medium which somehow 'contains' the counselling process. Furthermore, a particular understanding of the client is apparent here - the individual as unique. In fact, Dryden & Feltham's valorisation of uniqueness reflects the humanistic basis of much contemporary counselling practice including person-centred, rational-emotive and transactional analysis approaches. Remember though that other approaches, for example the behavioural and psychoanalytic models make very different assumptions about the subject of counselling. We

need to take care not to homogenise the wide variety of practices subsumed under the term 'counselling'.

The model of communication implicit to Dryden & Feltham's technical advice is a familiar one; the transmission of information and ideas (Silverman & Torode, 1980:3), and belongs to what has been termed the 'process school' which Fiske, (1990:6) suggests originates from Shannon & Weaver's (1949) mathematical model. The major concerns of these early process theorists were the improvement of the accuracy and efficiency of communication through the reduction of 'noise'; successful communication (that is, the successful transmission of information), was deemed more important than the contents of the message (Fiske, op cit:7-9).

We might conclude then, that for Dryden & Feltham therapeutic discourse is something that above all must allow a clear channel of communication, ideally matching the clients own 'style'. Summarising their language concerns they state that it is the client's uniqueness in relation to language-use that is important, as with the previous extract (p. 56). In other words, it is not the *effects* of the client's language-use with which the beginning practitioner must engage but rather the unique individual expressed *through* it:

Be sensitive to the clients uniqueness in relation to language use. Adapt your own responses as far as you can, allowing yourself to be more or less informal. Avoid jargon. Be sensitive to the clients pace and adjust to it. (p.58)

We will see later that in the media setting under analysis the advisor's utterances regulate, rather than adjust to, the client's pace.

Furthermore, when Dryden & Feltham attempt to engage with the dialogical quality of counselling, rather than attending to forms of linguistic operation, they instead divide counselling practice away from everyday conversation via a special kind of therapeutic listening which they offer as one of counselling's distinguishing features:

One of the features of counselling which distinguishes it from everyday conversation is the quality of listening. (Dryden & Feltham, 1992:43)

Once again, there is no consideration of the discursive work involved in counselling practice.

We might deduce from the statement above that listening counts as a major element of the therapeutic process, Dryden & Feltham are once again referring to the 'channel of communication' model. Moreover, this notion of 'quality of listening' serves, I suggest, to obfuscate any consideration of the discursive work involved by implicitly constructing

the selective nature of this 'listening' in terms of accuracy. Note also that Rogers who '[m]ore than any individual ...was responsible for the spread of professional counselling beyond psychiatry and psychoanalysis to all the helping professions...' (Kirschenbaum & Henderson, 1990:3) made 'accurate empathic understanding' (Kirschenbaum & Henderson, op cit:15) central to his version of the therapeutic process:

The ability of the therapist to perceive experiences and feelings accurately and sensitively, and to understand their meaning to the client during the moment-to-moment encounter of psychotherapy, constitutes what can perhaps be best described as the "work" of the therapist after he [sic] has first provided the contextual base for the relationship..

In other words, I am suggesting that by placing an emphasis on the clarity of the supposed 'communication channel', Dryden & Feltham's later instructions concerning those elements of the client's account to which the practitioner should attend, or (somewhat more passively) hear, are shorn of their ethical nature; accuracy obfuscates discursivity. For example, Dryden & Feltham produce a list of 'common questions' (p. 49) which I will quote in full:

- 1 What are your social circumstances? (Family? Friends?)
- 2 What are your financial circumstances? (Employed? Solvent?)
- 3 What are your living conditions? (Homeless? Poorly housed?)

- 4 Do you have any current illnesses? (Physical or mental?)
- 5 Have you had any major illnesses or accidents?
- 6 Are you currently using any medication or substances?
- 7 Do you drink, smoke or overeat?
- 8 Have you been involved in any criminal activity?
- 9 Are you receiving any help from other professionals?
- 10 Have there been any major losses or separations in your life?

These 'common questions' each potentially index an element of the client's identity, that is they are less concerned with the simple description of clients' behaviour, for example with the questions; what are you doing? what have you done? and more concerned with the client's *conduct* which must always relate to the question; what kind of a person are you? Given this, each of these common questions therefore requires an answer which will indicate some or other value and invite some or other judgement.

Interestingly, Nelson-Jones (op cit:31) in his chapter on the person-centred model of counselling states, 'Person-centred goals are the same for clients, for counsellors and for everyone.' He goes on to very usefully list the commonalities of Roger's and Maslow's sometimes differing 'goals for counselling and for living' (p. 32-33). Remember that these are the qualities necessary for any fully functioning person to become in Nelson-Jones' words 'effective persons' (p.33)

although the exact nature of this efficacy is not made explicit. Again I will quote them in full:

1) REALISTIC PERCEPTION

A self-concept which allows all significant sensory and visceral experiences to be perceived is the basis for effective functioning.

2) RATIONALITY

A feature of realistic perception is that it allows for rationality.

3) PERSONAL RESPONSIBILITY

The term 'personal responsibility' refers to people's taking responsibility *for* their self-actualising and not just feeling responsible *to* others.

4) SELF-REGARD

People with a high degree of unconditional self-regard will prize themselves, even though they may not prize all their behaviours and attributes.

5) CAPACITY FOR GOOD PERSONAL RELATIONS

Self-acceptance means that a person is less likely to be defensive and hence more likely to accept others.

6) ETHICAL LIVING

...self-actualising people.. are careful not to infringe on the rights of others while pursuing their own ends... they appear to be able to distinguish sharply between ends and means and between good and evil. Qualities which are likely to contribute to such people's ethical living are: trust in internal rather than in external authority; an indifference to material things, such as money and status symbols; an attitude of closeness to and reverence for nature; and a yearning and seeking for spiritual values that are greater than the individual.

These person-centred goals are saturated with values and judgements. What Rogers has called the 'person of tomorrow' and Combs & Snygg (1959) the 'adequate person' (Nelson-Jones op cit:32), has very clearly defined qualities which include:

realistic perception allowing rationality, responsibility not only to others but also to oneself and ones 'growth', along with a high degree of unconditional self-regard and self-acceptance leading to acceptance of others. Most importantly we are offered a description of 'ethical living' (p. 32). Interestingly, the use of the term ethical here, offers the notion as having a commonly shared and taken-for-granted meaning, there is no definition or explanation of the term itself - variability in ethical systems is entirely absent. 'Ethical living' (p.33) then, concerns:

- 1) Care... not to infringe the rights of others while pursuing ones own ends...
- 2) [A sharp distinction] between ends and means and between good and evil.

Note that these forms of conduct are given as those of 'self-actualising people', (p.33). We are subsequently offered 'qualities which are likely to contribute to such people's ethical living' (p.33) which - as we have seen - include:

- 1) Trust in internal rather than external authority.
- 2) Indifference to material things.
- 3) An attitude of closeness to and reverence for nature.
- 4) A yearning and seeking for spiritual values that are greater than the individual.

The prescriptive element of these forms of conduct then, is down-played by linking them to a personality-type (that is, a

complex of traits) understood in terms of a life-goal, described as 'self-actualising persons'. We are offered ethical living as something such people have been found to do, along with qualities they 'appear' to have; naturalised prescription is offered as normalised description, (c.f. Burman, 1994:4). From a Foucauldian viewpoint, the goals for living along with their implied values and judgements, in fact, constitute a certain type of "normal" person - but one which is less an average and more an ideal.

In other words, these 'goals for living' offer a clear picture of an individual who, through rational self-acceptance and self-regard is able, in turn, to operate as a good person - who takes responsibility for governing themselves, rather than being governed by external authority, though reverence must be saved for 'nature' and 'spiritual values' greater than the individual. That this ideal is right and proper or 'ethical' is taken by Nelson-Jones (1992:32) as self-evident.

Dryden & Feltham's questions then, along with the person-centred attributes of 'effective persons' above, have been offered as highlighting those potential elements concerning our relations to ourselves and others with which all of us might engage, indeed this point might be tentatively taken a

little further and the questions and qualities above seen as reflecting certain of those elements with which we are *obliged* to concern ourselves as contemporary selves tied to a project of self-identity (c.f. Rose, 1989:254; Giddens, 1991:14). Moreover, I have tried to show that these goals for living are not as indefinite as they may appear, but rather are highly specific in that they can, in part, be seen to resemble the self-governing citizen of our contemporary forms of governmentality. Walkerdine (1988:5) usefully situates Foucauldian discourse analysis with respect to the operation of democratic government:

The post-structuralist work of Foucault allows us to engage with the production of sign systems, but not as universal, trans-historical systems, but as specific historically generated bodies of knowledge. not only that, but modern scientific accounts... can be understood as implicated in the production of our modern form of government - the democratic government of reason.

While Rose (1989:256) further suggests that the regulatory nature of psychotherapeutic practices (and their goals) is intimately bound with practices of freedom:

Their.. [psychotherapeutic solutions to the government of subjectivity] ..espousal of the morality of freedom, autonomy, and fulfilment provides for the mutual translatability of the languages of psychic health and individual liberty.

Thus, 'psychic health' operating as a sign of freedom and liberty paradoxically invites persons to govern their own subjectivity (in accordance with the ideals of democratic government).

Finally, it is important that the questions are presented in Dryden & Feltham's guide under the rubric of eliciting 'crucial or helpful information' (p.48) and that their concerns lie with whether or not the client might find the questions intrusive along with the ways such activities may or may not match the practitioner's own model of counselling. Thus despite their assertion that:

We believe that there is a directive element in counselling and that it is advisable to recognise this and use it to help the client. (Dryden & Feltham, 1992:35)

this 'directive element' is not explicitly dealt with in relation to the forms of questions practitioners are guided to put to their clients. I will show later that during one of the broadcasts considered here, the counsellor's initial questions - often heard as requests for information and clarification - may have a clear 'shaping' effect on the client's account of their problem.

The key point here, I suggest, is that to constitute these values, judgements and ideals in terms of the accuracy of

communication is to avoid confronting the moral and ethical operation of therapeutic discourse. Moral, in that the notion of 'effective persons' offers an ideal (code) to work towards, and ethical, in that this ideal is to be won, in part, within the space of the person's relation to themselves.

4.2 COUNSELLING AND THE MEDIA

Although - as we have seen, ch. 2.4 - very little has been written on the subject, media therapeutics also appears to utilise the 'process-model' of communication. Dryden's (1992) interview with John Cobb, the host of Thames Television's *A Problem Aired*, offers the following account of the information that Cobb receives prior to a recording:

[The initial interviews].. cover both the past and the present problems, but from a totally non-medical or even non-psychotherapeutic point-of-view. *They are just good honest descriptions.* (Dryden, 1992:80, my emphasis)

For Cobb then, the information he is supplied prior to the recording is thoroughly objective, even to the extent that psychotherapeutic interpretation is entirely absent. Cobb goes on to provide some indication of the kind of client he requires for the brief therapeutic interaction that constitutes his broadcast and the problems they bring with them. This may have some parallel with the counselling offered in the radio broadcast, although I have no

information regarding the 'vetting' techniques which operated there:

I am looking for an identifiable focused problem, and for somebody who is likely to be able to communicate in front of the cameras. Intelligence hasn't been an issue, but somebody who is very inarticulate or tends to be monosyllabic and difficult to engage wouldn't be suitable for the programme. (Dryden, 1992:78)

Cobb then, only accepts certain clients for his broadcast. The two criteria he lists above are interesting in that it would seem that acceptable clients are those who firstly - in some sense - have already begun to work on their problem by constituting it as 'focused' and secondly who have a particular level of verbal ability. In other words, the client must be able to communicate and verbally engage with their problem not only during the broadcast but, in some sense, before it; while at the same time their account must present a clear picture of their difficulties. I will later show how one counsellor in the radio broadcasts aims to 'singularise' the caller's difficulties by condensing the details of their utterances into a series of simplified statements.

In fact, Dryden in a later book concerning rational-emotive counselling (1992:39) repeats his concern that the client's

account should be shorn of too much detail, instructing the counsellor as follows:

There are a number of pitfalls to avoid while assessing A [the clients account of their problem]. When your client does give you a lot of detail, try to *abstract* the salient theme from what he [sic] says, or summarise what you understand to be the major aspect of A about which he [sic] may be emotionally disturbed.

Dryden constitutes the initial stages of the therapeutic process - at least, implicitly - in terms of a process of summarisation or abstraction, that is he implies that the key aspects of the client's account are left intact. In other words, the counsellor, at this early assessment stage, does not re-shape the client's account but rather summarises or abstracts those aspects that pertain to emotional disturbance. There is an impression here that this process of abstraction is objective; I will show that even at this early phase in the counselling process we can see the constitutive nature of the counsellor's practice.

Considering a broader view of the therapeutic process, Cobb offers the notion of 're-framing' which he goes on to describe as the provision of a different view-point:

Very often it is a question of re-framing. For example, a patient may seem to be bogged down and unable to sustain relationships, but the problem may, in fact, be related to unresolved grief over the death a few years before of someone important,

for example. In such cases I would try to help the patient to look at his or her difficulties from a different point of view. (Dryden, 1992:80)

Cobb further elaborates this re-framing in terms of promoting an 'intrapsychic angle' (p.80). The values which inform this position or 'angle' are entirely absent from Cobb's answers or Dryden's questions, suggesting that they are assured or pre-supposed. Interestingly, at the end of Cobb's reply he makes what might be considered a problematic, and certainly highly political, statement regarding an imaginary problem a woman might have with men:

I try to promote a psychological, intrapsychic angle on the problem, to encourage people to see that problems stem from their attitudes and outlook and the way they react to the world. The reason, for example, why a woman seems to be let down time and again by men may be to do with her attitude towards men. (Dryden, 1992:80)

Dryden does not engage with this last comment, immediately after which he asks 'Is this shift to a different perspective something that people can use later?' However, Cobb's example highlights the ethical operation of therapeutic discourse of interest here, through its attribution of responsibility - which may lie entirely with the woman herself.

In conclusion, for Dryden & Feltham (op cit) language provides a potentially corruptible channel of communication, whereas for Cobb media therapeutics relies upon initial

objective information about the client while the therapeutic process entails 're-framing' the client's problem within the intrapsychic. Both the linguistic and the moral and ethical aspects of the process are absent from these understandings. In this chapter I will show that such a model of language is wholly inadequate to a proper understanding of the therapeutic process. I have already argued for an alternative conception of the operation of language drawing on Foucault's work (ch 3.3) and here I aim to interrogate this alternative conception through an analysis of key excerpts from the data.

In particular, I suggest that therapeutic discourse offers clients new ways of understanding themselves; new ways of describing their histories, their present experiences and their future goals. These descriptions - offered within therapeutic discourse as objective and factual - provide clients with the possibility of changing their idea of the person they take themselves to be.

Hacking (1995:21) suggests that descriptions of certain kinds of person generate expectations from those in authority - those experts able to offer the description - and operate within a feedback loop consisting of the constitutive elements of expert descriptions and the need for these descriptions to respond to changes in patterns of behaviour

which they subsequently are unable to capture. Hacking terms this process 'the looping effect of human kinds':

People classified in a certain way tend to conform to or grow into the ways that they are described; but they also evolve in their own ways, so that the classifications and descriptions have to be constantly revised.

This 'looping effect' refers to more than the linguistic construction of reality but suggests that sense of self is intricately bound up with the production of knowledges concerning it. Hacking (op cit:68) suggests that:

..constructed knowledge loops in upon people's moral lives, changes their sense of self-worth, re-organises and re-evaluates the soul.

Davies & Harré (1990:46) offer a similar understanding in relation to positions within discourse:

Once having taken up a particular position as one's own, a person inevitably sees the world from the vantage point of that position and in terms of the particular images, metaphors, story lines and concepts which are made relevant within the particular discursive practice in which they are positioned.

Within this setting then, therapeutic discourse can be seen to operate on clients' existing sense of self, which will be bound up with their existing everyday practices, in part through altering expectations of conduct; thus I will show in

this chapter that what makes therapeutic discourse special is its operation upon client's self-expectations. Fundamentally, descriptions of kinds of person open up new avenues for conduct:

Inventing or moulding a new kind, a new classification of people, or of behaviour, may create new ways to be a person, and hence new actions under a description. It is not that people change, substantively, but that as a point of logic new opportunities for action are open to them. (Hacking, 1995:239)

4.3 EXISTING STUDIES OF THERAPEUTIC DISCOURSE

I have found few comprehensive analyses of therapeutic discourse (Labov & Fanshell, 1977; Ilian, 1988; Ferrara, 1988; White, 1992). The latter study (White, 1992), specifically addresses media therapeutics and was discussed in chapter 2.4. All three of the remaining large-scale studies show a commitment to a therapeutic process situated in the 'real', a conception of discourse as a resource for individual users (that is, the source of its meaning remains with the individual but is dependent upon the particular situation), and an acceptance of the general values and aims of psychotherapy.

For example, Ferrara (1988) utilises a form of discourse analysis in which (and not unlike Potter & Wetherell, 1987),

cultural processes provide the speaker with a range of resources at their disposal for a range of interactions:

Speakers may select from a variety of language combinations... those permutations offered by their culture which best suit the interactional needs arising in a given discourse. (p.18)

The claim advanced is that repetition and contiguity... are manipulatable resources of language which speakers can recombine in various ways to create meaning within a given context. (p.2)

In relation to the situation of the therapeutic within the (extra-linguistic) 'real', Ilian (1988:2) takes the empirical nature of his method to an extreme formulation by likening it to slow-motion photography:

To bring these processes of interaction into view is analogous to the study of nature by means of time-lapse photography or slow-motion film or by super-high-speed photography. There are significant features in the life processes of animal and plant species which can only be studied by either slowing them down or speeding them up. Just as in a time-lapse film of a flower opening it is possible to observe things which are not observable otherwise, it should be possible in a "slowed-down" view of the interaction in psychotherapy to observe the processes by which interaction between a therapist and a client lead to change in the problem for which the client has come for help.

Ilian's statement offers a vivid plea for both the objectivity of his more linguistics based discourse analysis and the concrete nature of the interaction he seeks to

elucidate; its form substantial enough to undergo a slowed-down scrutiny akin to slow-motion photography. Ilian's work is very much situated within a conversational analytic framework and therefore reflects a desire to 'tell-it-as-it-is', or, in other words, that the micro-operations of conversation described using this approach map straightforwardly onto reality; CA, when it offers descriptions, at the same time claims to "uncover" them.

Note however that I am less concerned here with CA's claims to objectivity *per se*, than with its lack of treatment of the constitution of 'truth'. In other words my focus here on the production of truth and falsity (or the process of problematisation - I say more about this in the following chapter), requires a method able to capture it; this method will thus need to move beyond an empiricist position. CA's project to map the general rules for the production of conversational interaction closes too soon. So that even though some of its findings have been utilised in rhetorical and discourse analyses (for example Antaki, 1994), it offers only limited value for a Foucauldian perspective - which seeks to scrutinise the strategic (and technical) operation of therapeutic language.

Ilian's (1988) investment in the 'real' is also very much evidenced in Labov & Fanshell's (1977) study of therapeutic discourse which focuses attention on the linguistic construction of the therapeutic process, detailing the interactional work that is required on both the part of the therapist and the client in the negotiation of the origins of the clients problem - in this case *anorexia nervosa*. However, although they state that there is a sense in which the conversational work they chart aims at shifting the focus from 'surface' to 'deeper' emotional factors (generally initiated by the therapist), there remains a commitment to the independent existence of those objects constituted through linguistic activity:

In the absence of intersubjective agreement on the coding of..intonational contours, it is important for the reader to be able to view the data directly - especially because there is often a one-to-one iconic relationship between the movements of voice and the emotions being conveyed. (Labov & Fanshel, 1977:43)

Labov & Fanshel, although providing a highly detailed and extremely sophisticated analysis, are concerned not only with the linguistic productions of participants but additionally with their underlying (inner) intentions. Their investment in the 'real' is further evidenced by their subscription to existing understandings of psychopathology. In fact, they

appear to reconceptualise pathology as having a linguistic operation, for example they suggest that:

...there is no simple way to refer to Rhoda's weight without disturbing the smooth flow of conversation. On the other hand the various devices that people use to disguise, mask and mitigate emotion are so effective that it is possible to listen to very long stretches of conversation without picking up any obvious signs of what people are feeling. (p. 334)

Moreover, in their analysis of 'the largest context that conditions that interaction [therapeutic conversation]..' (1977:30), they choose not to provide a critique of the therapeutic endeavour itself or to engage with the power relation inherent within the conversation other than in the terms already provided by the existing process work:

In the course of daily life ,... deep emotions are usually masked by the actors involved. However, their effects can be seen by the continued disturbance of family relationships and the neurotic behaviour that interferes with life goals of the family members. (p.329)

I am suggesting that Labov & Fanshell's notion of the context of the therapeutic interaction is a very limited one which, in particular, fails to include any consideration of therapeutics as a value system and concomitantly the ethical operation of the interaction. In fact, they appear to fully accept the values of the therapeutic endeavour in that, for example, resistance on the part of the client is accepted as

problematic, providing difficulties for the therapist in her attempts to heal:

We have seen what the therapist is trying to accomplish - to move from discussion of everyday events and the overt norms recognised by society into the areas of deeply felt emotions. We have also seen the kinds of resistance that the patient is capable of showing and the difficulties the therapist has in moving to her final goal. (p.327)

Although the ethical operation of therapeutic discourse was not considered relevant by Labov & Fanshell (*op cit*) because their chosen conceptual framework does not include it, I suggest that the key point is that such a failure means losing a significant element of the therapeutic process.

In saying this I am not suggesting that my analysis is necessarily a critique, nor that Labov & Fanshell should have provided one - this clearly was not their intention given their linguistics-based framework. What I am suggesting is that to interrogate the therapeutic conversation for its ethical operation (c.f. Foucault, 1985) enables an understanding of its relation to lines of power or force. To conceptualise the therapeutic's operation as somehow external to power relations is to miss the key elements of its discursive operation.

4.4 PSYCHOTHERAPY AS PERSUASION

In this section I wish to consider the utility of the rhetorical approach which has come to form one of the major elements of contemporary social psychology, I will focus in particular on the work of Billig (c.f. Billig et al, 1988; Billig, 1991; Billig, 1996) as it is this work, more than any other, that has succeeded in bringing rhetorical analysis to the attention of social psychologists. Billig, (1991:34-35) offers an understanding of the role of language in psychotherapy thus:

The first psychotherapist was the Sophist Antiphon, who was well famed for his powers of persuasion. Antiphon hired a shop near the market place of Corinth and offered his services to the grief stricken. He claimed that no-one had a sorrow so powerful that it could not be dispelled by his special 'sorrow assuaging' lectures. Modern psychotherapists prefer to use the language of illness, rather than that of persuasion: they prefer to talk about 'patients', 'mental illness' and therapeutic cures. However, at root, perhaps, they are not acting in such a different manner from Antiphon, by persuading those sorrowful down-in-the-dumps to cheer up.

What is interesting here concerning Billig's uncovering of the origin of modern psychotherapy is 1) the theory of history offered, that is the underlying similarity between the discourse of the Sophists and modern psychotherapeutic discourse, concomitant with a history of ideas and 2) that language use, or better its action-orientation is equivalent to persuasion. Persuasion, in fact forms a major element of

Billig's definition of rhetoric, which incorporates an emphasis on dialogic process, along with a conception of the subject as 'argumentative debater' (1991:45) in addition to - more problematically, I suggest - equating discourse with rhetoric:

In speaking of the argumentative meaning of discourse, the image of the thinker has shifted. No longer is the thinker merely a rule-follower or an organiser of information. The image has been transformed into something more dynamic and social (even anti-social). It is an image of an argumentative debater, and it is this image which is so peripheral to much of cognitive psychology, and yet which is central to the psychology of the ancient rhetoricians. (1991:45-46)

For Billig, rhetoric, itself a result of conflict in almost every area of lived experience, operates as processes of argument and debate at the individual level and as contrary themes expressed as social representations and common sense at the level of the 'thinking society' (1991:72):

The existence of contrary maxims, or opposing pieces of folk wisdom, illustrates that common sense possesses a dilemmatic nature. These contrary themes are the preconditions for those dilemmas in which people are faced with difficult decisions... Our concern is... with those contrary themes which under normal circumstances are reflected in people's thoughts. (Billig *et al.*, 1988:2-3)

For Billig the term rhetoric seems to operate as an umbrella term for a vast range of processes, as I have said it is

equated with the production of ideological dilemmas, language and discourse and even general psychological processes:

If one sets oneself up as an expert in persuasion, then one is claiming a certain psychological expertise. One is claiming to know how to move the hearts and minds of people, and to understand the psychology of audiences. (1991:34)

Although the approach here certainly provides a very useful focus on language and persuasion, it seems also to produce an image of the subject as freely acting within the constraints of a dialogical framework, or better a never resolved dialectic. Moreover, in relation to the links between his own position and that of Habermas - particularly in the *Theory of communicative Action* - Billig (1996:16-17) suggests that the ultimate goal for Habermas is agreement, eventually leading to silence. In contradistinction to this, for Billig:

Any accord which is reached is to be breached: one companion, with a playful smile, will say, "But on the other hand..." All will start discussing without constraint, enjoying the continuation of a dialogue which moves forward creatively and endlessly. (1996:17)

For Billig then, discourse, operating as an endless process of ideological dilemmas is something playful, something to be enjoyed by 'companions', while at the same time always and evermore progressing. Exactly where this progression might lead is left untreated and here - more than anywhere - Billig shows the grave limits of his position: discourse is reduced

to argumentation; a dialogue always aiming to persuade. In such a world the complexity of the operation of power is limited to persuasion through language (amongst equal debates) and I suggest this is a profoundly reductionist position. In the world of ideological dilemmas struggles are only played out (playfully) at the level of rhetoric while meaning is produced ultimately by the skilled direction of words - meaning, again, has its source in the individual and their relation to (the thinking) society.

I suggest that Billig offers another version of the consumer of discourse we met earlier (ch. 3.2). However, Billig does very adeptly criticise psychology's painfully narrow conceptualisation of the problems with which persons concern themselves:

...psychologists use such a narrow range of problems when 'problem-solving' is studied. These tend to be problems for which there is a demonstrably correct answer... However, the vast majority of everyday problems which perplex people in ordinary life, possess no such finite structure. For instance, the problems of ethics, of politics, of assessing the character of others, of deciding what to do with our own lives, possess no such definable end point which can be arrived at by correct dedication... It is precisely these sorts of problems, and not those of filling and emptying water jugs, about which orators in the public assemblies concerned themselves. It is these open-ended issues which constitute the subject matter of rhetoric. (Billig, 1991:38-39)

I would argue that although the ancient study of rhetoric does indeed concern problems of politics, ethics and so on this does not necessarily mean that the complexity of contemporary problem-solving is *itself* rhetorical in nature. This seems tautological in that the 'problems' addressed by the ancient rhetoricians may bear little resemblance to those of contemporary society. In fact, the major limit of such an approach is its reduction of discursive practice to ideologically constituted dilemmas played out in the minds of individual thinkers:

...thinking is frequently a form of dialogue within the individual... Yet the content of the dialogue has ideological and historical roots, for the concepts involved, and their meanings, are constructed through the history of social dialogue and debate. In this sense the social pattern of ideology is mapped on to individual consciousness. (Billig *et al.*, 1988:6-7)

What I am arguing then, is that rhetorical analysis in social psychology, by ultimately grounding itself in the process of argumentation (c.f. Billig, 1991), actually abandons any possibility of a detailed understanding of the ways problems come to be constituted in the first place (the discursive and ethical conditions of ancient Greece are very different from those of today). By focusing our attention on the conflictual nature of discourse; in other words by conceptualising conflict as the 'motor' of discourse, the rhetorical approach

fails to account for the *limits* of what it is possible to argue about. Rather, what is required is an understanding of the *particular* forms that problems are given and the ways they are constituted as such, including the power of truth and claims to positive knowledge (expertise). So that for example, although problems might certainly be 'open-ended' (Billig, 1991:39) there is a need to account for both the forms of contemporary problematisations of the self and their relation to the plethora of experts who lay claim to solutions (c.f. Rose, 1989).

Billig et al (1988), use an example of media therapeutics - in this case an advice column - to provide evidence for the dilemmatic nature of common-sense notions of gender which they suggest 'oscillates between judgements of similarity (categorisation) and those of individuality (particularisation)' (1988:144):

Take, for example, the following advice given to a woman who finds that her kind and loving husband has been hoarding pornography: 'Either you have to decide that all men are foul, that you're husband has the mind of a psychopath in the body of a beast, making nonsense of his tender devotion to your well-being. Or you have to agree that he himself is the victim of sexual shyness (Phillip Hodson in *She* magazine, September, 1986). The answer is phrased in terms of a *choice* between generalisation ('all men are foul') and particularisation ('he himself'). (Billig et al 1988:131)

No doubt the choice offered between the categorical and the particular is an important one but I would suggest that the content of the argument in each 'choice' is equally, if not more, important. Thus we might consider the structure of Hodson's *problematization* - by which I mean the contours of the problem Hodson highlights and down-plays - of the woman's worry. Hodson, in fact - although somewhat crudely - produces a form of logical argument (with one premise and a conclusion followed by a rebuttal) during this first sentence along the lines of:

- 1) If all men are foul, then
- 2) Your husband - as a man - must also be foul 'having the mind of a psychopath...', but
- 3) Such a conclusion would refute your experience of his tender devotion.

This woman is not, in fact, given any choice within this *problematization*, as that which Billig et al (*op cit*) term the particularisation is in fact deployed to show the woman that the first position is *illogical or irrational*; it flies in the face of the evidence of her own experience. The woman is then offered the more likely alternative that her husband suffers from sexual shyness - I suggest that what Hodson offers is a pseudo-choice and one that I would argue was

intended to appear that way to the reader. Fundamentally, the 'choice' offered is between a *rational* and *irrational* account of the husband's conduct where we must remember that rationality is valued above irrationality and has important relations to gender in that women are routinely constituted are more 'prone' to the latter.

Moreover, the advice offered to this woman might be considered in terms of its attribution of responsibility. Note that the first alternative seems to produce her husband's accountability at a fairly abstracted level of 'all men', it is not clear therefore where accountability is meant to lie; it appears that somehow men can't help themselves: they have abnormal minds and animal physiology. In the second choice however, accountability is shifted to her husband but as an individual 'victim' - the choice of this word here is crucial, I suggest, because while 'sexual shyness' may imply pathology, his shyness is something that he personally cannot be made fully accountable for, it not only harms the woman but her husband as well. What has been offered here is a choice not only between the general and the particular but more importantly between a rational and irrational account of the husband's conduct; one of the alternatives offered is deployed as a parody of the woman's - potential, at least - irrationality.

Thus, I suggest that the generalisation and particularisation constitute elements of a problematisation which operates in a more complex way than the production of a dilemma, in other words, to explain the 'choice' in terms of a generalisation-particularisation dilemma is to miss a great deal of its strategic operation. Moreover, reducing this particular discursive practice (which I term problematisation) to ideological dilemmas in an attempt to bridge the gap between individual thinking and the 'thinking society' ensures that the analysis is destined to remain within an individual-society dualism (or dilemma).

In conclusion, I argue that certainly processes of persuasion will form one element in the ways that subjects come to understand and consider their problems through the 'therapeutic' in its various forms, but the process of persuasion might itself be conceptualised as one technique among others in a more over-arching strategy operating through technical effects which constitute certain kinds of self and in particular offer solutions to problems which relate to the self's relation to itself. In this way we are able to understand problems as brought into being through relations of power rather than merely to support 'interested' versions of reality and therefore I propose that the term

rhetoric could, within alternative analyses, be replaced with the Foucauldian term technologies (or better, technologies of persuasion); plural to indicate the manifold theories and practices of the therapeutic:

4.5 A FOUCAULDIAN PERSPECTIVE

Throughout the first part of this chapter I have attempted to show that:

- 1) Technical advice offered to counsellors relies upon a particular model of communication which fails to account for discursivity,
- 2) Following from 1, the ethical operation of these counselling techniques is obscured, in part, by the model of language use employed,
- 3) Existing studies fail to question the positioning of the therapeutic process within the 'real' and the values and goals of the therapeutic endeavour (along with its deployment of psychopathology) while retaining a lingering psychologism,
- 4) Alternative approaches which shift attention to the rhetorical nature of therapeutics fail to engage both with the power relations I aim to analyse here and the practical (technical) aspect of discourse, limiting discursive effects to the (persuasive) operation of language.

In accordance with other critical psychology approaches which have been collectively termed the 'new psycho-socio-linguistics' (Davies & Harré, 1990:43), informed by elements of Foucault's later work (Foucault, 1992), I will show that the therapeutic process is a product of discursive work rather than reflecting a cognitive process that resides outside language.

However, where this analysis differs from existing discourse analytic work is that the notion of strategy - in-keeping with a Foucauldian perspective - is seen to operate not within the individual user of discourse (for example, the counsellor) but as bound up within the discourse itself and as a means of analysing the operation of power in therapeutic discourse.

Above all, I aim to interrogate counselling discourse for its constitution of the client as an ethical subject (of their own behaviour) - that is as a process of subjectification and thus as related to lines of power and force, more specifically here I seek to discover the 'modes of subjection' - that is the particular means through which callers are 'made subject' to counselling discourse. I have suggested that existing studies of therapeutic discourse have

failed to recognise its ethical operation; failed to link the utterances they map with the operation of power.

In relation to the data analysis which follows we are thus concerned with the shaping effects of therapeutic techniques on the client's self understanding. This occurs, I suggest, through the production of *truth* concerning it. From a Foucauldian perspective the forms of self found in the therapeutic conversations analysed here are produced through this technical operation of discourse:

Our conception of the psyche, Foucault contends, has been sculpted by the techniques that we have devised to probe its secrets, to oblige it to give up hidden knowledge that will reveal to us the truth about who we are. Psychoanalysis is from a historical perspective a late addition to that enterprise, born of a long but erratic, lineage of techniques for the care of the self. (Hutton, 1988:121)

Such a perspective raises questions concerning the construction of truth during the therapeutic encounter, as opposed to the mainstream "process" questions which assume that truth is transcendent. These questions might take the form:

- 1) How do the techniques available within therapeutic practices enable clients to speak the truth about themselves?
- 2) What forms of self do these techniques provide?

The analysis of data in the second section of this chapter will primarily focus upon these two questions.

4.6 INTRODUCTION

In this initial phase of the analysis I have found it useful to incorporate three elements from CA which relate to two of its primary postulates: the sequential structure of conversation and the organisation of turns (Sacks et al., 1974). However, the approach adopted here remains in opposition to the notion of structure-in-talk (which we discussed earlier, ch. 3.1) (c.f. Boden & Zimmerman 1991). The three elements are as follows:

1) I use the concept of 'adjacency pairs', in particular the operation of preference organisation (c.f. Schegloff & Sacks, 1973; Pomerantz, 1984) - which refers to the likelihood of a normative response to the first part of a preferred pair, for example a question and answer; in other words, a question calls for a normative response in the form of an answer. As Forrester (1996:98) suggests:

It should come as no particular surprise to note there are many turn allocation phenomena which come in two parts, sequentially organised. A question to somebody normally requires that the recipient provides answers. And a greeting is likely to be followed by a greeting, a summons by an answer, an end of a conversation with two-part farewells, an invitation by an acceptance.

Any other response - termed a dispreferred second part - will invite a special kind of accountability within the interaction.

2) I use the term 'formulation' as follows:

A formulation is a form that captures, or claims to capture, something about what the previous speaker is trying to say. (Antaki, 1994:83)

3) I use the term 'summation' to indicate a form of words that summarise what the previous speaker is (constituted as) trying to say.

However, in addition to the structural organisation of the talk, I am interested in its operation as discursive practice. We have seen that this means that I aim to explore the technical operation of counselling discourse through the identification of the constitution of ethical relations (c.f. Foucault's four dimensions, 1992) - including the production of truth and factuality and the constitution of self-identity (including the provision of techniques of the self).

In methodological terms this demands attending to the operation of utterances, in part through a close scrutiny of adjacency pairs. In this way the sequential organisation of the talk allows the analyst to begin to understand the

effects of each utterance within the unfolding of the conversation; in other words it allows an analysis of the 'traffic' of conversation which Antaki (1994:121) has suggested tends to remain absent in primarily content-driven discourse analysis:

For.. discourse analysts, content is some.. complex constellation of cultural theme (variously called 'repertoires', 'practices', and even, rather confusingly, 'discourses', (this time as a count noun).. for others still it is not only the theme but the variety of genre or the medium in which it is expressed, and perhaps even its physical representation... none of these notions of 'content' explicitly calls on the way the traffic of the material is regulated - its cohesion, its turn-taking, its rhetorical devices and so on.

Remember we are concerned with the discursive operation of these utterances; specifically with their action-orientation (c.f. Edwards & Potter 1992), whereby, from a Foucauldian perspective, the interaction is treated as discursive practice. What kinds of discursive work can be found then, within the transcripts?

4.7 RESHAPING THE CALLER'S ACCOUNT: A MODE OF SUBJECTION

BELINDA'S CALL

I consider the *formal* aspects of the discourse in the following four excerpts from the data, whereby 'formal' refers primarily to the effects of the structural organisation of the talk, although, as we will see further

on, there is a sense in which content and structure cannot be considered separately. I will say more about this later.

As we have noted, Antaki (1994:121) reminds us that much discourse analytic work fails to engage with the organisation of particular spoken interactions, however he warns that to separate the notions of form and content is problematic:

This is, admittedly, a dangerous way of thinking about it, since it partitions out two aspects of meaning - form and content - which have no business being separated... (Antaki, 1994:121)

I will show later that discourse analysis can adopt a middle position between form and content via the use of the Foucauldian analytic of 'technique', (discussed in part A).

In the following analyses I refer to the advisor as 'A' and the caller as 'C'. Excerpts from the data are identified by the transcript number followed by the line numbers quoted. Line numbers given in the text for particular utterances, turns or sequences are shown in brackets.

EXCERPT 1 (T3: 13-36)

13 C: right well my problem is erm it's a grandmother [clicks
14 tongue] I have=
15
16 A: =not a mother-in-law
17
18 C: well i-yes it is a mother-in-law [laughs]
19 []
20 A: a grandmother-in-law
21
22 C: a grandmother-in-law

23
 24 A: and a mother-in-law at the same time
 25 []
 26 C: and well it's yes it's the whole
 27 it's the whole in-law family .hhh or basically [laughs]
 28 grandmother
 29
 30 A: [laughs] so (.5) not another music hall joke I hope
 31 []
 32 C: no no no (it's)
 33 really quite serious actually []
 34 []
 35 A: no a
 36 serious one) (1) yeh sorry belinda

This segment can be heard as blithe badinage; perhaps the advisor is attempting to put the caller at ease via the continuation of a theme - the 'mother-in-law' (16, 18) - from the previous call. However, a closer inspection of this brief segment of conversation reveals something quite different.

At line (16) A produces the following rejoinder to the caller's definition of her problem at (13-14):

16 A: =not a mother-in-law

and receives some agreement at (18), then interrupting (over-speaking) at (20) with:

20 A: a grandmother-in-law

This term is then mirrored by C at (22) indicating a full agreement. A goes on to provide a summation at (24) and again receives some agreement at (26-28). At (30) A then appears to

respond to C's inhalation (27) as signalling the end of her turn, replying with:

30 A: [laughs] so (0.5) not another music hall joke I hope and pausing for 0.5 seconds, possibly because C continues her turn. C then interrupts, resisting A's humorous frame stating her problem is '...really quite serious actually' (32-33). A then interrupts with an apology in a short utterance which appears to invite C to present her problem (35-36); that is A stops speaking and C begins to detail her problem at (38).

The above segment, I suggest, provides an illustration of the way in which A's turns are actually helping the caller to *shape* her account, that is the precise points at which A interrupts begin - even at this early stage in the interaction - to re-form C's account of her problem; initially offered as '..a grandmother.' (13), moving through 'mother-in-law' (16, 18), 'grandmother-in-law' (20, 22), and the 'whole in-law family' (27) where finally C returns to her original presentation of the 'grandmother' (28). A's interruptions and the summation at (24), in this case, help the caller to shape up precisely who is involved in her problem.

Such shaping of the client's account, while obscured by 'process' research has, in fact, always been incorporated into psychoanalytical (technical) theory via Freud's concern with narrative deconstruction. As Maranhão (1986:28-29) states:

...in the psychoanalytic situation preference should be given to those associations that break the flow of the plot spreading the narrative sideways. This usually makes it easier for the therapist to wedge his [sic] interventions in the patients narrative, retelling it in the psychoanalytic narrative.

Shafer (1979, 1980) perhaps most famously explored the narrative operation of psychoanalytic practice, re-casting it as an interpretive rather than positivist endeavour. Shafer, ends his (1980:53) paper by offering that:

Those traditional developmental accounts, over which analysts have laboured so hard, may now be seen in a new light: less as positivistic sets of factual findings about mental development and more as hermeneutically filled-in narrative structures. The narrative structures that have been adopted control the telling of the events of the analysis, including the many tellings and retellings of the analysand's life history.

For us however, what is important here is not only that the counsellor is (re)constructing the caller's narrative but that in such a brief, time constrained interaction the

counsellor is able to very quickly shape the caller's narrative or story at the moment she is telling it.

I now wish to move on to consider the way in which A's turns begin to resemble interpretations. Silverman & Torrode (1980:7) usefully - for our purposes - define interpretation as the imposition of neutrality on language:

In our usage, 'interpretation' refers to the practice of treating language as the one 'appearance' of an extra-linguistic 'reality' presupposed by the interpretation. The practice is itself not what it appears to be: It does not do what it says. For it is impossible to formulate an extra-linguistic reality, e.g. 'nature', 'society', or 'grammar' except in language. Thus in pretending to uphold a non-linguistic and so neutral reality the interpretation in practice imposes its own language upon that of the language which it interprets.

I will now explore some of the ways the counsellor achieves this.

EXCERPT 2 (T3:38-82)

38 C: .hhh erm [laughs].hh the: I (was) I've been married erm five
39 years to this to the son and erm basically he always got
40 rewarded for his bad behaviour to keep the peace and not to let
41 the child see and all the rest of it .hh he's never accepted the
42 consequences of his actions he's .hh one of these people who's
43 always sat in the chair and criticised an' .hh never did
44 anything with liter without you standing with a rod over him .hh
45 now erm
46
47 A: sorry who is this Belin
48 []
49 C: my husband sorry husband=
50
51 A: =he didn't do anything if you didn't (.5) press him
52

53 C: well I mean he's he's literally he he just is like a spoilt
54 everything is a tantrum .hh erm he would use
55 [

56 A: I see he he the way he exercises power in
57 a marriage is by blowing up
58

59 C: yeh and well and and threatening to wake the child if you
60 [

61 A: right
62

63 don't give him sex and blah blah blah and al-all literally
64 totally to the end till it got to the point where erm I had to
65 actually it was getting really violent and I had to actually .hh
66 erm get help to get him away from me
67

68 A: so he actually then became violent towards you
69 [

70 C: Oh: yeh (I)
71 [

72 A: so it escalated
73 from tantrums and blackmail to to violence
74 [

75 C: well it would have got violent before if
76 I'd never given in
77

78 A: and are you still with this man
79 [

80 C: I used to give in .hhh oh no no I actually had to make
81 myself homeless I've now if it hadn't 've been without friends I
82 would have literally gone ()

Belinda begins to present her problem at (38) and seems to provide an orientation to a narrative, focused on a description of her husband's conduct - presented in his relation to the mother-in-law (16, 18) as '..the son..' (39). A then interrupts the turn at (47):

47 A: Sorry who is this Belin-

who is, in turn, interrupted by C with mitigation:

49 C: my husband sorry husband=

A's utterance at (47) I suggest is, in part, operating as an instruction, the caller is being shown the correct way to present her case. Thus, in addition to shaping-up C's account, A, by indicating a missing element in the part-narrative (38-45), also indicates the correct way of presenting a problem; in turn available to the over-hearing audience (I consider the audience in more detail in chapter 6). We see at (49) that C shows deference to the special, preferred kind of design required by the therapeutic. Then, at (51) A provides a formulation while at the same time inviting agreement from C:

51 A: =he didn't do anything if you didn't (0.5) press him

At (53-54) C fails to provide agreement, offering a dispreferred response and introduces a summation regarding her husband's conduct - along similar lines to the previous description at (38-45) and A once again interrupts with a second formulation (56-57):

56-57 A: I see he he the way he exercises power in a marriage is by blowing up.

Here A, in addition to inviting agreement, shapes up C's account through the provision of entirely new words.

The key point here is that during this excerpt A is providing C with a model of the correct way to speak to him. Moreover, concerning the *content* of A's formulation, the exchange of 'blowing up' for 'tantrum' at (57) appears to remove the implicit notion of childishness offered at (53-54) perhaps making it more aligned with the conduct of a married adult. At the same time however, something entirely novel is introduced - the notion of 'the exercise of power' (56). These words have so far not been provided by the caller and, I suggest, begin to turn the formulation into an interpretation. In fact, A's turn at (56-57) is more than a summation in two respects; 1) it utilises a combination of the use of new words with, 2) the deployment of metaphor which replaces C's deployment of simile at (53-54).

It has been suggested that a metaphor is rhetorically more powerful than a simile (Antaki, 1994:104). I suggest that within this setting the deployment of metaphor lays greater claims to facticity. Furthermore, the notions of summation and formulation seem inadequate to describe the operation of A's utterance (56-57). Thus, I argue that we must consider this as more than a summary of the immediately previous turn (53-54) in that it shifts the form of vocabulary while at the same time indicating this as the *preferred* form.

At (59) C provides some agreement and indicates that the formulation at (56-57) seems to have shifted the account of the husband from a passive, almost childlike description to a description of manipulation followed through in the subsequent turn by C:

59 C: yeh and well and and threatening to wake the child if you
60 []
61 A: right
62
63 don't give him sex and blah blah blah and al-all literally...

Although C already alluded to this manipulation at (39-41), A's arrangement of words at (51) and (56-57) in addition to providing the preferred words to say it, introduces a new grammar through; 1) the provision of 'standard' rather than colloquial form and, 2) condensation into a 'singular' utterance, that is, compared with (38-45):

38 C: .hhh erm [laughs] .hh the: I (was) I've been married erm
39 five years to this to the son and erm basically he always got
40 rewarded for his bad behaviour to keep the peace and not to
41 let the child see and all the rest of it .hh he's never accepted
42 the consequences of his actions he's .hh one of these
43 people who's always sat in the chair and criticised an' .hh
44 never did anything with liter without you standing with a rod
45 over him .hh now erm

At (68) A provides a third formulation which once again appears to condense C's presentation of more 'facts' in quasi-narrative form (59-66) into a singular utterance, again inviting agreement:

68 A: so he actually then became violent towards you

Again, A additionally provides C (and the overhearing audience) with a model for how to say the problem. C appears to offer an agreement at (70) and is interrupted by A with a fourth formulation (72-73):

72-73 A: so it escalated from tantrums and blackmail to to violence

C then responds with partial agreement and more factual information (75-76).

At this point we can see that C's account is gradually becoming more aligned with A's questions and formulations. At (74) C provides an interrupting response with a single 'theme' in a form similar to A's four previous formulations, this time *awaiting* A's reply which does not take the form of an interruption - as with most of A's other turns:

75-76 C: well it would have got violent before if I'd never given in

compared with:

51 A: =he didn't do anything if you didn't (0.5) press him

56-57 A: I see he he the way he exercises power in a marriage is by blowing up

68 A: so he actually then became violent towards you

72-73 A: so it escalated from tantrums and blackmail to to violence

At (80) C begins her turn while A is still speaking, then responds to the question and interrupts herself to answer it. We see here - as with the entire excerpt - the way C's account is delivered in relation to A's questions and formulations, so that her responses are becoming more and more aligned in their organisation.

SEGMENT 3 (T3: 80-108)

80 C: I used to give in .hhh oh no no I actually had to
81 make myself homeless I've now if it hadn't 've been without
82 friends I would have literally gone ()
83 []
84 A: so y- you you ran away or you escaped
85 []
86 C: I literally yeh
87 I (did)
88 []
89 A: with your child
90
91 C: with my child ()
92 []
93 A: who is how old
94
95 C: she's three and a half I literally ran away friends were
96 []
97 A: right
98
99 wonderful .hh erm while he was at work [laughs] they they lent
100 me a a lorry and I got most of my stuff out like and I they put
101 me up an'
102
103 A: a sort of Thelma and Louise: with a difference
104 []
105 C: it was wond yeh and I'm now
106 on income support erm housing benefit I've found myself a
107 lovely place (.) wonderful erm but the problem is the
108 grandmother now now I have never

A interrupts once more at (84) with a fifth formulation; again providing the preferred words with which to say the problem and continues to shape-up the account through the use of a question/answer adjacency pair (84-86):

84 A: so y- you you ran away or you escaped
85 [
86 C: I literally
87 yeh I (did)

That is, if C disagrees with the formulation within A's question at (84) she must produce mitigation in the form of an exonerative account (often marked with a pause or a palliative, see Antaki, 1994:79-80). Within this context then, the deployment of formulations in the form of a question I suggest invites the preferred response of agreement and where a dispreferred second part will more than likely be given in relation to the formulation in the first part. The key point here is that in terms of discursive practice A's formulations (and interpretations) exert a powerful force on the caller's discourse which we might understand in relation to subjectification. In other words, the shaping of C's turns by A might be described as a mode of subjection.

At (89) A interrupts appearing to continue his formulation at (84) with 'with your child' which is mirrored at (91) by C

4.8 THE REGULATION OF THE EXCHANGE

As I have already suggested however, it is clear from the above analysis that C's account is shaped not only through the re-working of its organisation but also - and at the same time - through the reworking of its content. We have already considered the way A's formulation at (56-57) shifts the way the caller relates her husband's part within the account away from childish and passive conduct and towards a notion of manipulation (59-66). In fact, A continues to shape C's account in a variety of ways that we can see relate both to form and content.

At (107-108) C reintroduces her initial formulation of the problem as the 'grandmother' (13) and is interrupted by A at (110-111) with a formulation which condenses C's brief quasi-narrative:

110 A: so you've broken with the man:: but you still have contact
111 .hh []
112 []
113 C: gone
114
115 w-with with your m- with your mother-in-law

Thus, A shifts the implicit emphasis on the caller's daughter (through C addressing her husband's mother as 'the grandmother', 108), replacing this with '..your mother-in-

law' (115). At (117-120) C recounts part of her story in relation to her husband, while A at (122) once again shifts the dialogue back to the role of the caller:

122 A: so what's her line to you what's bugging her

C responds to this question with a parody of the grandmother's words (124-126):

124 C: her line to me is .hh erm oh
125 he's never hurt her he'd never this he'd never that .hhh
126 (he's)

and is again interrupted by A's presentation of the correct form of speech:

128-129 A: so she's defending him she can't see anything wrong

What is important about A's presentation of new words in the above extracts is that they provide a focused statement that somehow *condenses* what has come before and does so in terms of one of a limited number of pathological scenarios we might identify within therapeutic discourse. In addition to this, A's turns also - as a result of both their timing and length - serve to regulate the cadence and pace of the interaction itself, while at the same time providing a *model* for the pacing of the interaction; again available to the overhearing audience.

In this final excerpt the requirement of a preferred kind of account and interaction is made explicit. At (155-163) A questions the form of the caller's presentation. Once more displaying for both C and all listeners the correct way to conduct a call, which receives mitigation from C at (161). At (155-163) and (167-168) A affirms that the caller must present a formulated problem which requires more than simply telling her story. Thus, from a Foucauldian perspective the interaction is not only a story telling or confessional - in that A draws out the 'truth' of the caller's experience, 'One confesses - or is forced to confess' (Foucault, 1990:59), rather the caller must ask the doctor a question; the caller must be active in her own restoration, possessing a knowledge of what the doctor can do for her.

4.9 THE DEPLOYMENT OF FIGURATIVE LANGUAGE

We have seen that as we get further into the analysis it becomes clearer that our initial separation between content and form is untenable. So far, I have sought to provide some key illustrations of the way the *form* of the caller's account is shaped by the *form* of the advisor's utterances, although it has actually been impossible to ignore the content of these utterances in the examination of the re-shaping of C's

account. I want to move on now to consider more explicitly the ways A shifts the content of C's account.

I suggested earlier that in conducting this more content based analysis there are few methodological systems available, little is written about the *practicalities* of discourse analysis (see section 3.2). In fact, Figueroa & Lopez (1991) cite this as one of four absences in British discourse analytic work.

I began the analysis by identifying all instances of the deployment of metaphor within the data, as I was confident that in so doing I would direct the analysis to those parts of the interaction where we might find some interesting discursive work or, in other words, identify important constructive processes within the language-use. However, as the analysis progressed the notion of metaphor became less and less appropriate to describe what was happening (I consider this in more detail later on).

In this section I want begin by exploring some of the metaphors deployed in some of the material already analysed for form (c.f. transcript 3, Belinda) and move on to examine more closely the use of figurative language in two other interactions (Transcripts 2 + 10, Ann2; Sally). At this stage

in the analysis I draw upon semiotic method, aiming to think the therapeutic process as semiotic in nature, in other words as a process of signification rather than meaning; structural rather than interpretive. I use semiotics to refer to the analysis of sign systems, derived originally from Saussure's (1916/1995) work but modified to give the signifier priority over the signified (for useful summaries see for example, Walkerdine, 1988:2-5; Silverman, 1994: 71-72,78).

Sontag, at the beginning of her (1988:5) *AIDS and its Metaphors* states:

Saying a thing is or is like something-it-is-not is a mental operation as old as philosophy and poetry, and the spawning ground of most kinds of understanding, including scientific understanding, and expressiveness.

Here I use metaphor to refer to the substitution of one thing for another, a form of figurative language which (re-)places its object within an entirely new arrangement of paradigmatic and syntagmatic associations. I take selectively from semiotics then the importance of metaphor as an aspect of semiosis and concur with Jakobson's (1956) suggestion that metaphor is fundamental to the referential function of communication, (quoted in Fiske, 1990:92).

Antaki (1994:101) reminds us that:

A metaphor will map one domain onto another (for example 'emotion' onto 'containment') and, by mobilising our analogical abilities, generate an indefinitely large number of revealing substitutions of concrete images for abstract ones (thus, it was all bottled up inside, it all came out in a rush, he kept his feelings hidden, and so on).

Lakoff & Johnson (1980:3) assert that metaphor (at its most basic, one word representing another) is not merely a literary device but profoundly structures our everyday understandings:

...most people think they can get along perfectly well without metaphor. We have found, on the contrary, that metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature.

Lakoff & Johnson claim that language takes second place to concepts, using the familiar model of language as representation - where a word has a direct relationship to the concept it represents, and in turn, the concept has a direct relationship to the 'reality' it indexes. Put another way, they make their claims from a cognitive rather than semiotic position and consider metaphor as bound up with cognitive processes which ultimately have their origin in our experience of the materiality of our bodies and the world with which they interact:

...metaphor is not just a matter of language, that is, of mere words. We shall argue that, on the contrary, human thought processes are largely metaphorical...it should be understood that metaphor means metaphorical concept. (Lakoff & Johnson, 1980:6).

Our general position is that conceptual metaphors are grounded in correlations within our experience. (Lakoff & Johnson, 1980:154)

In this way Lakoff and Johnson usefully alert us to the systematicity of metaphor, that is they suggest that we can trace a system of 'entailment relationships' for a particular metaphor by which they mean the conceptual relationships it makes possible or 'entails':

New metaphors, by virtue of their entailments, pick out a range of experiences by highlighting, down-playing, and hiding. The metaphor then characterises a similarity between the entire range of highlighted experiences and some other range of experiences. (p.152)

If we accept their claims from a semiotic rather than cognitive viewpoint, identifying the deployment of metaphor during the therapeutic interaction will index some interesting features of the process of signification as it operates as an element of discursive practice.

Note that existing considerations of the role of metaphor in psychotherapeutic practice remain with the assumed positive therapeutic context we met earlier (ch. 2.2). For example,

Barlow et al (1977) relate its use to the production of 'insight' and Berlin et al (1991) link it to a variety of functions including the simplification of material to be worked upon and their utility in discussing personal aspects of the patient's (their term) problem.

EXCERPT 6 (T3: 181-227)

181 C: =the thought of her alone with him for three and a half hours
182 on the motorway fills me with absolute horror I mean his
183 attention span (.5) I think there's something wrong with him but
184 I mean I'm not a doctor but his attention span is about half an
185 hour []
186 []
187 A: Belinda you (1) you sound like somebody who
188 (.) likes to please people and who doesn't to let them down and
189 I think what we've got in here hidden away in this
190 []
191 C: [sighs]
192
193 very complex story is what I call guilt and what we all know
194 []
195 C: Mm
196
197 as guilt .hh you feel (.75) guilty about the grandmother (y-)
198 [] []
199 C: I don't (want to) terribly
200
201 yes you feel your letting her down .hh you fee-
202 []
203 C: I've I've said I'll take her down
204 there
205
206 A: yes=
207
208 C: =why can't he bring her down
209
210 A: yes yes=
211
212 C: =and I say your joking (wha-) supposing he wants to take her
213 to the loo or or []
214 []
215 A: well well th- th- this this is a the
216 is an issue of not going .hh on being Mrs. Nice for the rest of
217 your life .hh and that sometimes
218 []
219 C: see the grandmother threatens to have a
220 nervous breakdown on me []
221 []

222 A: no no no but
223 this is upsetting you isn't it when I say to you don't be nice
224 to somebody you get a bit cross with me and you say well I
225 want to go on being nice .hh sometimes in life .hh truth has to
226 take precedence over niceness now that is a very important
227 guiding principle .hh

At (181-182) C employs a metaphor as follows:

181-182 C: =the thought of her alone with him for three and a
half hours on the motorway *fills me with absolute horror..*

which very firmly situates the problem with the caller's husband and entails an understanding of the consequences of unsupervised contact with his child as 'horrific' - implying that such contact would constitute an extremely high risk. A then interrupts with a fundamentally different understanding of the problem, one which bears little relation to the previous turn (187-189):

187 A: Belinda you (1) you sound like somebody who,
188 likes to please people and who doesn't like to let them down and
189 I think what we've got in here hidden away in this

A suggests C sounds '...like somebody who likes to please people..' (187-188) - where the deployment of simile offers a resemblance rather than an equivalence (which would be produced with metaphor). A then suggests that something is 'hidden away' (189) in the 'very complex story' (193) and that what is hidden away is 'guilt' (193), recognisable not only to A but also to 'we all' (193-197).

During this turn A offers an interpretation which operates in a very precise way in that the deployment of a metaphor of 'hiding' (189) produces the following effects. It implies that: 1) It is C who is responsible (conceivably consciously or unconsciously) for the hiding, for it is C who has told the story - moreover, this is a 'very complex story' (193) and perhaps it is easier to hide something in a complex rather than a simple story; 2) C has hidden away her 'real' feelings - 'you feel guilty' (197) - where this feeling is recognisable to all, 'what we all know as guilt' (193-197). Here the collective pronoun could be taken to include the overhearing audience, the advisor and possibly the caller too - A invites C (and the overhearing audience) to recognise her 'real' emotion.

These two elements of A's interpretation - hiding and authentic emotion - I suggest combine to produce a compelling subjection. C is the responsible party here - she is hiding something, moreover what she is hiding - not only from A and the overhearing audience but also from herself - is not only her 'real' felt emotion - guilt - but also its cause; the kind of person she really is, 'someone who likes to please people' (187-188). We shall see in a moment that this figurative mode of subjection can, in addition, provide evidence for its claims within the interaction itself.

It is interesting to note at this point that these forceful effects have been constituted through a combination of very colloquial, informal ideas and statements - guilt hidden away in a story - the technical language characteristic of some schools of psychotherapy and counselling for example, psychoanalysis and Gestalt is entirely absent.

187 A: Belinda you (1) you sound like somebody
188 who likes to please people and who doesn't like to let them
189 down and I think what we've got in here hidden away in this
190 [
191 C: [sighs]
192
193 very complex story is what I call guilt and what we all know
194 [
195 C: Mm
196
197 as guilt .hh you feel (.75) guilty about the grandmother (y-)

Immediately following A's interpretation, C then appears to produce some kind of agreement at (199) with an over-spoken 'terribly' but then continues to present the grandmother's perspective - as she understands it, until at (215) A interrupts with another metaphor and an extreme case formulation (c.f. Pomerantz, 1986) which again is deployed as an interpretation (215-217):

215 A: well well th- th- this this is a the
216 is an issue of not going .hh on being Mrs. Nice for the rest of
217 your life .hh and that sometimes

Here, A once again links the problem to the caller through the use of a metaphor which operates as a proper noun - 'Mrs. Nice' (216) while at the same time presenting the extreme case 'for the rest of your life' (216-217). This metaphor serves (at least) three purposes: 1) It emphasises C's position as woman and wife - through the form of address 'Mrs' (216), 2) It constitutes a sense both of inevitability and urgency about the disposition (and problem) 'Mrs Nice', unless checked it will be life-long, and most importantly, 3) it makes the caller the responsible agent in resolving the problem, that is, I suggest, a specifically therapeutic responsibility - it is her own disposition as well as her conduct that is the problem - as someone who likes to please people.

In addition A, by framing the caller's responses to his interpretation, also provides evidence for it (222-227):

222 A: no no no but
223 this is upsetting you isn't it when I say to you don't be nice
224 to somebody you get a bit cross with me and you say well I want
225 to go on being nice .hh sometimes in life .hh truth has to take
226 precedence over niceness now that is a very important guiding
227 principle .hh

suggesting that the hidden guilt is operating not only within the situation recounted by the caller but in the telephone interaction itself, once again forcefully situating the problem within the caller herself. Thus, a process that

psychoanalytically oriented practitioners might term 'transference' or 'resistance' operates here to augment the mode of subjection in that the caller herself is constituted as both the cause, and means of rectifying, her problem.

In fact, within the same turn A gives the remedy for the caller's problem in the form of a 'guiding principle' (226-227) which I suggest offers a key illustration of the ethical operation of therapeutic discourse, whereby A is, in fact, constituting an ethical substance (niceness) along with a form of 'telos' (truthfulness). Moreover, A's interpretation culminates in a short treatise on the moral status of contemporary society which is explicitly pedagogic, almost theological in form (225-260) and where this ethical substance and telos are offered as elements to be worked upon by 'our society' (250).

SEGMENT 7 (T3: 231-260)

231 A: there are many people who spend .hh months or even years
232 lying to other people because
233 []
234 C: yeh
235
236 they see the overriding priority is to be nice .hh now if you
237 always sacrifice truth in pursuit []
238 []
239 C: yeh when you
240
241 of niceness you end up with a whole load of lying people now .hh
242 I don't want to make it
243 []
244 C: well this is my problem I I
245
246 (.5) this is your problem you we have I don't want to make too

247 []
248 C: Mm
249
250 many comments about our society .hh
251
252 C: yeh
253
254 A: but we are becoming increasingly superficially nice .hh and
255 []
256 C: you see
257 that's not my way (1) mmm that's not my way if you met the
258 mother you'd know why the son is like he is
259
260 the price of that is dishonesty

If we consider this segment in a little more detail, A suggests that C's individual experience of hidden guilt (189-193) along with a disposition not to let people down (188-189) is something shared by 'many people' (231) whereby the *condition* can endure for 'months or even years' (231) and which culminates in 'a whole load of lying people' (241). A then expands the boundaries of the group he constitutes at (241) 'lying people' to 'our society' (250), expressed as 'we' (254), where 'becoming increasingly superficially nice' (254) has a 'price' (260) which is 'dishonesty' (260).

Here it is as if A has explicitly worked through one possible set of 'entailment relationships' (c.f. Lakoff & Johnson, *op cit*) for his original metaphor 'Mrs Nice' (216) where the relationships - which I have suggested operate in an ethical manner - move from the individual to the collective level. Thus, the mode of subjection is expanded to invite all those

who recognise themselves within 'our society' to recognise C's problem as, at least potentially, their own.

ANNE'S CALL (Transcript 2)

With this transcript I want to consider some of the key metaphors deployed throughout the interaction, as a great deal of the content revolves around these, especially during the turn (150-173) where A deploys a series of metaphors which operate together to produce the 'facts' of the commonality of dwindling sexual interest in long-term relationships. These metaphors offer powerful images which include the dwindling of electrical energy and deep subconscious beliefs. (Note that it cannot be ruled out that sex may be particularly liable to the deployment of metaphor in this context, given the 'delicate' nature of the subject).

A, towards the end of turn (73-82) moves from the literal at (78-79) to the figurative at (80-81):

73 A: Right OK .hhh first of all I think a couple of reassurances
74 are in order because I think this is something your feeling
75 quite upset about .hh a-and perhaps there's no so much need as
76 you're imagining .hh it's quite normal .hh er or .hh perhaps not
77 normal [laughs] I mean er i-it's all too common I should say::
78 .hh for sexual life to deteriorate in couples that have been
79 together for some period of time .hh that is to say that the
80 initial electricity () that makes the: the sex life very
81 passionate .hhh often does dwindle (.) with time (.) .hh now I
82 don't believe that there's

What is important here is that the deployment of metaphor (as opposed to simile) in this instance offers the figurative description of C's problem at (80-81) as equivalent factually to the literal description at (78-79). What I am suggesting is that the shift to figurative language - in particular to metaphor - offers the benefit of entailing a new range of meaning, as Harré (1983:283) describes:

By standing across a variety of applications a metaphor draws them into relation with one another, creating the possibility for similarities and differences, not hitherto noticeable, to emerge.

without undermining the truth value of A's claims and interpretations which is key to the force of the subjection.

Further on at (120-121) A introduces the notion of a subconscious and in this turn we can see once again the way that metaphor operates within A's interpretations. A uses the notion of depth 'very deep in our subconscious' and also the term 'rooted' (120-121). The subconscious then, is given a spatial quality, within which beliefs can take root. This however, along with the notion of 'bigger psychological changes' (125) does not constitute a metaphor as I have defined it earlier, in that these descriptions are not deployed to represent or offer *equivalence* to a given object. In fact, there is a sense in which subconscious can *only* be spoken of in metaphor and this is key to any discussion

concerning the role of language in the therapeutic interaction. Thus, we see here that metaphor is a condition of possibility for knowledge of the interior. Harré (1983:283) proposes something similar in relation to personal being:

In the sciences the bridgehead to intelligibility is maintained by metaphor. I propose that the intelligibility of our private-individual thoughts and feelings is maintained by ourselves for ourselves, in just the same way. Personal meaning is individual metaphor.

At (146) A combines elements of two previous themes - an emphasis on 'psychological changes' (114-115, 125) and the spatial metaphor of depth and rooting, 'deeply rooted' (151-154) - but now introduces the notion of 'hang-ups':

150 A: but once the you've passed that stage of your life and
151 you've had your children .hh th:: women do get some very
152 deeply rooted psychological hang-ups about sex .h and that's...

This combination of everyday language with the previous allusion to the unconscious are deployed as 'one of the reasons' for the dwindling of electricity (153-154). A then goes on to offer a further account using simile, whereby becoming more comfortable with each other is like becoming deep friends or brother and sister where a sexual relationship seems inappropriate (that is, sexual relations would be incestual). Once more what we observe here is far

more than the use of mixed metaphors in an effort to persuade but the complex construction of ethical relations. For example, A's deployment of metaphor at (151-154) provides an ethical substance for both the caller herself 'psychological hang-ups' and for the caller and her husband together 'dwindling electricity'. We will see now however that towards the end of the exchange another 'substance' is introduced.

Later in the interaction A introduces another interpretation, explicitly identifying a 'problem':

249 raped which is a very very different situation .hhh (.5) I
250 think .h that one of the main problems that I see: is that
251 whatever else has happened in your relationship over the years
252 .hh there have become .hh erm some communication barriers: I
253 think

then A provides a reason for this conclusion:

257 A: because it sounds like .hh you and your husband don't
258 discuss your sexual life (.) very much at all

Here then, the shift to a 'substance' of 'communication barriers' moves the problem towards the relationship between the caller and her husband. However, at (287-289) A introduces the metaphor of rekindling and once more shifts the problem towards the caller herself and the way she speaks to her husband about their sexual life (295-296). Thus, although the substance 'communication barriers' relates to both the caller and her husband, it is the caller herself who

must take responsibility for breaking them by undertaking the ethical work suggested by A.

EXCERPT 8 (T2: 287-335)

287 A: Right .h so maybe for the same psychological reasons that we
288 were discussing earlier .h but now you've found something that
289 rekindles::
290
291 C: Yeh (1) that's it
292 [
293 A: .hh your interest .hh and I (.5) would expect that that's
294 something that your husband would be very pleased to hear (1)
295 .hh but of course it's how you actually speak to him about
296 this and I think the answer to that has to be by degrees .hh I
297 think that before you can actually maybe openly tell him
298 everything that you've told me tonight .hh you have to first
299 of all build up some kind of communication channels (.) about
300 your sexual life (.) .hh and I think that that's something
301 that is maybe going to take some time .hh and I think can
302 start with telling him just as you go along .hh what you like
303 what you're enjoying .hh and (.) if he is being in some way
304 .hh erm passionate but not as as rough as you have enjoyed him
305 to be .hh then encourage him to be more passionate actually
306 actually tell him
307
308 C: Mm
309 [
310 A: at the time .hhh that's when its much easier to discuss sex I
311 mean we .hh british are so cool t's very difficult out of the
312 bedroom (.) for us to discuss our sex lives
313
314 C: Yes=
315
316 A: =.hhh but in the heat of the moment (.) you can let some of
317 your inhibitions go (.) .hhh and
318 |
319 C: Yes
320
321 A: that's the time to start encouraging him in the the things
322 that you would like to do more
323
324 C: Yeh
325
326 A: .hhh and I think that's beginning then to help you both to
327 communicate to each other .hh and it's also helping to
328 establish .hh a closer relationship all round because (.) I
329 suspect that after the time that you've been together if there
330 are communication barriers they probably not just about your
331 sexual life .hh there are possibly some other areas where you
332 find it difficult to communicate at a deep level .hh an and
333 maybe some of that has come through sexual tensions that have

334 built over the years .hhh and particularly over these past few
335 years that you've mentioned

A then goes on to detail this ethical work and even within this more 'practical' advice, A deploys a range of metaphors:

296 this and I think the answer to that has to be by degrees .hh I
297 think that before you can actually maybe openly tell him
298 everything that you've told me tonight .hh you have to first of
299 all build up some kind of communication channels (.) about

301 that is maybe going to take some time .hh and I think can start
302 with telling him just as you go along .hh what you like

310 A: at the time .hhh that's when its much easier to discuss sex I
311 mean we .hh british are so cool t's very difficult out of the
312 bedroom (.) for us to discuss our sex lives

316 A: =.hhh but in the heat of the moment (.) you can let some of
317 your inhibitions go (.) .hhh and

326 A: .hhh and I think that's beginning then to help you both to
327 communicate to each other .hh and it's also helping to
328 establish .hh a closer relationship all round because (.) I

328 establish .hh a closer relationship all round because (.) I
329 suspect that after the time that you've been together if there
330 are communication barriers they probably not just about your
331 sexual life .hh there are possibly some other areas where you
332 find it difficult to communicate at a deep level .hh an and
333 maybe some of that has come through sexual tensions that have
334 built over the years .hhh and particularly over these past few
335 years that you've mentioned

Thus, A sets up a notion of stages or steps in relation to C's ethical work and eventually offers a 'telos' in the form of a 'satisfying sex life' (413). Once again the deployment

of metaphor produces more complex effects than simply persuasion, providing the caller with a substance to work upon, the form that such work should take and the overall goal of her therapeutic endeavour.

SALLY'S CALL

EXCERPT 9 (T10: 144-182)

144 I'm obviously being punished for
145 something that I've done (.) you know
146
147 A: Well not necessarily you may have just (.) I mean this may
148 be like slipping on an ice mountain you might be walking down
149 this ice mountain you take the wrong foot and you start
150 slipping and one of the problems about eating disorders is
151 that once (.) you see the body is like a very delicately
152 balanced spring in a way and it knows exactly when its had
153 enough and it knows exactly when its full up and it knows when
154 to stop eating and when to start eating now that mechanism's
155 incredibly delicate and what has happened and what happens to
156 so many people most bulimics and most eating disorders start
157 with some kind of dieting
158 []
159 C: yeh mine did
160
161 A: and that seems to upset the body's regulation mechanism (.)
162 it like you know you fiddle around with the thermostat on the
163 central heating system and once you've got it out of order it
164 finds it incredibly difficult to get itself back in in order
165 again (.) and so it doesn't help you and I don't think its
166 even true to say that you're compulsive eating or your endless
167 eating is (.) is really the result of your own failure it's
168 because the mechanism of your body sensing when you're full up
169 has got overridden (.) now the answer for you is can you get
170 control of your weight again and if you can believe in
171 yourself and trust yourself and care for yourself then you
172 might be able to (.) and I mean the way forward as I see it is
173 to really try and commit yourself to a diet and to get into a
174 relationship with somebody who will stand by you and rather
175 than at this stage being admitted somewhere and spending all
176 your parents money if you could afford to go to a counsellor
177 even two or three times a week (.) but it's got to be someone
178 who's experienced in this field its no good going to somebody
179 (.) you know who's got a counselling diploma from here or
180 there or somewhere (.) eating disorders are their own special
181 (.) very difficult er problem and you've got to be experienced
182 in them if you're going to help somebody

At (144-145) the caller (Sally) offers an account of her bulimia as 'being punished for something that I've done'. This interpretation of the caller's own situation leads A to reply with an alternative in the form of a simile; 'like slipping on an ice mountain' (148) and A develops this in what might be termed 'narrative style' that is, he presents the events within the simile in their order of imagined occurrence:

147 A: Well not necessarily you may have just (.)I mean this may be
148 like slipping on an ice mountain you might be walking down this
149 ice mountain you take the wrong foot and you start slipping...

At (151-152), A introduces a second simile concerning the body, 'the body is like a very delicately balanced spring' and then develops this simile by switching the word 'body' with 'it' which, I suggest, has the following effects. The deployment of the pronoun 'it' potentially makes reference not only to the body (in general) but also to the previous reference (simile) which likened the body to a machine, so that what began as a resemblance 'the body is like a machine' we are now asked to accept as fact. A then places this 'factual' description within a further metaphor:

154 to stop eating and when to start eating now that mechanism's
155 incredibly delicate and what has happened and what happens to...

where the term 'that' appears to refer back to the simile 'body is like a very delicately balanced spring' (151-152). Here again, this is offered as fact rather than resemblance and is then related to an aetiology (162-165) where dieting 'upsets the body's regulation mechanism' (161), which is offered as concrete fact and which, in turn, becomes the object of a further simile - this mechanism is 'like the thermostat on the central heating system' (162-163).

150 slipping and one of the problems about eating disorders is
151 that once (.) you see the body is like a very delicately
152 balanced spring in a way and it knows exactly when its had
153 enough and it knows exactly when its full up and it knows when
154 to stop eating and when to start eating now that mechanism's...

At (165-167), A refers directly to the caller's problem as not the result of her own failure and goes on to provide another metaphor which draws together the events of all of the previous ones, (167-169):

167 eating is (.) is really the result of your own failure it's
168 because the mechanism of your body sensing when you're full up
169 has got overridden (.) now the answer for you is can you get

Thus, by following the entailment relationships (c.f. Lakoff & Johnson, op cit) we can observe that what begins as a simile (at 135), becomes a *description* of the body's mechanism (138-141) and finally a factual statement regarding the aetiology of the condition itself (bulimia). The metaphor of damaged thermostat shifts seamlessly into a description of a physiological cause; offered as *fact*.

The key effects of this final metaphor are that:

1) The body is given a certain autonomy in its physiological processes, seemingly exonerating the caller from any culpability regarding her condition.

2) This factuality is conveyed in a pseudo-scientific language (for example, an overridden mechanism), and was developed through a series of metaphorical references that began as similes. In other words, what we are offered as fact, relies upon the previous use of simile and metaphor for its intelligibility in that A's reformulated account initially utilised resemblance but culminated in a description of fact, that is the production of truth.

So far I have indicated the importance of the role of simile and metaphor in this excerpt of therapeutic conversation and that specifically we can identify a discursive technique which involves moving from simile (and resemblance) to metaphor (and factuality). What however, are the ethical effects of the mobilisation of simile and metaphor? A's interpretation initially appears to avert culpability from the caller after her self-blaming interpretation at (144-145), however, if we also consider A's metaphor at (162-165):

162 it like you know you fiddle around with the thermostat on the
163 central heating system and once you've got it out of order it
164 finds it incredibly difficult to get itself back in in order
165 again (.) and so it doesn't help you and I don't think its
166 even true to say that you're compulsive eating or your endless
167 eating is (.) is really the result of your own failure it's...

there is a sense in which these utterances are anomalous in that A appears to produce culpability through the ambiguous use of 'you' in relation to dieting, that is, 'you' could equally apply to the caller or dieters in general. However, at (165-169) A dismisses a general notion of the caller's failure in favour of an overridden body mechanism but this seeming exoneration shifts once more as A urges C to get control of her weight (169-170); so that culpability seems to have returned through an implication that control has - at some time - been lost by the caller:

169 has got overridden (.) now the answer for you is can you get
170 control of your weight again and if you can believe in...

Thus, through these complicated moves A's deployment of metaphor and simile carefully balances the issue of responsibility. A's discourse relieves C from the responsibility for her condition but at the same time opens a space of accountability through her dieting and finally goes on to constitute C as responsible for her cure through her relation with herself:

170 control of your weight again and if you can believe in
171 yourself and trust yourself and care for yourself then you
172 might be able to (.) and I mean the way forward as I see it is
173 to really try and commit yourself to a diet and to get into a
174 relationship with somebody who will stand by you and rather
175 than at this stage being admitted somewhere and spending all
176 your parents money if you could afford to go to a counsellor...

Thus, the deployment of metaphor within A's discourse conveys sophisticated ethical constructions - averting blame for the condition itself but encouraging a therapeutic responsibility by making the self accountable to itself. That is, within A's turn (170-172) the caller's relation with herself is constituted as the prime material upon which she must work, where self-belief, self-trust and self-care is the work to be performed. However, at the same time (173-176) A also offers self-commitment to a diet and forming a (presumably intimate) relationship as key to the caller's cure.

In this relatively short section of A's turn (161-182), A has produced a therapeutic responsibility on behalf of the caller which above all entails the care of the self, and at the same time offers the form of that self-care as including trust and belief. Perhaps what is most interesting is that these broad and sweeping imperatives 'trust in yourself' are offered without instructions for their exact implementation, implying that they are already understood and accepted by both C and the overhearing audience.

4.10 CONCLUSION

Looking in detail at a range of key exchanges and using conversation analytic and semiotic approaches we saw that:

a) A's discourse has a clear shaping effect upon that of C, in one example (Belinda) C's utterances and account became

more aligned with A's; A provided novel words for C to express the problem, condensed C's sometimes long and complex turns into singular utterances and thus reworked the overall organisation of C's account. In addition, A - at the same time - provided models for C (and the overhearing audience) for how to execute a call.

b) A's questions, along with the deployment of figurative language, were found to re-shape the content of C's problem and to constitute complexes of culpability and exoneration, including the attribution of a 'therapeutic' responsibility.

The (discursive) processes identified in these exchanges were considered as *techniques* which operated in relation to the production of truth, thus the shaping-up of C's account by A and the deployment of figurative language can be seen as two forceful modes of subjection. We also identified other ethical features of therapeutic discourse including the constitution of ethical substance and telos.

Finally, we recognised figurative language as a condition of possibility for knowledge of the interior which was intimately tied to the process of subjection and therefore to the operation of power. Harré (1983:283) likewise relates the operation of figurative language (metaphor) to the operation of power (authority):

...metaphorical discourse provides the wherewithal for us to gain epistemic access to ourselves, to the personal realignments and reformations or transformations of the public-collective endowment I called appropriations, and partly brings them into being. What we will find in ourselves will then be a function of the metaphors available in the public-collective domain.. This is yet another facet of the principle that we strive to become what the best authorities tell us we are.

The findings above are somewhat at odds with the transmission model of the operation of language we met earlier (c.f. Dryden & Feltham, op cit). We have seen that C's original problem is re-shaped discursively rather than through perceptive listening. Moreover, this re-shaping appears to alter the ethical relations (for example with respect to accountability) already present in the problem C brings to the exchange. In this sense therapeutic discourse must be considered far from disinterested or value-free.

We also saw that the therapeutic modes of subjection operating in these encounters could not be adequately described in terms of rhetoric or persuasion. The advisor does much more here than tell convincing stories. Rather, the Foucauldian conception of *technique* enables us to understand the operation of therapeutic discourse (including both its form and content) as *strategic*; a key difference from a purely rhetorical understanding. Put another way, the variety of discursive techniques (for example, interruptions and figurative language) deployed by A produce the strategic

effect of shaping-up the caller's account and shifting accountability; thus these discursive techniques constitute much more than persuasion in relation to 'interest'.

It is important however, not to ask too much of the brief exchanges analysed here, a relatively short phone-call to a counselling broadcast may or may not constitute a therapeutic/transformational event in the everyday life of the caller. However, we can see that the modes of subjection operating within these exchanges do open up new possibilities for conduct via the provision of new understandings of oneself and its relation both to itself and to others, (c.f. Hacking op cit).

Finally, we may now return to our two questions offered at the end of section A in that the therapeutic modes of subjection identified here - formal shaping-up and the deployment of figurative language - operate as techniques which are all the more forceful because they operate not simply to construct the truth about the caller's problem but to enable the caller to tell the truth about *themselves* - and this is the sense in which the processes identified here can properly be termed subjection. Rose (1989:246-247) offers a useful description of this form of subjection:

Subjects come to identify themselves with the kind of self they are brought to display in their speech and conduct in the therapeutic scenario, to take responsibility for themselves as ideally that kind

of person, to be impelled by the pleasures and anxieties in the gaps between themselves and what they might be. They become in the passage through therapy, attached to the version of themselves they have been led to produce.

What forms of self were provided by therapeutic discourse in these exchanges? Perhaps the most important finding in relation to forms of self is that in all the exchanges considered here the caller is made the responsible agent in resolving their problem. In particular, we can observe a link between the deployment of figurative language involving the constitution of 'psychological' entities and processes (for example 'guilt', 'communication barriers') and the production of selves which are urged to account for themselves as both the target of and the responsible agent in their own cure.

However, it is not that the complexes of accountability found within these exchanges are produced *only* through figurative language (for example, we saw that A's provision of new words effected a shift in the form of accountability within Belinda's call, section 4.8), but that the identification of the effects of A's deployment of figurative language as a mode of subjection revealed the complexity of the operation of therapeutic discourse in this regard. Finally, we might broadly identify the therapeutic responsibility engendered during these calls as a form of telos (c.f. Foucault, 1992) in that callers are invited to aspire to the image of the

self-governing, effective person (c.f. Nelson-Jones, op cit)
we met earlier.

CHAPTER 5 - PART A - COUNSELLING DISCOURSE AND THE PROCESS OF
PROBLEMATISATION

5.0 INTRODUCTION

In chapter 4 I undertook an examination of the therapeutic interaction which employed conversation analysis with a semiotic approach to explore some formal and figurative discursive techniques involved in the therapeutic process. This chapter further considers the role of discourse in that process through the use of the analytic of 'problematization' elaborated in Foucault's later work (c.f. Foucault, 1988b, 1992; Castel, 1994), which, I suggest, provides a further alternative to the psychologistic and individualistic assumptions of the process research discussed in chapter two, (2.1, 2.2).

While in the previous chapter I was concerned with the question of *how* therapeutic concerns became established as such, here I am interested in the *content* of the problems and solutions found within the data. In other words, I am interested in the features and characteristics of the problems that callers present and the reformulated problems and solutions offered by the advisor at the end of the call. I take the term 'problem' here to mean anything that the caller (and subsequently, the advisor) highlights or constitutes as an object of concern, for example elements of callers' relationships with themselves and others, their

histories, aspirations, passions, desires and so on that merit attention, reflection and discussion.

I have suggested that the therapeutic interaction concerns the discursive (re-)construction of ethical relations, in Foucault's lower level sense (c.f. Couzens Hoy, 1986) of the callers self-formation as an *ethical subject of their own action*. Thus, here I employ Foucault's methodological notion of 'problematization' to underscore the processes by which the caller's initial problem is re-framed in terms of a therapeutic problematization in an ethical form - a process which includes both the (discursive and non-discursive) practices that form its conditions of possibility and the practices offered to the caller which they are invited to apply to themselves (techniques of the self).

Although CA - elements from which I utilised in the previous chapter - would perhaps uncover the complexity of the conversational *structure* in these calls, the Foucauldian perspective I offer here alerts us to the significance of structure in a way that departs from CA, that is, as something that is more than that which the participants create. So that, in addition to an analysis of the content of the data we are able - through the use of Foucault's analytic of problematization - to consider the absent

structural conditions that make the constitution of the therapeutic problems found in the data possible.

I suggest that in this particular case these absent conditions are a set of moral preconditions, in that the kind of accounts and problematisations offered by C and A (respectively) are only possible to the extent that they both *share* a moral universe; what is absent from the data but must be made present in order to make sufficient sense of it, is a shared moral order.

My primary focus then, will concern the *transformation* of the callers account of their problems; by comparing the callers initial formulation with the reformulation aided by the therapist (here - as with the previous chapter - conceived in terms of the voice of therapeutic discourse), I aim to highlight the differences in ethical relations between the caller's original formulation and the therapeutic problematisation. Thus the empirical element of this chapter will focus on a 'before and after' comparison of the content of the caller's account of their problem and what I will term the (subsequent) therapeutic account.

The key aim of this chapter then is to explore the processes of problematisation which constitute part of the caller's Being as worthy of attention (c.f. Foucault, 1992), including

the provision of ethical work or techniques of the self which the caller can utilise when the phone-call is over as a means of transforming their own difficulties. As with the previous chapter I will begin by considering some existing work which connects to the analysis and outline the methodological framework in more detail.

5.1 PROBLEMATISATION AS A CONVERSATIONAL PROCESS

We might consider psychotherapy process research - which I discussed earlier, chapter (2.1, 2.2) - as operating within an 'extra-moral' domain. If one accepts Foucault's (1992) account of ethics then the discursive process of problematisation identifiable within the data may usefully be analysed in terms of the formation of ethical relations, re-inscribing the notion of counselling 'process' within a moral and ethical domain.

Foucault (in Castel, 1994:239) defined problematisation as:

...not the representation of a pre-existing object, or the creation through discourse of an object that does not exist. It is the totality of discursive and non-discursive practices that brings something into the play of truth and falsehood and sets it up as an object for the mind.'

Thus, by adopting Foucault's notion of problematisation the therapeutic process may be reconceptualised in a double sense: a) as involving the constitution of 'problems' through the establishment of *truth and falsity*, b) as brought into

being by both discursive and non-discursive practices and structures.

Early in his *History of Sexuality, Volume 2* (1992) Foucault suggests a distinction between interdiction and problematisation:

It is often the case that the moral solicitude is strong precisely where there is neither obligation nor prohibition . In other words the interdiction is one thing, the moral problematisation another.
(p. 10)

Instead of looking for the basic interdictions that were hidden or manifested in the demands of sexual austerity, it was necessary to locate the areas of experience and the forms in which sexual behaviour was problematised, becoming an object of concern, an element of reflection, and a material for stylisation. (p. 23-24)

For Foucault then, problematisation, separated from interdiction, throws into relief those things with which we are obliged to concern ourselves, not morality in the sense of a set of rules but the very constitution of those things that our moralities might engage with. Foucault (*op cit*:10) also wondered why our ethical concern over sexuality had remained so persistent:

Why this ethical concern that was so persistent despite its varying forms and intensity. Why this "problematisation" . But after all, this was the proper task of a history of thought, as against a history of behaviours or representations: to define the conditions in which human beings "problematised" what they are, what they do, and the world in which they live.

Here then, 'problematization' refers to the ways in which we come to think about ourselves and the world around us as moral domains and the subjects/objects these forms of thinking, speaking and acting bring into being. Foucault (*op cit*:11) then, saw his project as:

...a matter of analysing not behaviours or ideas, nor societies and their "ideologies", but the "problematizations" through which being offers itself to be, necessarily thought - and the practices on the basis of which these problematizations are formed.

It is precisely this I suggest that we witness in the therapeutic exchange; a process of problematization which constitutes part of the caller's being as worthy of attention along with the practices that make this possible - including the kind of (ethical) work that the caller must do and the goals towards which they must strive. Remember also that these ethical relations constitute a complex form of subjection.

However, in considering problematization as a conversational process, I need to say something about Foucault's specifically historical use of the term (c.f. Foucault, 1988b, 1992). Foucault (*op cit*) and Castel (1994) employ the notion of 'problematization' in relation to a *historical* method, that is, in terms of the genealogy of a contemporary

'problem', seeking to address questions such as: how has this problem come to take its present form (as something questionable and in need of a solution)? what was the play of power, discourse and practice that brought it into being?⁴ For example, Foucault (1992:36-37) suggests that the form of moral enquiry concerning the *aphrodisia* (sexual pleasure) in Antiquity was made possible by a 'field of problematisation' which referred to the ways in which the *aphrodisia* had been (historically) constituted as a 'domain of moral concern'.

Although others have acknowledged the importance of history for a full understanding of human interaction (see for example, Gergen, 1973 c.f. social psychology), here I seek to shift the notion of problematisation away from a historical analysis and towards an analysis of the micro-processes within the therapeutic interaction. I am not claiming an equivalence between the genealogy of a problem's present and the brief conversational exchanges analysed here but rather I suggest that if we accept that history provides reference to an (absent) set of relations that open the space for a (present) set of questions and concerns then we might also consider the absent conditions required for the processes of problematisation found within the data examined here.

⁴ Although Castel (1994) reminds us that in using the analytic of problematisation we risk projecting a contemporary 'problem' back onto historical conditions that might have had little concern for it.

What I offer then, is a notion of the process of the reformulation of 'problems' during the encounter as operating through the insertion of what the caller brings into a therapeutic field of problematisation - although it is important to remember that constituting something as a 'problem' in the first place has already situated it within a moral domain and callers will themselves have constituted their problem as requiring some kind of therapeutic intervention, given they are calling the 'counselling hour'.

I am thus offering an alternative understanding of the notion of problematisation as a process of micro-interaction (although here I consider spoken discourse, this could equally apply to the reading of a self-help publication, for example), which is more than the prioritisation of one concern over another (Dryden & Feltham, 1992) or the skilled unprejudiced elicitation of client problem management (Egan, 1990), but the insertion of callers' concerns within a moral domain (or a field of problematisation), through - in this case - a discursive technology and where we might take our analysis beyond the conversation itself to the (absent) conditions (discursive and non-discursive practices) which make it possible.

5.2 PROBLEMATISATION AND ETHICAL SELF-FORMATION

Having offered an argument for the use of Foucault's analytic of problematisation in relation to the therapeutic conversation, I want now to consider in a little more detail how we might go about this, in particular the way that problematisation relates to ethical self-formation and how this connects to some existing work.

5.2.1 DISCIPLINE AND ETHICS

Bloor & McIntosh (1990) produce what they term a typology of client resistance from existing interview and participant observation data concerning health visiting and therapeutic communities. They suggest that the role of surveillance as a technique of power and its opposite (for them) concealment as a technique of resistance has been 'hardly appreciated' (p.159) in analyses of professional-client relationships. They aim to provide a typology of the forms of surveillance and resistance encountered in their studies. In a similar way to Bloor & McIntosh, I seek to provide a description of the therapeutic interaction in Foucauldian terms but I am concerned less with surveillance and resistance (concealment) and more with the issues raised in Foucault's later works (that is, rather than his genealogical projects).

Although an analysis in terms of surveillance and resistance would certainly be worthwhile, there is much more at work in

the data considered here than disciplinary power. For Foucault (1991), the "science" of discipline meant a science of transforming the individual; in madhouses, poorhouses, the army, factories, schools, hospitals and so on. I suggest in this chapter that therapeutic practice is more than simply the therapeutic's normalising judgements but rather a technology of (ethical) problematisation which requires individuals to transform *themselves*. In other words, what is of interest with these problematisations are the ethical relations constituted within them. So although caller resistance and the surveillance operating through therapeutic discourse are both important here; the key question I am asking is what are the ethical relations to which the caller - in this instance - is required to subscribe?

5.2.2 MORALITY, ETHICS AND THERAPEUTIC DISCOURSE

Let us firstly remind ourselves that therapists do not generally tend to consider their practice as fundamentally about morality. Most, I suspect, would say that they offer or inform their clients about the range of choices available to them. Reflections upon the therapeutic process - as I have shown (ch. 4) - tend to offer a disinterested position as the following extracts further suggest:

...a common process which occurs across procedures is that therapy consists of training the client to think and behave like a scientist... When they come to us they [clients] usually have an undifferentiated interpretation of their problems.

We challenge them to generate a series of alternative hypotheses: and in some cases suggest such. We evolve with them a formulation of their problem in a way which attributes the difficulty to self-defeating ways of thinking and behaving... In other words therapy may be seen as a process in which the client is prompted to generate alternative hypotheses and evaluate them by conducting experiential experiments (Michenbaum & Cameron, 1980:30-31)

One of the aims is to get people who feel for instance that they can't cope, that life is awful and that everything is going wrong, to focus on one or two issues, and then look at why those particular issues might be difficult for them. Very often it is a question of reframing. (Cobb in Dryden, 1990:80)

For these practitioners the therapeutic process of 'formulation' and 'reframing' (respectively), operating through scientific evaluation and focusing, would seem to negate any possibility that the therapeutic process might operate within a moral domain in that, a) science offers a *disinterested* means of evaluation and, b) focusing works upon the problem as constituted by the *client* who is therefore culpable/responsible for its form. Here then, morality is either negated by scientific method or, if present at all, remains with the client rather than the therapeutic process.

Szasz (1961), in relation to Northern American culture, perhaps most clearly warned that (psycho)pathologising conduct in some way extricates it from the moral-social-political domain:

[The] evasion of interpersonal and moral conflicts by means of the concept of mental illness is revealed by the current 'dynamic-psychiatric' view of American life... according to which virtually every human problem - from personal unhappiness and marital discord to political conflict and deviant moral conviction - is regarded as a symptom of mental illness. (1961:86)

Szasz did not claim however that the psychiatrisation of American culture provided a means of understanding conduct as exterior to moral domains but rather that the moral code embodied by psychiatry and psychotherapy was implicit rather than explicit:

Freud [never made] explicit the moral values implicit in his theories and methods... One reason for this omission is that Freud liked to frame his investigations in the language of empirical - medical - studies. But *in the social sciences it is virtually impossible to conduct empirical studies wholly devoid of evaluations...* Furthermore, it is easy to demonstrate that Freud and other psychiatrists favoured some values and opposed others. (1961:244, original emphasis)

I take a similar position in this chapter - that therapeutic discourse has its effects through its operation within a moral and especially an ethical domain but where this ethical operation is not presented as such.

Foucault (1992:25) suggests that "morality" refers not only to the notion of the "moral code" but:

..also refers to the real behaviour of individuals in relation to the rules and values that are

^{man} recommended to them: the world thus designates the manner in which they comply more or less fully with a standard of conduct, the manner in which they obey or resist an interdiction or a prescription; the manner in which they respect or disregard a set of values.

Foucault then, was interested in the many different ways that we form ourselves as subjects of these moral codes, specifically:

..the manner in which one ought to form oneself as an ethical subject acting in reference to the prescriptive elements that make up that code. (p. 26)

I have suggested that therapeutic discourse is saturated with such prescriptions and interdictions (ch. 4A), however we might add that these are articulated in relation to a particular form of the therapeutic 'process' which will depend upon the therapeutic system at work; for example a great deal of therapeutic work involves identifying those elements in one's everyday interactions that relate to one's own psychological processes in contrast to those of (significant) others; as we saw in the previous chapter, here accountability in terms of one's own part in one's problems is paramount.

Thus, the central thesis here is that it is precisely these moral and ethical relations, that is, the ways in which the moral code invites certain forms and modes of relations to

oneself that are being displayed in the therapeutic interaction. The key point in relation to problematisation is that *truth* is produced through a complex set of relations between the code (or therapeutic system) and the relation to oneself that it invites.

In chapter 4 we considered the (formal) negotiation of these relations during the encounter whereas here we will focus upon the therapeutic exchange as a site in which this truth is operationalised in terms of accounts, given that I have suggested that the therapeutic process might be conceptualised, (for the sake of analysis), as consisting of an initial 'caller' account which is subsequently transformed into a 'therapeutic' account of the problem - created through therapeutic problematisation. As Rose, (1989:247) suggests, clients (and callers):

..become, in the passage through therapy attached to the version of themselves they have been led to produce.

5.2.3 THE MORAL ADEQUACY OF SELVES AND THE PRODUCTION OF ACCOUNTS

Cuff (1994:40) connects the constitution of a moral self with conversational processes, arguing that the identity of the speaker - along with the other identities conveyed in their

story - is intricately bound with the 'moral adequacy' of the account or version⁵:

The teller, in producing an account of what is happening in the world, is also unavoidably producing materials which make available possible findings about his [sic] characterological and moral appearances as displayed in his [sic] talk.

Conversely, if the teller's moral identity is changed or at least brought into doubt then the moral adequacy of the account also shifts. For example, Cuff (op cit) reminds us that an account of marriage break-up offered by one party risks being heard as partisan. As a result the teller may orient their version to avoid being heard in such a way (p. 49-50). For Cuff then, what is of central importance in the production and reception of accounts is that they are assessed for their moral adequacy which will always operate in relation to a moral assessment of the identity of the teller.

Cuff cites Smith's (1973) *K is Mentally Ill* where the identity of the teller of the account under scrutiny is (implicitly) offered as a major element in its production, that is, we already know that Alison is K's friend. Cuff suggests that if we assess Alison as in some way wishing harm

⁵ Cuff uses the term 'version' (concomitant with his CA position) while I have transposed the term 'account' which fits better with contemporary social psychological approaches (for example, Antaki, 1988; Harré, Clarke & DeCarlo, 1985:88; Edwards & Potter, 1992:52). However, both these terms remain somewhat untheorised in that we may ask whether they refer, for example, to an explanation, a vocabulary or a grammar?

to K, the moral assessment of the version will shift - alternatively put, it is our knowledge that Alison is K's friend that enables us to accept the objectivity of her account, constructed, in part, through reference to many different individuals and the consensus this appears to provide. Cuff attempts to give a much more central role to the moral identity of the teller than Smith who he suggests had failed to properly consider the relationship between the student (who interviewed Alison and wrote up the account), and Alison herself.

Cuff (1994:20) further suggests that accounts may be conceptualised as competing constructions of reality and reminds us that they are taken to be correct not because they can be empirically verified but because they somehow are 'credentialled' (meaning legitimated) and at the same time 'ironicise' all other versions. In other words, Cuff is concerned with the production and management of competing accounts which he suggests should be conceptualised as understood by members as *alternative* versions (which is similar to the 'interested' versions we met earlier, ch. 3.2).

Note however that Cuff argues that the systematic subversion of accounts is found in everyday interaction and the content of the account under scrutiny itself determines an

appropriate alternative - whereas I am arguing here that therapeutic discourse deploys a limited range of scenarios which may be applied to a wide variety of (caller) accounts. In this way the content of the account under scrutiny does not wholly determine the alternative - again, here we need to move beyond the structures found in the conversation itself in order to make full sense of the exchange, for therapeutic discourse operates in relation to a wider moral order.

In the exchanges analysed here then, there is more of interest than the subversion of the caller's account by an expert (c.f. Cuff *op cit*:78); in fact, Cuff's position offers only a limited opportunity to theorise and analyse power relations, for example, do we assume that the caller and the therapist occupy something approximating an 'ideal speech situation'? I take - selectively - from Cuff's arguments the link between the moral adequacy of selves (especially the speaker) and the moral adequacy of accounts. In suggesting that the advisor can be seen to reformulate the caller's account - transforming it to offer a shift in the (ethical) identity of the caller, I offer a means to analyse what Cuff terms the 'moral adequacy' of the teller in greater detail using Foucault's four dimensions of ethical problematisation. In this way we may consider the therapeutic exchange as less an attempt at the transformation of the (moral) identity of

the caller but rather the provision of an (ethical) identity that enables the caller to transform themselves.

5.2.4 DISCURSIVE POSITIONING AND MORAL ORDER

Davies & Harré (1990:58) offer a similar argument to Cuff (*op cit*) in relation to their methodological model of subject positioning in social action, including conversation:

One's beliefs about the sorts of persons, including oneself, who are engaged in a conversation are central to how one understands what has been said. Exactly what is the force of any utterance on a particular occasion will depend on that understanding.

Davies & Harré (1990:48) outline a methodological technique through which to analyse the operation of this subject positioning in conversation:

...positions are identified in part by extracting the autobiographical aspects of a conversation in which it becomes possible to find out how each conversant conceives of themselves and of the other participants by seeing what position they take up and in what story, and how they are then positioned.

In this chapter, I will utilise this technique of identifying the autobiographical aspects in the caller's account of their troubles and go on to identify how the caller is subsequently positioned in the therapeutic account. Moreover, Harré & van Langenhove (1991:399) later considered in more detail the

ways in which positioning relates to moralities, suggesting that:

When people are positioned or position themselves, this will always include both a moral and a personal positioning. (Harré & van Langenhove, 1991:398)

...a position is just a set of 'locations' on a variety of polar pairs of moral attributes. (Harré & van Langenhove, 1991:398)

Harré, Clarke & De Carlo (1985:ix) define this third level of analysis, relating it to the social construction of emotions, as:

...collective processes and structures, which are social in the larger sense. The most important of these, we believe, are the multiple moral orders that enter in one way or another into every aspect of our lives, and most particularly into the formation of our culturally distinctive emotions.

Thus, Cuff and Harré & van Langenhove/Davies & Harré share a somewhat similar position in that 'moral adequacy' links to moral 'positioning' or 'location' in conversation and its operation within a wider moral order which presupposes a certain 'form of life' and which lies - for us - beyond, in some sense, the therapeutic exchange. The key point here is that moral location and moral order are intimately bound up with spoken interaction. In methodological terms then, I am looking for the moral positioning or location in the two accounts (caller and therapeutic) found within the exchanges

and which are more than alternative versions of reality (c.f. Cuff *op cit*) in that they are not necessarily equivalent in legitimacy and authority but are rather bound up with relations of power.

5.3 CONCLUSION

I have partly reformulated Foucault's (1988b; 1992) analytic of problematisation aiming to address the question; how are everyday problems rendered into therapeutic discourse? in relation to the deployment of therapeutic languages of description and their moral preconditions. This is a very different way of considering the operation of therapeutic techniques, not as acting upon an already existing self - somehow independent of the social relations within which it is embedded - but rather as constituting the self as cipher, as a puzzle; something to be worked upon and transformed. Moreover, I will show that therapeutic discourse (re-)produces the self in such a way as to radically alter the ethical relations within the problem initially presented by the caller. It is this (technical) work, I suggest - both discursive and non-discursive (c.f. Hodges, 1995) - that constitutes the very thing that therapists claim to treat.

To summarise, in this chapter I will consider the therapeutic process at a more overarching level than the previous chapter, conceptualising therapeutic discourse as a field of problems and issues, forms (or 'ontologies') of self and

right ways of living which constitute a particular kind of (therapeutic) responsibility on behalf of the caller - conceptualised as a conversational process involving a field of problematisation which relies on a wider moral order, shared by the participants, for its operation.

5.4 INTRODUCTION

In the analysis that follows I aim to contrast the contours of the caller's account of their problem at the beginning of the call with its final shape after therapeutic intervention. This does not mean however, that we are able to unproblematically trace the content of the problem before and after intervention, there is great variability in the unfolding of these exchanges, where the form of the caller's initial problem and the extent to which A shapes it up varies greatly from call to call. However, it is possible to trace the broad overall transformation in the content of the problem during the call - especially given our interests in relation to the production of 'self' - and where there is no clear initial account from the caller (or where this is very brief) I include within the analysis some of A's early shaping up, though it is important to keep in mind that this, in fact, represents a phase of negotiation and interpretation. As with chapter 4, I use 'A' to refer to the advisor and 'C' to refer to the caller. All line numbers from transcripts are given in brackets.

The first three exchanges to be analysed were chosen to provide an illustrative range of problematisation with respect to the clarity of transformation during each

interaction - in that Sally's initial account of her troubles is clearly identifiable whereas Ann's initial account, although identifiable, is extremely brief (delivered with two short utterances) while Belinda's account is inseparable from its shaping up by A; thus these three exchanges provide some useful initial scope upon therapeutic transformation within this setting. In addition, with respect to the range of duration of the calls, Sally's is the briefest followed by Ann's and then Belinda's (which is the longest), while the breadth of content is concomitantly greatest with Ann's and Belinda's exchanges. Moreover, these three calls include enough dialogue for us to gain the greatest initial purchase on the process of problematisation of interest here. Later in this chapter, I move on to consider the 'ontology' of self to be found within the data archive and its relation to moral order.

5.5.0 SALLY'S CALL - SUMMARY OF PROBLEMATISATION

Sally's initial account is delivered in one turn (7-25) without interruption and therefore her problem can be clearly identified prior to shaping up by A. Sally is bulimic and is unable to get the treatment she desperately needs because she feels unwilling to let her parents pay for it. After therapeutic intervention Sally's problem includes an account of the origin and development of her condition and extended advice concerning her path to recovery.

5.5.1 SALLY'S ACCOUNT OF HER PROBLEM

7 C: Er: I I don't know that you would erm be able to help I
8 don't know erm I erm I'm in a very difficult situation (.) I I
9 have bulimia and I've had it for five years (.) and erm I'm
10 not a typical bulimic (.) erm I don't make myself sick or
11 anything so erm: I've become very very overweight (.) erm the
12 problem is that erm because national health cutbacks etcetera
13 etcetera I've been told that that there literally isn't
14 anywhere that I could lose the weight (.) the hospital that
15 will deal with Bulimia can't have me there to lose the weight
16 (.) the the predicament I'm in is (.) erm my parents who've
17 both retired now and in their seventies who come from an
18 ordinary working class background have (.) erm (.) offered to
19 pay for me to go privately (.) they haven't really got the
20 money but they're talking about selling their house (.) you
21 know 'cos they don't want to lose their daughter (.) 'cos the
22 way I'm going on obviously I'm in a lot of danger erm (.) the
23 predicament I'm in is that I I just can't really feel that I
24 can (.) let them spend their money you know like that 'n they
25 (.) you know

During this initial - uninterrupted - turn Sally presents herself as follows (7-25):

- 1) As someone in a difficult situation (5-8)
- 2) A non-typical bulimic, who has suffered for five years (8-10)
- 3) As very very overweight (11)
- 4) As a victim of financial problems (11-14) including National Health cutbacks (12-13)
- 5) As having caring parents; 'they don't want to loose their daughter' (21)
- 6) As someone in danger - there is a temporal element here: 'the way I'm going obviously I'm in a lot of danger (21-22)
- 7) As someone who cannot take her parents money (16-19)

Sally completes her turn by describing her predicament as feeling unable to let her parents spend their money (22-25).

Sally's problem then, is constituted in relation to financial concerns (12-14, 22-25) and familial commitments (16-19, 22-25); as a result of Health cuts she is unable to get the help she requires - a hospital stay and the concomitant weight loss. She also feels unable to accept any assistance from her parents because they 'haven't really got the money' (19-20). However, there is an urgency to the problem as Sally is in a lot of danger (22).

To summarise, Sally accounts for her situation in terms of:

- 1) a problem that the Advisor might not be able to help (7);
- 2) financial problems, both general (NHS cutbacks, 12) and particular (parents 'haven't really got the money', 19-20) and
- 3) danger, Sally has become 'very very overweight' (11).

Sally then, makes herself accountable in terms of her parents' financial situation and the urgency of her bulimic condition. Note that it is not the bulimia itself that constitutes her problem but the (financial) difficulty in procuring treatment.

5.5.2 THE THERAPEUTIC ACCOUNT

The therapeutic account of Sally's troubles includes the following main themes:

1) Sally is someone for whom only food is worthwhile (49-50) and the only part of real life safe enough to get involved in (71-73).

2) Sally is not being punished for something she has done (147-157) but her problem began with dieting (155-157) and she has in some way upset her body's incredibly delicate mechanism (112) which is like a 'delicately balanced spring' (151-152). This experience is like slipping off an ice mountain (147-148).

3) Sally is someone who has upset her 'body's regulation mechanism' (161) which is just like a thermostat on a central heating system (162-163).

4) It is untrue to say that Sally's problem (endless eating) is a result of her own failure (165-167).

5.5.3 THE PROBLEMATISATION OF SALLY'S ACCOUNT

In what ways then, has Sally's initial problem been transformed through therapeutic intervention? Sally's account has moved from one in which financial problems form a central element of physical danger afforded by her bulimic condition to a therapeutic account consisting of two major parts; 1) the origin and operation of Sally's condition; 2) Sally's path to recovery, both of which I will now consider in more detail.

5.5.3.1 ORIGIN AND OPERATION OF SALLY'S CONDITION

Sally is constituted as, to some extent, the *victim* of her bulimic condition in that the condition operates through food becoming the only part of real life safe enough to get involved in - in this sense her condition is implicated as a "rational" response to the adverse circumstances in 'real life' (72) elicited previously during an early phase of shaping up (27-47). At (49-50) A offered the summation:

49 A: So (.) so is food one of the only worthwhile things in your
50 life Sally

Gaining some ascension from C at 52-53:

52 C: Erm (.3) really because I before that I had anorexia I sound
53 like a right case history don't I

These adverse real life conditions then, are as follows;

- a) Living alone in a council flat (35)
- b) Being on benefit and having no savings (35-36)
- c) Coming from a background of abuse and violence (40)
- d) Being unable to get into any relationship (41-42)
- e) Not having worked for five years (47)

These were elicited at (27-28, 32-33, 38, 44-45).

The construction of Sally as a victim is further emphasised through the constitution of the aetiology of her condition:

a) It began with dieting, the operation of which can be understood through figurative language (metaphor and simile) as follows:

i) The evolution of the problem is like slipping off an ice-mountain,

ii) The body is like a very delicately balanced spring,

iii) Upsetting the body's regulation mechanism is like fiddling around with the thermostat on the central heating system.

b) Common - it happens to so many people and most eating disorders start with some kind of dieting.

These figurative elements, along with the construction of the commonality of Sally's predicament, I suggest imply that Sally is a victim both of her circumstances (listed above) and the bodily condition which they have produced. In other words, Sally's role in her troubles is down-played in that it is the delicacy of the body's 'control mechanism' rather than Sally herself that is responsible, while Sally's dieting was a "rational" (that is, normal) response to adverse circumstances. However, the balance between exoneration and culpability is a complex one here - which I discussed in greater detail in the previous chapter (4.9). Here I am interested in the broader transformation of content (and its

relation to the process of problematisation) across the entire exchange.

Given this, I suggest that these metaphors and similes (and the vivid images they produce) constitute Sally as a victim, that is primarily she is not culpable. However, half way through A's turn at (161-182) there is an important shift in focus towards Sally's relationship with herself.

5.5.3.2 SALLY'S PATH TO RECOVERY

In order to get control of her weight again (169-170) Sally must believe in herself, trust herself and care for herself. Here A offers a clear indication of danger (180-182, 203-204), mirroring Sally's concern at (22). Thus, in addition to practical advice - to get control of her weight, to get NHS help, to return to her G.P. and attend counselling rather than spending her parent's money (this is the only part of the therapeutic account that deals explicitly with the problem Sally originally brought to the call), she is urged at the same time to:

- i) Commit herself to a diet (173),
- ii) Get into a relationship with someone who will stand by her (173-174),
- iii) Develop interests outside food (211),
- iv) Build up her confidence (212),
- v) See other people (212),

vi) Believe in herself, trust herself and care for herself (170-172, 205-206).

As with the deployment of figurative language discussed in the previous chapter, these final elements of advice constitute Sally as the active party in her own cure, not only through her taking responsibility for procuring treatment and getting control of her own weight but also by attending to her relationship with herself; self-trust, self-belief, self-care are key to her recovery. In other words, it is not simply hospitalised weight-loss that Sally requires but also a certain mode of relationship to herself - not necessarily self-mastery but a faith in oneself, where 'self' forms a key substance upon which to work in addition to the body (and its mechanisms) which requires a diet. Sally must work on her confidence, her commitment (to dieting) and interests outside food.

The self then, has been introduced by A as a key substance for Sally to work upon if she is to overcome her "problem" - put another way, Sally's 'cure' will, in part, be played out on the terrain of the self. Moreover, we might ask exactly what *is* this self as problematised by A and how is this terrain constructed? (I will also return to this later in the chapter, 5.8). As I have already stated, it is perhaps important that A does not go on to offer even a brief

description of this 'self' that Sally must trust, believe in and care for and here the 'self' is not produced as a complex psychotherapeutic/psychoanalytic landscape but rather remains somewhat two-dimensional; in other words, this self has very little in the way of 'contents' (for example, 'psychological' processes) and is, in fact, primarily positioned within a moral location (or locations). In addition, A offers at least the contours of a healthy mode of being or a 'telos': having a partner, having a job, seeing other people, being confident, having faith in oneself, having a range of interests.

5.6.0 ANN'S CALL - SUMMARY OF PROBLEMATISATION

Ann is concerned about her sex-life, she can only enjoy sex when her husband is 'very rough' (9). During a relatively lengthy exchange the advisor offers help relating to the breakdown in communication between the caller and her husband.

5.6.1 ANN'S ACCOUNT OF HER PROBLEM

4 C: Hello (.) good evening Alison
5
6 A: Hello Anne how can I help you
7
8 C: Erm (.) i(t) (.) I:: can only enjoy sex with my husband if
9 he's very rough with me
10
11 A: Right
12
13 C: .hhh a: a otherwise .hh erm I have no .hhh libido if you can
14 say that for a woman
15
16 A: OK

17

18 C: whatsoever

Ann initially conveys her problem in one statement over two turns; she can only enjoy sex with her husband if he is 'very rough' (9) and she adds in the following turn that otherwise she has no 'libido' (13), again emphasising her concern that it is only rough sex that she finds enjoyable.

Thus, Ann presents her problem as follows:

- 1) Her problem relates to her sexual relationship with her husband (8),
- 2) Sex with her husband is only enjoyable if he is 'very rough' (8-9),
- 3) Otherwise she has no 'libido' (13).

At this stage Ann offers no account of the context of her 'situation' in that she does not offer a cause and does not explicitly make herself accountable, although the use of 'only' at (8) is important in signalling that it is the lack of variety that is causing the problem, which in some way involves her husband. Ann is very economical in her initial presentation possibly because of its sexual nature and her initial presentation then undergoes a little shaping up from A (20-55) during which Ann is led to present a brief account of the history of her problem; she gradually went off sex

with her husband as they lived together, although initially sex was very frequent.

5.6.2 THE THERAPEUTIC ACCOUNT

The therapeutic account of Ann's troubles includes the following main themes:

- 1) It is common for sexual life to deteriorate in people who have been together for some period of time (77-79), this can be understood through a metaphor of dwindling electricity (80-81) though it is not inevitable (82-87).
- 2) One's sex life can be affected by: a) tiredness, sleepless nights, being too occupied (107-109); b) psychological changes that take place (especially in women) once their family is complete (125-140), which are related to a deep subconscious belief that parents don't have sex (120-121), causing women to feel (almost) as if there is something wrong (dirty) about having sex for reasons other than procreation (138-146); c) the (sexual) electricity can dwindle when partners become more comfortable with each other, like deep friends or brother and sister.
- 3) It is common for some women to be turned on by a rough sexual situation, this is a normal experience (194-195) and a normal fantasy for women (195-197).
- 4) Most women who could and would enjoy very rough sex with their partner (215-216) would not want to be in a situation

of a woman being raped (216-217). Pretending is what makes the difference (225-226).

5) Over the years there have become some communication barriers (251-253) which may take some time to overcome (300-301). Ann must tackle the problem of talking to her husband by degrees (296), possibly in the heat of the moment [during sex] (305-310).

6) The communication barriers may relate to areas other than the sexual domain (329-331) - areas where it is difficult to communicate at a deep level (331-332), possibly caused by sexual tensions that have built up over the years (332-335).

7) Ann's feelings are not wrong [given the context] (339-342).

8) What is troubling Ann is that her enjoyment is a secret one (367-369) that will be limited until she can share it with her husband (369-371).

9) Rough sex has re-kindled some of Ann's sexual drive (394-396) though she should not limit herself in her love making (404-406, 408,411) but return to the variety she had in her love making some years ago (412-415).

5.6.3 THE PROBLEMATISATION OF ANN'S ACCOUNT

How has Ann's account been transformed by therapeutic intervention? Recall that Ann's initial account of her problem (including the early shaping up by A), offered the specificity of her sexual pleasure with her husband as

accountable for her difficulties (it has to be very rough for her to enjoy it). Ann then added that she had gradually gone off sex (40-41), then enjoyed sex with her husband that was quite rough and was 'turned on' (53) when watching a woman being forced to have sex on television (51-52). As with Sally's exchange the therapeutic problematisation provides an account of the origin of Ann's problem (in this case A offers several possible causes), however, Ann's 'cure' is played out in a different way to Sally's - here the emphasis is placed on her relationship with her husband rather than primarily her relationship with herself, although Ann is given the key role in her difficulties as it is she who has kept them secret.

Despite its nebulous form then, it is possible to isolate several important strands of the therapeutic account of Ann's troubles. Its main elements might be reduced to three axes which I will deal with in turn; 1) the commonality of the deterioration of the caller's sexual life (with an elaborate account of its origin), 2) the normality of the caller's pleasure and its status as not rape, 3) the communication barriers that have resulted from the caller's failure to discuss her sexual life with her husband.

5.6.3.1 THE COMMONALITY OF THE DETERIORATION

At (76-79) A's first reassurance focuses on the commonality of deterioration in sexual life in couples who have been together for a long period. A originally uses 'normal' (77) and, in fact, these two descriptions ('normal' and 'common') work alongside each other throughout the earlier phase of the call. The cause of this deterioration is offered as having a 'psychological nature' (114-115, 125) and A deploys figurative language to illustrate this (see ch4.9 for a fuller analysis).

Note however that A suggests the problem is common but not inevitable:

77 not normal [laughs] I mean er i-it's all too common I should
78 say:: .hh for sexual life to deteriorate in couples that have
79 been together for some period of time .hh that is to say that
80 the initial electricity () that makes the: the sex life
81 very passionate .hhh often does dwindle (.) with time (.) .hh
82 now I don't believe that there's [[]
83 [[]
84 C: mm mm
85
86 A: any reason why it should do and certainly .hh many couples
87 are living testimony to the fact that it needn't

At (113) A begins to offer some detailed information concerning psychological processes where the term 'most of us' appears to once more highlight its commonality (such use of collective pronouns has another function which I explore in more detail in chapter 6).

113 A: Right .hhh now that that's what hits it in the early days but
114 something else happens which is more of a psychological nature

115 .hh which relates to the fact that most of us were not aware as
116 youngsters of our parents having a sex life (.)

At (125-126) A offers the problem as a gendered one, relating it to the completion of the family:

125 A: .hhh and so there are bigger psychological changes that take
126 place and this I find tends to happen especially in women

A then continues this construction of commonality at (150-155):

150 A: but once the you've passed that stage of your life and
151 you've had your children .hh th:: women do get some very deeply
152 rooted psychological hang-ups about sex .h and that's one of the
153 reasons why: erm some of that electricity can dwindle of course
154 that's only looking at the woman's side it does happen to an
155 extent in men as well .hh and I think also

By deploying broad categories - 'women' and 'men' as opposed to, for example, *some* women or *some* men, the commonality of the problem is again emphasised.

Finally, A's long turn at (155-170) below, offers both a reassurance concerning part of the caller's initial formulation - that enjoying rough sex is quite common for women and a reassurance concerning a novel element (introduced by A); the deterioration of sexual life in long-term relationships. Both these reassurances constitute their problems as relating to 'women' although not necessarily exclusively.

155 does happen to an extent in men as well .hh and I think also you
156 become .hh very much more comfortable with each other you become

157 very much like . hh erm deep friends or as often been said
158 brother and sister so that a sexual relationship sometimes
159 doesn't even seem quite so appropriate: within the relationship
160 (.) so there are all kinds of reasons erm and and also .h whilst
161 in the early days when there was a frequency of the sexual
162 relationship .hh erm there there was .hh erm the excitement of
163 the variety er of the the sex that you were enjoying together
164 .hh but as with most things: when you get on in spending your
165 years together things become erm a a little erm more regular
166 you know there's less variety there's less excitement .hh so
167 there 're all those kinds of things .hhh the other thing erm to
168 reassure you on .hh that it is also quite common for women to be
169 turned on by erm what you describe as a rough erm sexual
170 situation .hh now it it might be worth for a

5.6.3.2 THE NORMALITY OF THE CALLER'S PLEASURE

Here A focuses on the normalisation of C's experience (normalising in the sense of discursively constituting it as 'normal') giving it the status of fantasy:

194 A: Right (.5) OK .hh again that is quite a normal erm
195 experience it's got it certainly .hh a a very much more normal
196 fantasy (.75) for women. hh than than most would admit to (1)
197 .hh

This fantasy however, is a secret one - one which (by implication) most women would not admit to, (this notion of secrecy becomes more important later on). At (199-200) C introduces the idea of rape and A spends the remainder of this segment (before introducing 'communication barriers' at 250-253) constituting the difference between the caller's fantasy and rape:

211 A: OK .hh well let's take a look at the differences between what
212 your'e talking about which is your husband making love to you
213 roughly .hh and a woman being raped .hh the the two are

highlighting once again the normality/commonality of the caller's fantasy by suggesting that:

213 you roughly .hh and a woman being raped .hh the the two are
214 actually quite quite different .hh and I'm I'm sure that erm you
215 along with most women who could and would enjoy .hh very rough
216 sex with their partner .hh would not want to be in a situation
217 of a woman being raped in the sense that we tend to think of
218 that where a woman .hh erm is not interested does not want may
219 or may not know the person .hh erm but is definitely not
220 consenting (.) to that act

Here the normality/commonality theme is elaborated through the constitution of what 'most women' would or would not enjoy - moving from the normalisation of this pleasure for the caller to its normalisation for most women, along with not wanting to be raped and where rape is defined as:

'...where a woman .hh is not interested does not want may or may not know the person .hh but is definitely not consenting () to that act' (218-220)

A suggests that what is most important is that the caller is pretending and operating within the safety and security of her relationship (225-253). Thus, we can observe that these first two elements of the therapeutic problematisation constitute some form of normalising judgement on the part of the therapeutic.

5.6.3.3 COMMUNICATION BARRIERS

At (250-253) a change in focus occurs towards problems with 'communication' (252):

250 think .h that one of the main problems that I see: is that
251 whatever else has happened in your relationship over the years
252 .hh there have become .hh erm some communication barriers: I
253 think
254
255 C: Mmm
256
257 A: because it sounds like .hh you and your husband don't discuss
258 your sexual life (.) very much at all

Note that this theme occurred earlier:

250 A: Alright .hhh is there something that you've been able to
251 discuss with your husband at all
252
253 C: No
254
255 A: OK so he's completely unaware of any of these feelings .hhh
256
257 C: As far as I know=

A suggests that 'communication barriers' (252) have emerged because of the caller's failure to discuss her sexual life with her husband. A great deal of advice is then offered concerning better communication (295-335) which will help to establish a 'closer relationship all round' (328) and may also help in other areas where there is difficulty to communicate at a deep level (332) and that may have been caused through sexual tension that built up over the recent years (332-335), thus broadening the communication problem to areas outside the sexual domain.

At (367-369) A offers a further element to the problem; what is troubling the caller is that her pleasure is a secret one and at (413-415) A concludes by advising C to return to the normality of her past use of pleasure, that is the caller's fantasy should be only one element in the complete return of a satisfying sex life - it has served to rekindle her ability to enjoy sex in general rather than merely this specific act.

How then, do these elements operate together to form a therapeutic account? Elements 1 and 2, I suggest, implicitly constitute the caller as understanding her pleasure to be abnormal and uncommon and after an extended episode of advice concerning better communication the advisor introduces a new element to the problematisation; that the *secrecy* of the enjoyment is troubling the caller, where this secrecy will *limit* her enjoyment until she is able to properly share it (communicate it) with her husband. In this way 1 and 2 are linked to 3 through the caller's secrecy.

Thus, it is not the caller's pleasure/enjoyment *itself*, that is wrong but her secrecy regarding it (her fantasy has been normalised). Here secrecy seems to provide evidence for what the advisor has already offered; that certain communication barriers have arisen between the caller and her husband. Moreover, the notion of secrecy is more agentic than the

development of communication barriers - positioning the caller herself, I suggest, as at least partly culpable.

In summary then, these first two elements of normality/causality appear to position the origin of the caller's problem (that is, a common situation to which the caller has responded in a normal way) in a process beyond the caller's control (normalising the problem). A clearly states that she wishes to reassure (73-74) in these two respects (75-79, 113-116). The two elements are then drawn together at (251-253) with the notion of communication barriers where the effect of this third element in the problematisation is profoundly different to 1 and 2; whereas 1 and 2 appear to offer reassurance through normalisation, 3 seems to produce *culpability* on the part of the caller, not through its cause (sexual tension) but through the introduction of the caller's secrecy.

How has Belinda's problem been transformed by therapeutic intervention? By constituting the core problem as communication barriers/secrecy, the problem of being troubled at only enjoying rough sex has been transformed into:

- 1) Another (albeit different) problem - this is important, the way the problem is dealt with is not to 'solve it', rather it is shifted towards the caller's interpretation of events (that is, her belief that her experience is abnormal

and uncommon) and normalised by the reassurance that it is, in fact, a very common and normal one - shared by many people, especially women.

2) A problem for which the caller (and her husband) are, at least, partly responsible. Not only is it the caller's interpretation of her experience that is problematic but also the secrecy of her enjoyment. In dealing with this secrecy (and the related communication barriers) C will be able to improve the entire relationship rather than merely her sex life.

3) A problem that can be worked upon by the caller - in this case the caller together with her husband - in a very particular way (59-60, 293-322). That is C is offered an ethical substance 'communication barriers' and guidelines for the practices which will constitute the required ethical work.

A's final advice concerns the caller's return to the normality of the past:

404 A: .hh that doesn't necessarily mean .h that the only way in
405 which you can gain sat sexual gratification from now is to make
406 love in this rough way what it does mean is this this is the key
407 that has done the rekindling .hh and it's something that you're
408 always likely to enjoy .hh I would urge you however: .hh not to
409 tell yourself that that is the only way you can enjoy making
410 love .hh because I think there you'd be limiting yourself .hh I
411 think you'll find that once .h erm through these means however
412 you can rekindle a more regular more satisfying sex life .hh I
413 think you can begin then .hh to look for and to enjoy the sort
414 of variety that you had in your love making some years ago

The above segment, I suggest, provides a key example of the operation of counselling discourse as not merely the provision of normative judgements but rather an offer to the caller of certain techniques/practices that will enable her to normalise her own future possible conduct (through the process of problematisation).

What of the form of self conveyed in Ann's problematisation? I have suggested that Ann's therapeutic account differs from Sally's in that it is focused less upon the caller's relationship with herself and more upon her relationship with her husband. However, there is an implied self - I suggest - in this problematisation, in that Ann's troubles may lie deep within her subconscious and given that it may be difficult for her to communicate at a 'deep level'. This production of depth infers some kind of 'ontological' feature (I discuss this in more detail later on, 5.8) of the caller's self; perhaps 'depth/superficiality', however, as with Sally's problematisation, the caller's self and its relation with another (Ann's husband) is above all a morally positioned self, in particular - as I have shown - with respect to normality and culpability.

Finally, Ann's initial problem incorporated a Freudian term for sexual drive - 'libido' (13), providing a useful illustration of the way the caller's and the advisor's

account are not straight-forwardly separable into 'lay' and 'therapeutic discourse'. De Swaan's (1990:108) concept of prot-professionalisation is useful here in that he considers the way in which psychotherapeutic professional practice offers the layperson a means of understanding themselves and their troubles:

...psychotherapy proto-professionalisation involves a certain amount of knowledge of which troubles are treated by psychotherapists and members of related helping professions, as well as a tendency to adopt certain attitudes and basic concepts of the field of psychotherapy. But in order to be able to recognise everyday troubles as problems for a therapist, it is necessary to see a certain pattern and a repetition in a whole range of actions and events. It is also necessary to recognise, in oneself or in someone else, intentions and feelings which might not be explicitly expressed...

Thus, it is also important that within the same utterance Anne defers to the expertise of the advisor, '..if you can say that for a woman' (13-14) and later makes reference to a self-help publication she has read in relation to her problem:

89 C: Yeh I I got a book called how to make .hh love with the same
90 man for the rest of your life
91
92 A: Right
93
94 C: to s-see if that would he:l- help me
95
96 A: Right well I think there are some some useful erm tips in
97 that book .hh that can help you along .hh but I think your your
98 problem is specific to you and your situation .hh and I

Interestingly A then emphasises the unique aspects of Ann's problem (97-98), opening the space for a subsequent interpretation (that is, a judgement relying upon A's authority) relating to the caller's self and one which I would argue therefore offers a more forceful subjectification; in short, the deployment of an 'interpretation' may be considered a binding mode of subjection in that it subjectifies the caller as a *unique* individual (even where it incorporates elements of normalisation). Furthermore, it is also important to remember that such a mode of subjection could only operate within a moral order that valorises uniqueness.

5.7. BELINDA'S CALL - SUMMARY OF PROBLEMATISATION

Belinda's problem concerns the relationships between herself and three other persons; her ex-husband, her mother-in-law and her daughter. Much of Belinda's account concerns the presentation of the four people involved, bound up with an account of her domestic situation. After therapeutic intervention Belinda's problem is reformulated in terms of her own personality characteristics and her obligations as a parent. Thus, I analyse this exchange not only in relation to the way the caller presents herself but also her presentation of the other persons whose relationships and conduct together constitute Belinda's problem.

It must be noted that - as we saw earlier - the caller's account was heavily shaped by A from the very beginning of the episode. Belinda is rarely able to present her problem without interruptions which serve - just as with the previous transcript - to shape up her account, however these early interruptions have a more profound shaping effect than in the previous two episodes. Here A interrupts with quite lengthy turns, in fact, Belinda's longest turn occurs at (35-39). For this reason it is more difficult (though not impossible) in this episode to make some form of separation between the content of the caller's account and its therapeutic counterpart.

5.7.1 BELINDA'S ACCOUNT OF HER PROBLEM

At (13) Belinda presents her problem as 'a grandmother' - however, we cannot necessarily accept this as the original formulation because C is interrupted at (16) and prevented from further elaboration. After several interruptions from A (16, 20, 24) she offers a summation at (26-28) as follows:

13 right well my problem is erm it's a grandmother [clicks tongue]
14 I have=
15
16 A: =not a mother-in-law
17
18 C: well i-yes it is a mother-in-law [laughs]
19 []
20 A: a grandmother-in-law
21
22 C: a grandmother-in-law
23
24 A: and a mother-in-law at the same time
25 []

26 C: and well it's yes it's the whole
27 it's the whole in-law family .hhh or basically [laughs]
28 grandmother

Belinda's account is then shaped up to provide descriptions of the people involved (along with her domestic situation and its history in that she has left her husband). A summary of the main elements of Belinda's account follows in relation to each of the persons involved:

5.7.1.1 BELINDA'S DESCRIPTION OF HER HUSBAND (49) (whom she earlier terms 'the son', 39):

- 1) Always rewarded for bad behaviour (39-41),
- 2) Never accepted the consequences of his actions (41-42),
- 3) Sits in the chair and criticises - 'never did anything without you standing with a rod over him' (42-45),
- 4) Everything is a tantrum (54),
- 5) Threatening and violent (59,65),
- 6) Someone who has done nothing for his daughter (133-134),
- 7) Having 'something wrong with him' (183) and an attention span of about half an hour (184-185),

5.7.1.2 BELINDA'S DESCRIPTION OF HERSELF:

- 1) Married for five years to the son (38-39),
- 2) She made herself homeless and ran away with her child (81, 91),

- 3) Someone with wonderful friends who aided this escape (81-82, 95-101),
- 4) She is on income support with a 'lovely place [to live]' (105-107),
- 5) She will never allow 'unsupervised contact' (132-133) between her husband and daughter,
- 6) Her daughter looks to her for everything (138-142),
- 7) She wants her daughter to know she has a 'daddy' (421) and responds to her daughters desire to see him (144-145).

5.7.1.3 BELINDA'S DESCRIPTION OF THE GRANDMOTHER-IN-LAW:

- 1) Wants everything to be 'hunky-dory' - wont accept husband lied to solicitors (117-118),
- 2) Problem is her attitude (170),
- 3) Thinks son should have access to child (176-177),
- 4) Threatening to have a nervous breakdown (219-220),
- 5) Basically a present machine [to her granddaughter] (286-287).

5.7.1.4 BELINDA'S DESCRIPTION OF HER DAUGHTER:

- 1) She is three and a half years old (95),
- 2) Looks to caller for everything (138-142),
- 3) Asked after her father (44-145) and loves to see her grandmother (286).

5.7.1.5 SUMMARY OF BELINDA'S ACCOUNT

Belinda's (shaped up) problem then, concerns the qualities and characteristics of the persons involved. Her husband is irresponsible, threatening and violent, has done nothing for his daughter and has '..something wrong with him..' (183). The grandmother-in-law - who is constituted as the focus of concern - wants everything to be '..hunky-dory..' (117-118), is threatening to have a nervous breakdown (219-220) and thinks her son should have unaccompanied access to the child (176-177). There is only a brief description of the daughter, who is aged three and a half (95), looks to the caller for everything, asked to see her Father (144-145) and loves to see her grandmother (286).

The caller presents her husband and her mother-in-law in a negative frame, not only was her husband a difficult and violent spouse but her mother-in-law has a problematic attitude, that is she will not accept that her son misled the solicitors involved in the divorce settlement, although Belinda's daughter loves to see her grandmother because she is a 'present machine' (287). Her husband is an inadequate father and her mother-in-law an inadequate grandmother.

Belinda presents herself as having ran away with her daughter and as having made herself homeless, helped by her wonderful friends. She has a lovely place to live and her daughter

looks to her for everything. She is someone who wants her daughter to know she has a 'Daddy' and who at Christmas was keeping everything very very happy. She will never allow unsupervised contact between her husband and her daughter. In this way Belinda positions herself as a good and responsible parent (138-142, 421, 144-145, 132-133), occupying the role of carer (268-281) and with the means to provide for her daughter (105-107), while her problem is primarily accounted for by the grandmother's unwillingness to engage with her son's unfatherly conduct.

5.7.2 THE THERAPEUTIC ACCOUNT

The therapeutic account of Belinda's troubles includes the following themes, (please note that the following analysis only includes A's comments, I deal with the broadcast's host Robbie Vincent's [transcribed as V] in the following chapter):

- 1) Belinda sounds like someone who likes to please people and doesn't like to let them down (187-189),
- 2) What is hidden away in a very complex story is guilt (189-193),
- 3) Belinda must avoid being 'Mrs Nice' (216) for the rest of her life (215-217),
- 4) 'Sometimes in life... truth has to take precedence over niceness' (225-226), this is a 'very important guiding

principle' (226-227). Many people spend months or years lying to other people; sacrificing truth in pursuit of niceness results in 'a whole load of lying people' (241). Society is 'becoming increasingly superficially nice' (250-254), the price of which is dishonesty (260),

5) Belinda's daughter, when she's seven, eight or nine will turn around and say 'Mum, where's my Dad, where's my Gran, why don't I ever see them?' (305-310). All separated single parents have to deal with this - 'what do you owe your child?' (312-317). The other side [of the family] are half the daughters family (300-301),

6) Unless there is abuse or violence towards the child it is a better turn for the child to keep the link but on Belinda's own terms (317-334),

7) A Court of Law would respect the rights of both parents unless Belinda can show 'something really dreadful' (423) (414-424),

8) A little bit more 'assertion and truth' (424-428) would help in dealing with Belinda's mother-in-law (424-429).

How has Belinda's account been transformed by therapeutic intervention? Recall that Belinda's initial statement offered 'a grandmother' (13) as her problem. Belinda (through A's shaping up), subsequently described the three people involved and also (sometimes indirectly) offered a presentation of herself. Belinda's ex-husband and mother-in-law were

positioned in very negative terms where the grandmother's attitude was offered as the primary cause of the troubles. Belinda presented herself much more positively as a good and responsible parent. She consistently favoured the terms 'grandmother' or 'grandmother-in-law' (13, 22, 28, 170, 219, 268, 286).

After therapeutic intervention Belinda's troubles are problematised in relation to (figuratively) the type of person she is; 'Mrs Nice', and the type of person she must become; truthful and assertive, along with her parental obligations as they relate to the (future) needs of her daughter. The role of her ex-husband and mother-in-law are now almost invisible. Note that this shift towards the role of the caller in her own troubles is underscored by A's (repeated though not entire) substitution of the term 'mother-in-law' (emphasising the relation to Belinda) for grandmother or grandmother-in-law (emphasising the relation to Belinda's daughter) (24, 115, 429, although A does use 'grandmother' or 'gran' at 174, 197, 310 it is important - I suggest - that A uses 'mother-in-law' in the final summation, 429).

The therapeutic account can be more closely analysed in two main parts:

5.7.2.1 THE PERSONALITY CHARACTERISTICS OF THE CALLER

A) BELINDA AS 'MRS NICE':

Belinda's 'cure' relates to her character or personality, it is not that she is simply behaving in a problematic way but that she sounds like *somebody* who likes to please people. A links this to a feeling of guilt on the part of the caller but a feeling of which she is unaware, it is 'hidden away' (189) in the story, although it is something that we can all recognise (193-197). Again, note that this guilt is linked to the caller's personality type rather than the relationships (with her ex-husband and mother-in-law) that Belinda originally described.

219 C: see the grandmother threatens to have a
220 nervous breakdown on me []
221 []
222 A: no no no but
223 this is upsetting you isn't it when I say to you don't be
224 nice to somebody you get a bit cross with me and you say well
225 I want to go on being nice .hh sometimes in life .hh truth has
226 to take precedence over niceness now that is a very important
227 guiding principle .hh
228
229 C: yeh

and:

286 C: see she loves to see her grandmother because her
287 grandmother is really basically a present machine (.75) and I
288 don't did I ought to to to oh I (just).hh
289
290 A: go on say something nasty
291 []
292 C: did I ought (1) did I ought to: (.5) cut the
293 contact with that side of the family

We then see what might be termed a "transference" technique deployed by A at (222-225) and (290) [excerpts above]. What is most interesting about this is that it happens over the phone, that is there is no visual channel, it is entirely discursively constituted (although we would need to include the entire range of verbal and non-verbal channels for example, prosody, paralanguage and so on). Here the caller is positioned as repeating her problem behaviour within the therapeutic interaction⁶, that is her problem is a "presenting problem". In this way A offers evidence for his interpretation taken from the immediate interaction and where if the caller resists she would produce further evidence for A's interpretation in the form of "defensiveness" or "resistance" for example. I suggest that this deployment of transference by A operates: a) discursively, in that C is *positioned* (c.f. Davies & Harré, 1990) as projecting her guilty relations onto A, and b) as a very forceful mode of subjection - there is a sense in which C is trapped within this interpretation in that by resisting it she enters a loop in which she offers *more evidence* for A's interpretation.

B) TRUTH, HONESTY AND SOCIETY

This excerpt (below) elaborates A's interpretation relating to C's tendency to be 'nice' (and at the same time offers

⁶ Note that for Freud (1914) transference was linked with a 'compulsion to repeat' (Bergman & Hartman, 1990:28).

more evidence for it) but also functions to broaden the range of the problematisation to 'our society' (250) balancing commonality and individuality within the same ethical regime:

222 A: no no no but
223 this is upsetting you isn't it when I say to you don't be
224 nice to somebody you get a bit cross with me and you say well
225 I want to go on being nice .hh sometimes in life .hh truth has
226 to take precedence over niceness now that is a very important
227 guiding principle .hh
228
229 C: yeh
230
231 A: there are many people who spend .hh months or even years
232 lying to other people because
233 [
234 C: yeh
235
236 they see the overriding priority is to be nice .hh now if you
237 always sacrifice truth in pursuit [
238 [
239 C: yeh when you
240
241 of niceness you end up with a whole load of lying people now
242 .hh I don't want to make it
243 [
244 C: well this is my problem I I
245
246 (.5) this is your problem you we have I don't want to make too
247 [
248 C: Mm
249
250 many comments about our society .hh
251
252 C: yeh
253
254 A: but we are becoming increasingly superficially nice .hh and
255 [
256 C: you see
257 that's not my way (1) mmm that's not my way if you met the
258 mother you'd know why the son is like he is
259
260 the price of that is dishonesty

A introduces 'truth' at (225) as the counterpart to 'niceness', (226) offers it as a 'very important guiding principle' (226-227) and then broadens the range of the

problem from the caller (187-188) to 'many people' (231) to 'society' (250). This broadening of the problem constitutes it as a prevalent one in which '..you end up with a whole load of lying people...' (241). A ends with an almost prophetic tone:

'...we [which follows 'our society'] are becoming increasingly superficially nice .hh and the price of that is dishonesty' (254-260).

In this way A has linked C's individual problem to a broader societal problem, engaging a whole ethical regime concerning truth and honesty as guiding principles, not only for the caller but also for 'our society' as a whole.

Also of interest is A's varied deployment of pronouns which, I suggest, offer a further indication of the nature of the ethical regime offered by A. A initially deploys 'you' (223-224) - clearly addressing the caller - then 'they' (236) immediately following 'many people' (231), then returning to 'you' (236) - where this time the reference is ambiguous in that it could refer to the caller or one of 'many people'. A returns to 'you' once again at (241), deploys 'your problem' at (246) in response to C's 'well this is my problem' (244), 'our society' at (250) and finally 'we' at (254).

Here A appears to move back and forth from the commonality of the problem (that is society's niceness at the cost of

honesty) and its individual manifestation (not only in relation to C but also to individual members of the groups to which A refers, 'many people', 'our society'); in other words, A simultaneously deploys individualisation and collectivisation forming a link between the two. Remember that this complex of commonality and individuality remains part of a broader problematisation, that is, certain individual and collective conduct is offered as problematic; as in some sense doubtful and questionable: fundamentally as a problem requiring a solution. (A's deployment of pronouns also has implications for the overhearing audience which I address in the following chapter.)

5.7.2.2 THE DAUGHTERS RIGHTS AND THE CALLER'S OBLIGATIONS AS PARENT:

An important change in focus on the part of the advisor occurs at (295):

295 A: well the problem is the problem is this no matter how bad
296 [[]
297 C: it's not I mean they're
298 prejudiced they're racist [laughs] they're (everything)
299
300 listen listen .hh no matter how bad the other side is the
301 other side are half your daughter's family
302
303 C: Mmm and she loves them
304 []
305 A: and she's going to turn round to you when she's seven or
306 eight or nine and say mum []
307 []
308 C: yeh yeh
309
310 (.5) where's my dad where's my gran why don't I ever see them
311 and you're then going to have to face her and this is the

312 thing that all separated parents single parents have to deal
313 with []
314 []
315 C: Mm
316
317 .hh (1) what do you owe your child now clearly if there's

Here the focus shifts from the caller's guilt and society's dishonesty, which seem to provide evidence for each other, to the problem of whether or not to cut contact with the in-law family and the rights and obligations involved. A suggests that C's daughter will (eventually) consider her accountable for the whereabouts of her Father and Grandmother, emphasising the child's part in the relations father-child, grandmother-granddaughter through the deployment of an illustration of the daughters future words; '.. where's my dad, where's my gran...' (310). A then offers an extreme-case formulation; all separate single parents have to deal with the question of what do you owe your child? and relates the obligations of the caller (positioned as parent and raised at 311-317), to the only conditions (317-321) under which it would be permissible to spare the contact (326), otherwise C must keep the link.

5.7.3 THE PROBLEMATISATION OF BELINDA'S ACCOUNT

Belinda's initial account then, has been problematised in relation to two main elements:

- 1) The caller's desire to please people and not let them down (187-189) and the concomitant guilt she feels (193) through

letting down her mother-in-law (197-201), (moreover the caller actively resists being 'nasty' 219-225, 286-293), manifested in the telephone interaction itself), leading A to conclude:

423 A: =unless you can show something really dreadful you're gonna
424 have a hard job but .hh a
425 []
426 C: (er)
427
428 little bit more (.5) assertion and truth would help your case a
429 lot in dealing with mother-in-law
430 []
431 C: yeh

At the same time A suggests that this is a problem for many people and that it, in fact, relates to our society and the increasing dishonesty [in our relationships].

2) The rights of the daughter which entails the caller to recognise her obligations as a (mother and) single parent who must engage with the question 'what do you owe your child?' (263) and accept that only a very extreme (and specific) situation, that is abuse or violence (317-321) would justify sparing contact with the in-law family, otherwise she must 'keep the link' (330) but under her own terms (334). Thus the caller is urged to make herself accountable through her obligations as a mother and single parent, while at the same time is offered some freedom to choose the particular form of her obligations (332-334):

317 .hh (1) what do you owe your child now clearly if there's
 318 [
 319 C: you see this is relatively new to me
 320
 321 somebody abusing your child or being violent to them .hh then
 322 [
 323 C: well I've seen () [yeh
 324
 325 maybe on the balance of probabilities you are doing your child a
 326 better turn (.5) by (.75) sparing the contact (.5) but
 327 [
 328 C: Mm [no (they)
 329
 330 otherwise I think you have got to keep the link
 331
 332 C: yeh but under my ow under my terms
 333
 334 A: on your terms

Finally, in relation to the form of self offered to Belinda through therapeutic problematisation there is a somewhat more elaborate account here (than with the previous two calls) in that Belinda has a 'personality type' with a particular tendency - she likes to please people and to keep them happy. However, what is perhaps most interesting is the lack of a 'psychological' vocabulary in relation to the descriptive term which is deployed with great economy by A. This description 'Mrs Nice' is, in fact, above all *moral* and once again rather two-dimensional in that it lacks both depth and complexity - it is almost as if the caller's self has been constituted *solely* in terms of its moral location, though there is a causal effect - the emotion, guilt - and moreover we see here the moral location as a *condition of possibility* for that emotion (c.f. Harré, 1988:6).

5.8 THE 'ONTOLOGY' OF THE SELF IN THERAPEUTIC PROBLEMATISATION

Thus far, I have shown the nature of the transformation of the content of the caller's account of their troubles and identified in particular that therapeutic problematisation tends to shift the ethical operation of that account. I have also identified the (trans)formation of the caller's 'self' as above all a (re-)location within some form of moral order. For the remainder of this analysis I focus upon key elements of the therapeutic transformations which occur within the data archive, in particular the terrain of the self which I have thus far identified as more 'moral' than 'psychological'.

Here then, I address the question of the extent to which we can identify a 'specialist' psychological or psychoanalytic 'ontology' of self deployed within the problematisations under scrutiny. I use 'ontology' in a somewhat similar way to Harré & Gillett (1994:29-30) (though I shall use it in a more loosely defined way and therefore place it within inverted commas) who define it as:

...a systematic exposition of the assumptions about the basic categories of beings admitted to the universe assumed in some scientific field...It should involve a location system, a basic class or classes of entities, and some kind of structuring relations that hold all these entities together in a single world. (Harré & Gillett, 1994:30)

I have already argued that, overall, these exchanges tend to involve judgements and prescriptions concerning right and proper conduct, the rights, duties and obligations of certain subject positions (for example, parent) and the management of accountability/culpability/responsibility as opposed to the deployment of a 'psychological' realm of the self. However, there are some implicit and explicit references to forms, types of, and process which relate to, the self (some of which we have already seen) and I now wish to complete this second stage of the analysis with some observations regarding these.

5.8.1 ANN'S (T1) AND JOHN2'S (T7) CALLS

Ann's problem concerns a failing relationship and involves its effects upon her children. She begins her account by relating her discovery that her partner was having an affair (17). A central element of the problematisation involves a 'psychological' account concerning the partner's culpability which is something that '...particularly men do...' (123). This account however is conveyed in an everyday vocabulary as opposed to a specialist one. A deploys the terms 'instinct' (131) and 'guilt' (129, 130, 132) in an extended turn which - I suggest - primarily concerns morally locating the partner:

122 A: Yes hh u- unfortunately we find this all too often (.) and i-
123 it does seem to be something that particularly men do where
124 they've been unfaithful and that I can only obviously speak from

125 my own experience of listening to people hhh but it seems to be
126 this erm peculiar situation that arises where a man er has been
127 unfaithful hhh and for some reason finds it impossible to accept
128 the responsibility for that hhh and it's almost as if he daren't
129 start feeling the guilt (.) because if he does that guilt will
130 overwhelm him hhh and so his initial i-instinct is to look
131 around to see who else to blame hhh and of course usually the
132 easiest way erm of getting the guilt and the blame of him is to
133 put it onto the partner who's actually accusing him (.) so that
134 if he can make it seem to you like it is your fault because you
135 failed him in some way or you haven't been exciting enough or
136 whatever hhh then you will actually begin to think that (.) and
137 you will do your very best to win him back

Towards the end of the interaction, following advice from A concerning decision-making with respect to whether or not to continue with the relationship, there is a shift once more towards 'emotional factors':

374 you hh but I think the relationship is far more important than
375 that hh I-I think it's really more about hh what is going on
376 between you and your partner hh and how that is affecting the
377 children hh and I think it's those emotional factors which
378 really are at the core of this decision that you need to make
379 hh but it's a lot to work through hh take some time hh
380 definitely take some advice so that you can be sure that as
381 and when you reach the decision it's the right one for you

John's (T7) call concerns failed cosmetic surgery and in this exchange the problematisation shifts away from the caller's initial account which focuses upon the culpability of the surgeon/clinic and towards the caller's 'self-image' (173) and the 'psychological factors' involved with perceived bodily deformity (177-180):

165 right and I think that's something where cosmetic surgery
166 has gone wrong .hh erm or has gone wrong in in the eyes of the
167 patient now I'm not saying in any way that you're imagining
168 the mistakes that have been made .hhh but I think one thing

169 [
170 C: Mhmm
171
172 that is always worth looking at .hhh is how much it is that
173 person's self-image
174
175 C: Sure
176
177 A: erm that that is affected .hh and that there are
178 psychological factors to any er anything that somebody may
179 feel is is a minor deformity so to speak .hh so that for
180 instance and you may have

These two shifts (c.f. Ann and John2) towards the 'psychological' are interesting for our purposes given the lack of description of exactly what these 'emotional' and 'psychological' factors are, other than terms such as 'guilt' for example. That such broad descriptions are adequate and functional within these two problematisations is important I suggest because these 'factors' appear to primarily constitute what might be termed points of internality, that is their content appears less relevant than their operation in fixing the locus of concern. Put another way, the deployment of these terms 'emotional/psychological factors' appears to function more as a reminder that the callers' problems are operating, above all, within an internal terrain and that it is here that the solutions must be, at least in part, played out.

5.8.2 GEORGE (T5), LINDA (T8) AND JOHN'S (T6) CALLS

A also deploys notions of "repression" and desire, in fact we have already examined the hidden guilt within Belinda's

exchange (5.7.2.1). George's problematisation includes an emphasis upon 'anger' (240, 242) which needs to be placed 'out on the table' (243) and thus we can presumably accept these emotions as hidden or possibly 'repressed' (the term 'hidden' [225] is deployed once in relation to C's 'anger' but by the host rather than A):

238 A: I think even better would be (.) the two of them together
239 and really let's have these issues out in the open I think (.)
240 George is very angry he thinks he's done a lot to help his
241 wife he's been kicked in the teeth (.) and I think his wife's
242 very angry they're both angry people and they're expressing it
243 in different ways and we've gotta get that anger out on the
244 table...

Linda's call provides a further example of this deployment of "repression"; here A suggests that the caller is avoiding saying the truth, where the immediately previous call was Belinda's (who was 'repressing' her guilt, T3):

33 A: Linda is this possibly another version of the (.) thing we've
34 just been discussing which is that sometimes your not saying the
35 truth because it's painful and I .hh I you you just

Finally, within John's problematisation A constitutes what might be termed a motivational process in relation to a desire for companionship, conveyed as a drive:

113 A: Well it it it is a very difficult one isn't it (.) if you
114 have a need if you are lonely and if you want companionship or
115 love or a relationship hh it's very easy isn't it to turn to
116 the wrong person (.) hh and you'll be driven by this desire
117 and driven by the need hh but not driven by the person and

Once again, within these excerpts 'psychological factors' (hidden anger [T5], avoiding the truth and its painful consequences [T8], to be driven by desire [T6]) are deployed through a non-specialist vocabulary. Although, for the sake of illustration, I have tentatively linked two of these deployments to a specialist term 'repression' - such a term is never deployed by A, rather only the term 'hiding' is favoured (though by V rather than A).

Returning to John's call (T6), this problematisation provides a further illustration of the lack of a specialist psychological 'ontology' of self and its operation as primarily moral location. Although John begins the call with an account in which he deploys the term 'obsessive behaviour' (4):

3 C: Ye:h Good evening (.) hhh mm I heard you were talking earlier
4 about (.) er obsessive behaviour I'm beginning to wonder whether
5 I may fall in that category [laughs] actually (.) er mm (.) I
6 I'll try and keep it brief anyway=

the bulk of the problematisation within this exchange involves the reassurance that the caller has acted properly (146-147, 152-153, 160-165, 176-179, 201-203):

146 A: I (.) I think you've
147 been very responsible and I think it is very important isn't it
148 that the older hh the (.) if you are older than you're
149 prospective partner hh the idea should be that you would be:
150 have more knowledge of life and (.) be a little more cautious
151 and a little wiser hhh and I think that's er very sensitive of

152 you and er I think it's er (.) it's er hh commendable that you
153 think in that way hh and I think we have

201 A: Well I don't think I can er I can quarrel with that and I
202 think you've handled it very well I think hh the answer we're
203 left with is that you still need hh someone in your life and
204 that you should go on hh trying to find the right person (.)
205 John I hope you do...

5.8.3 CHARLES' CALL

Finally, Charles' call (T4) also affords some purchase upon the 'ontology' of self deployed within these therapeutic problematisations in that Charles' problem appears to be one of an *absence* of an account of self. It is important however that Charles conveys his problem initially as a question of the normality of his feelings:

3 C: Er Hello, I'm just er wondering if er erm what I'm
4 feeling at the moment is is normal given the circumstances
5 erm I'm I'm currently in

At the very beginning of this exchange then, we see that the caller invites normalisation in relation to his emotions, providing a further indication that therapeutic discourse cannot simply be considered as enforcing normalisation through its judgements, rather the caller's initial problem itself consisted of worries about the (presumably) normal/pathological status of his emotional condition. Put another way, the lines of force articulated with therapeutic discourse have already impacted upon the caller's self-understanding prior to the call.

Throughout Charles' call what begins as a question of normality becomes a problem of an absence of an account of self and A proposes the analysis of dreams as a means of potential access (53-57) and also (indirectly) the communication itself:

77 A: You sound a bit fed up to me as I talk
78 to you now

A then goes on - I suggest - to (implicitly) convey the normal responses to Charles' confused situation:

28 A: .hhh well I mean you're quite right (.) you ask about this
29 and I want to:: reassure you () that's hardly reassurance
30 which is to say that (.) when people are overloaded by emotion
31 and pain and difficulty there is something which in a way just
32 switches off inside them hh and we see it in people who've
33 survived accidents (.) people who've been in road crashes and
34 so on and so forth and I would guess that you're just so
35 bewildered by all these things happening at once you you don't
36 know what to feel erm you don't know whether to feel angry
37 with the people who've made you redundant hh bewildered at
38 your wife becoming pregnant at this (.) strange time or grief
39 at your grandfather's loss hh is it something like that

Towards the end of the call (in this call A runs out of time) the problem is re-cast in relation to the caller's motivation to deal with it - which A is able to discern from the form of the caller's speech:

141 A: You see I think it's the way you're talking now you're
142 clearly in a way:: this call and our:: short discussion shows
143 me that hh you want to () you want to get in there and sort
144 it out and I think hh I hesitate to always go for some
145 counselling but even six sessions of sitting down (.) trying

146 to get in there I think you've got to get in there and sort
147 this and sort this out and find out what's going on underneath

Charles' call is interesting then, because it offers a different route into the 'ontology' of self deployed, in that rather than shifting the form of self conveyed initially by the caller, A instead proposes the means of uncovering what that self might be (in its absence). In fact, the caller himself suggests that this 'skill' has at some time been lost, providing another example of the shared nature of the values involved in these exchanges:

84 C: I'm not really erm I mean I used to be good
85 at looking at myself but I'm not very good at it now er

Finally then, I have shown that the 'ontology' of self deployed by A is more moral than psychological in that there is only a very limited deployment of a specialist psychological vocabulary within these broadcasts. In fact, we have seen that in two cases there was only an index of the internality of the problem - where this internality was mapped only minimally (T1 & T7). Moreover, we saw at the beginning of this chapter and in the previous chapter (4.9) the figurative deployment of a personality type 'Mrs Nice' (T3:216) where despite the psychological nature of this term, that is its reference to a category of person, the description was itself reduced to a moral position (though a

gendered one). In fact, I propose this form of description as a model for understanding the 'ontology' of self revealed through these exchanges. While I am not suggesting the process of problematisation within this setting is exclusively moral, it certainly seems - within these brief, time-constrained exchanges - to have been paired down to the minimal requirement for its operation: locations within a moral order. We might wonder whether, in its adaptation to a radio setting, therapeutic discourse reveals itself in its minimal condition.

5.9 CONCLUSION

In the exchanges analysed here we can see that after therapeutic intervention the ethical operation of the problem brought by the caller is profoundly transformed. While Sally and Ann's therapeutic problematisations included some elements from their initial presentations, during Belinda's exchange we witness a complete transformation with no recognisable elements from the initial formulation remaining. Moreover, in all three exchanges the therapeutic account included some form of problematisation relating to the caller's 'inner' world where this was entirely absent from the initial caller accounts.

The processes of problematisation which can be gleaned from the data include a variety of modes of address to the caller;

the exchange of information (sometimes pedagogic and ethical in form), the elicitation of confession, authoritative judgements, the constitution of substances to be worked upon and the provision of advice which includes techniques for working upon a related ethical substance.

The provision of information and advice by A takes the form of the 'facts' concerning the caller's difficulties and relates to the origin of the problem along with the construction of commonality (and normality) which seems to enhance factuality - in that the information provided is constructed as valid across many cases. Judgements are related to moral (and in Belinda's case, legal) obligations, while advice ranges from practical concerns, (for example to return to your GP, Sally), techniques for tackling the problem (in stages, in the heat of the moment, Ann) and modes of understanding and techniques for working upon the self (self-care, self-trust, Sally; honesty and assertion, Belinda; openness as opposed to secrecy, Ann).

Therapeutic problematisation in this setting then, does not operate by simply transforming the caller's problem into an ethical one; caller's problems are not directly reduced to a relation to self but rather we see the production of what we might term a 'thematic complex' (c.f. Foucault, 1992:21) in which the relation to oneself forms a central component.

From a Foucauldian position we might consider the process of problematisation in terms of subjectification, that is we might ask the question; what kind of a subject is the caller (before and) after therapeutic intervention? I considered this question in relation to the 'ontology' of self which was identified as more 'moral' than 'psychological'. I further suggested that perhaps the most useful means of understanding this subjectification is that it operates to produce a shift in accountability (that is, in terms of moral location). With Ann and Sally's exchange we saw a complex of exoneration and culpability, while with Belinda's we saw a complete shift toward culpability.

Moreover, accountability was produced in relation to the self along with other elements of the inner terrain (for example, personality type) and I suggested that the caller was invited to understand their subjectivity as not only ethical with respect to Foucault's four dimensions but also as bound up with a "therapeutic" moral order which is related to and enables certain forms of life. Thus, what makes this "therapeutic" moral order special is the centrality of responsibility *for* and *to* oneself. Those who share this moral order will agree that certain forms of conduct are appropriate or inappropriate in particular circumstances and accountable in particular ways.

We can identify then, that the operation of the therapeutic encounter relies upon a shared moral order in a double sense: a) it is quite common for callers to present their problem already coded - at least partly - in therapeutic terms and, b) advisors often use everyday language, in particular everyday figurative language. We need to be clear however that it is not that the caller has gained some authority within this exchange but that - to some extent - they share (or wish to share) the values offered by A. These values included for example, judgements concerning normality, (implicitly) healthy forms of life, the value of communication in sexual relationships, the proper use of sexual pleasure and the obligations of parenthood which were offered in relation to the means through which callers may self-manage their 'problem'.

Finally, for Rose (1996: 145-146) the notion of "therapeutic" authority offers a more useful means of understanding 'power' as it operates in the 'psy' complex:

In suggesting ways in which those who have authority can exercise it in relation to a knowledge of the inner nature of those subject to authority, psy accords authority a novel ethical justification as a kind of therapeutic activity.

What is interesting here is that in the shared moral order necessary for the operation of the therapeutic exchange the caller *invites* this exercise of power.

CHAPTER 6 - PART A - THERAPEUTIC SUBJECTION AND THE
OVERHEARING AUDIENCE

6.0 INTRODUCTION

During the previous two chapters I considered the effects of therapeutic discourse through an analysis of its impact upon that of the caller. However, in the particular setting of the radio broadcast both these discourses (and their interaction) will be conditioned in some way by their relation to the audience. It is to this relation that I now wish to turn.

This initial section will outline the primary debates and most importantly the numerous problems with audience research, then go on to elaborate the notion of 'implied audience' (c.f. Chatman, 1978; Deming, 1991). I will consider the way such a notion evades some of the problems of audience studies and its central theme 'effects research', enabling an analysis of the relation of the audience to the discursive practices within the broadcast without researching a sample of individual members of the radio audience itself.

6.1 AUDIENCE STUDIES AND THE RADIO PHONE-IN

In 1986 Crissell (p.191) warned "Audience studies" is a subject rich in questions and well-nigh barren of answers.' He continues:

Its methodological difficulties are huge, and.. they are in some respects greater in the case of radio than television. (p.191)

We shall see in this chapter that over ten years later Crissell's warning is still relevant though there has been some important progress using ethnographic method in which some studies have linked the notion of media effects to an interaction between texts and subjects/readers (for example, Hall, 1977 in relation to ideology; Morley, 1980; Radway, 1987).

Although social psychology has historically played an important role in audience research, I will reject a psychologistic approach in favour of what has been termed the 'cultural text approach' (McQuail, 1994:224) for reasons which will be discussed later. Although at times I use the term media 'text' given this is the term favoured by many researchers in this area, I still wish to understand the broadcast primarily as a discursive practice (that is, involving the technical deployment of language).

Crissell (1986:190) outlines three main areas of importance that the phone-in offers to the student of radio: 1) It might be understood as an amalgamation of the private and the public, 2) It produces an 'inversion of the radio medium', that is the boundaries between callers and professionals become blurred, 3) It illustrates the variability of

consumption on the part of radio audiences and the complexity of the relationship between callers and the overhearing audience. For our purposes, in relation to the show's content, we must keep in mind that its particular nature (that is, counselling provision of some kind), makes this a special case. I will take each of Crissell's three points of interest and expand them in order to begin to make sense of the broadcast under analysis in terms of its relation to the audience:

1) There will be a special need to manage the synthesis of public and private in that if counselling practice occurs in a public medium (other than that, say, of group counselling) it presents a serious problem: it risks being understood as voyeuristic and therefore ethically problematic (in relation to criteria for good professional practice). This voyeurism, Crissell (*op cit*:187) reminds us is engendered not only by the show's content but also by the interaction between telephone and radio media:

....the telephone acoustic... combined with the frequently confessional nature of the discussion, gives..[the listener]... the powerful impression of listening in on a crossed line, of overhearing words which are being addressed to someone else.

The complexity of the term voyeurism requires some attention. Voyeurism denotes a relation to scopophilia - the (sexual) pleasure in looking. It is interesting that there is no

comparable term to scopophilia that relates to the aural; or for our purposes, the eavesdropper. That the visual takes precedence over the spoken word seems a powerful feature of Western thought (for example, Berger, 1987:7).

The term then, signifies a looker along with a gaze that in some sense defiles its object while at the same time confirming the immoral status of the voyeur. There is much written about scopophilia and voyeurism. Within psychoanalytic theory it is considered a sexual perversion (Rycroft, 1972:175), film theorists (most notably, Mulvey, 1973) have used this notion to explain the gendered gaze of the camera. I shall remain with the term voyeurism because I wish to retain its force in signifying the transgressive pleasure of listening-in on someone else's conversation. Here such overhearing offers the listener something that is both profoundly personal and private yet - via the operation of therapeutic discourse - something that opens up powerful opportunities for (public) identification.

2) Crissell (1986:187) suggests that the 'authority' that the caller gains given their equal invisibility alongside the broadcaster, produces a sense of their - albeit temporary - role as co-performer. The separation between the professional and the caller (and the significance of this for the overhearing audience), will be an important target of

analysis; put in the form of a question: is it the case that the caller is able to operate, in some sense, on a par with the professional given both that they are requesting professional help and the confessional nature of the interaction? Also, what role is available to the show's host? Note that we have already seen that while callers may be 'co-performers' they do not appear to hold much authority.

3) What does the provision of counselling via the media suggest about contemporary media consumption? and perhaps most importantly, what kind of relationship is engendered between listeners and callers (and listeners and counsellors)? This area of interest will include assumptions made concerning the characteristics of consumers by the broadcast and the processes available to listeners for identifying with callers and/or the host (and with therapeutic authority itself).

6.2 EARLY AUDIENCE STUDIES

The power of the media to entertain, influence and persuade has been of interest to social psychologists and other social theorists since the early days of radio broadcasting. Cantril & Allport's (1935:vii) publication *The Psychology of Radio* offers some indication of the theoretical significance given to audience research at that time:

The radio is a recent innovation that has introduced profound alterations in the outlook and social behaviour of men [sic], thereby creating a significant social problem for the psychologist. Radio is an altogether novel medium of communication, pre-eminent as a means of social control and epochal in its influence upon the mental horizons of men [sic]. Already its ramifications are so numerous and confused that the psychologist hesitates to take the risks of error and misinterpretation besetting a subject so intricate and so new.

We see in this excerpt that the liberal humanist underpinnings of social psychology were never far from these early reflections on the psychology of radio. Cantril & Allport (*op cit*:259) liken the radio to:

...a gigantic invisible net which each listener may cast thousands of miles into the sea of human affairs and draw in teeming with palpable delights from which he [sic] may select according to his fancy.

Stainton-Rogers et al. (1995:2) offer a lucid account of the intimate relation of social psychology to the post-enlightenment civilising project which they term psychology's 'mission'. This mission they say is best summarised by a term first used in 1940; 'humaneering' (c.f. Tiffin, Knight & Josey, 1940:24) and they go on to link this humaneering project to what they term the 'march of civilisation' tale; a modernist grand narrative of progress (p.17), and suggest:

...social psychology has both adapted itself to its missionary task and carved out and claimed for itself special powers, competencies, interests, concerns and entitlements. (p.21)

Cantril & Allport (*op cit*:272) provide a clear opportunity to see this humaneering project in its (key) relation to the objectivity of science, for them:

scientific research although in itself impartial reaches the fullest justification when it is employed not in the advancement of private profit but in the promotion of the social and intellectual growth of mankind [sic].

Social psychology has continued to contribute its standpoint and values to the shape of audience studies and Crissell's (1986:191) summary of the major problems of contemporary audience research provides - for our purposes - a useful summary of the area as it stands today. He asks:

- 1) What do we mean by 'influence' and how can we measure it scientifically?
- 2) What factors in the character and background of the listener are relevant and to what extent?
- 3) How can we differentiate between the experiences of individual listeners?

Crissell (*op cit*:193) then goes on to list a number of qualities including owning and having access to a radio set, listening to the whole or part of a programme and listening for a minimum amount of time per day, moreover:

..radio is variable, not only in the odd and arbitrary times we can make use of it but also in the amount of attention we pay to it while it is on. (p. 209)

All the above qualities (catalogued by Crissell) offer examples of the psychologistic and individualistic bias in audience research (c.f. Ang, 1994). It is precisely these problems that I wish to avoid in this chapter through an adaptation of the little used analytic of 'implied audience' (c.f. Chatman, 1978; Deming, 1991) - which I will turn to a little later.

6.3 CONTEMPORARY AUDIENCE STUDIES

I want now to consider in more detail the current shape of audience studies and how this relates to my concerns in this chapter. McQuail (1994) offers three main categories of approaches to audience research:

6.3.1 STRUCTURAL TRADITION

The term 'structural' is used because the goal of such research is essentially descriptive of the audience in terms of its composition and its relation to the social structure of the population as a whole. (McQuail, 1994:295)

This tradition then, is primarily concerned with the provision of accurate and objective *descriptions* of the audience and relies upon the development of technologies of measurement (Ang 1994:204). It will be useful to return to Cantril & Allport (1935:268-269) who offer an early example of this attempt to know the audience:

Confusing though the diversity of the listener's tastes and abilities may be, the broadcaster can

depend upon certain fairly uniform conditions. Nearly all listeners, for example, prefer as a general rule, music to spoken material, male announcers to female, network to local broadcasts, and nearly all are at times annoyed by advertising. They agree, furthermore, that vulgarity and obscenity should be kept off the air, and that the religious and racial attitudes of majority and minority groups should be respected.

Representing a more contemporary approach, Crissell (*op cit:193*) adopts a very similar position:

...its [audience studies] initial concern must be to analyse the audience: in radio terms, to discover how many are listening and what their social identity is.

He goes on however (*op cit:193*), to suggest that there is another more essential question implied within the (McQuail's) 'structural tradition':

Yet even so simple and numerical an objective as the first one [above] hides another complex question: what constitutes a listener?

Here, I too wish to address this question but for us the listener is "constituted" in a much more fundamental and interesting sense, that is through the discursive operation of the broadcast itself and assumptions concerning the listener embedded within the programme. The following approach however, sought to answer this question of 'what constitutes a listener?' through a progression of the psychologism of this first tradition.

6.3.2 BEHAVIOURIST TRADITION

...originating primarily in the field of social psychology [it] sought to establish the effects of media messages on individual behaviour, opinions, attitudes and values. (McQuail *op cit*:296)

I have already stated that social psychological work has played an important role in media effects research; with roots in the work of Merton (for example, Merton, 1957) and other functionalist approaches, it re-emerged as the 'uses and gratifications' approach, (c.f. Morley, 1980:3). Although this approach was offered as an alternative to the concerns of social psychologists such as Bandura (for example, Bandura et al., 1961) it still relied upon functionalism and positivism, was individualistic and psychologistic and leant towards quantification and experimental method, (McQuail, 1991:11). For McQuail (1991:10) however, this approach succeeded in moving beyond the social learning theorists' agenda in which television viewing was reduced to 'sheer amount':

...which could be related to possible causes of "addiction" or to the consequences of over-indulgence [of children].

Thus we might consider Bandura's work as showing traces of the 'humaneering' project (c.f. Stainton Rogers et al, *op cit*) we met earlier, although the moral agenda here concerns a complex psychologisation of 'problem' adolescent behaviour

operating through a scientific approach (as it relates to the search for causality), presented as disinterested.

Interestingly, although I do not wish to adopt this form of analysis here, the 'uses and gratifications' approach constructs the 'audience' as active rather than passive consumers. Crissell (1986:199) suggests that such an understanding of the audience is confirmed:

...by the popularity of the phone-in; for the phone-in... depends upon an audience which is prepared to impose itself upon media output to the extent of originating it.

6.3.3 SOCIO-CULTURAL TRADITION

...as critical-theory-guided research merged into the general rise of media-cultural studies research, it became simply axiomatic to expect and not too hard to prove that most media messages were essentially polysemic and open to several possible interpretations [while] the culturalist approach involved a view of media use as a significant element in 'everyday life', a set of practices which could be understood only in relation to the particular social context and to other practices. (McQuail *op cit*:297)

I am concerned here with one strand of this tradition which loosely falls under the term audience ethnography, the central feature of which is the '...taking account of content, act of reception and context together.' (McQuail, 1994:298). In other words, the close description or interpretation (depending on the standpoint of the researcher) of media consumption as it is practised by

particular audience members. This approach also includes the analysis of audience verbal responses to particular broadcasts which has been termed ethnography of discourse, (Fiske, 1987:63).

Within this tradition the 'message' is seen as a joint product between the media 'text' in which there may be a preferred reading (or differential encoding) and a reading of it by the audience which will produce differential decodings. In other words, media consumption is conceptualised as a set of co-dependent practices; that is, practices of coding and decoding in which the reader/consumer will bring a unique set of discourses/meanings to the decoding: only at the moment of reading can we properly speak of the 'meaning' of the media text.

Morley's widely cited (1980) study of the 'Nationwide' audience sought to elaborate such a theory of the interaction between media 'texts' and subjects/readers in relation to differential decoding. Morley, while acknowledging the broadcaster's desire to offer a particular message to the audience, suggested that this was by no means a guarantee that the message would be received in that form (1980:9). Morley then went on to offer a highly influential framework utilising Pecheux' notion of 'interdiscourse', which enabled a more complex relation between text and audience (1980:162):

...The notions of interdiscourse, and of multiple and contradictory interpellation of the subject open up the space between text and subject. We no longer assume that the subject is effectively bound by any particular interpellation, and thus provide the theoretical space for the subject to be in some other relation to the signifying chain from that of 'regulated process'.

This rethinking of the media subject/consumer may be contrasted to earlier approaches to 'media effects' research which Morley (1980:1) divides into two overarching categories; positive and negative, suggesting that implicit to the negative approach - exemplified by the Frankfurt school - was a hypodermic model where:

the media... were seen as having the power to 'inject' a repressive ideology directly into the consciousness of the masses.

American researchers however, favoured a more positivistic and quantitative approach. This 'positive' approach (Morley, op cit:2) in fact shared, along with the negative, an:

implicit theory of the dimension of power and 'influence' through which the powerful (leaders and communicators) were connected to the powerless (ordinary people, audiences).

In short, for Morley despite an early tendency for media effects research to move between these positive and negative poles they both occupied a similar unidirectional understanding of the process of communication in relation to

power. That is, power is conceptualised as something to be given or taken away by those who possess it, to or from those who do not, (we met such an understanding of power in chapter one).

In a more recent but no less influential study, Radway (1987) reminds us that a proper understanding of the concrete practices of media consumption is essential if we are to gain a proper picture of the 'meaning' of media to their various users. In Radway's ethnography of American housewives' reading of Harlequin Books (popular romance) she found that the women in her sample read these novels in small breaks in their daily domestic and familial routines. For these women consumption offered brief moments of escape:

In picking up a book... they refuse temporarily their family's otherwise constant demand that they attend to the wants of others even as they act deliberately to do something for their own pleasure. Their activity is compensatory, then, in that it permits them to focus on themselves and to carve out a solitary space within an area where their self-interest is usually identified with the interest of others and where they are defined as a public resource to be mined at will by the family. For them, romance reading addresses needs created in them but not met by patriarchal institutions and engendering practices. (Radway, 1987:211)

In a similar vein, Hobson's (1980) study of housewives' consumption of the mass media found that it was profoundly linked to gender divisions:

[women]... combat their own isolation through their interest in radio programmes during the day, and they see television programmes as a form of 'leisure' or relaxation. Radio is integral to their working day, but early-evening television is secondary to the domestic labour which they perform. (p.114)

The programmes which the women watch and listen to, together with the programmes which they reject, reinforce the sexual division of sphere of interest which is determined both by their location in the home and the structures of femininity that ensure that feminine values are secondary (or less 'real') than those of the masculine world of work and politics, which the women regard as *alien* yet *important*. (p.114, original emphasis.)

Radway's and Hobson's work not only describes concrete practices of media consumption but more importantly identifies a link between existing constructions of gender (divisions) and the everyday practices of media consumption within which they are implicated - and thus an analysis of the overhearing audience must include a consideration of the constitution of gender divisions.

6.4 THE SOCIAL CONSTRUCTION OF THE AUDIENCE

Given the Foucauldian perspective offered within this thesis we must recognise that much of the work of audience studies involves what I wish to term the social construction of the audience, by which I mean more than the production of "meaning" but one element of a "form of life" co-constructed by subject and text/broadcast. In fact, we might understand McQuail's first two traditions as constructive in this way

and, for convenience sake, offer the third as, in part, a reflection on those two approaches. Ang (1994:204-205) provides an incisive framework for such an understanding in relation to the 'structural' approach and its dependence on accurate measurement:

...this... search for the perfect measurement method, which I have characterised as desperate, is based upon the implicit assumption that there is such a thing as an 'audience' as a finite totality, made up of subdivisions or segments whose identities can be synchronically and diachronically 'fixed'. I have suggested that this assumption is a fiction, but a necessary fiction for a television industry which increasingly experiences the audience as volatile and fickle.

For Ang (1994:205) this process constitutes the audience as a unitary object through, for example, practices of quantification and is:

...positively constructed as true by the creation of simulations of order in the ranks of the audience in the form of ratings statistics and other market research profiles.

For Ang then, the 'audience' is a simulacrum constituted through the very processes that claim to measure and understand it; ultimately the objectification of the 'audience' can occur only '...by imposing (discursive) closure on it...' (*op cit*:205).

6.5 IMPLIED AUDIENCE

I want now to elaborate the suggestion that the 'audience' is not only constructed through technologies of measurement but can be found in the media discourse itself. Moreover, this discursive constitution of the audience may occur along two planes: firstly, through the assumptions that the text makes about its consumers; secondly, the construction of positions of identification (c.f. Davies & Harré, *op cit*) within the text which we might consider as points of interpellation. The former plane has been termed the 'implied audience' (c.f. Deming, 1991; Chatman, 1978) and there is very little work in this area.

The key point here is that if we - broadly - adopt a 'cultural text' approach to the audience (c.f. McQuail, 1994:244) we may side-step the stated need for detailed ethnographic research (c.f. Ang, 1991) and analyse the audience as it is found in the media discourse *itself*, enabling an analysis of the discursive processes operating during the broadcast in their relation to the audience. Thus, we may *begin* our analysis with the assumption that the audience is in some sense a construction; a necessary fiction and a simulacrum *produced* within the media text itself (c.f. Ang *op cit*); necessary in that it constitutes one part of the moment of 'reading', (c.f. Morley, *op cit*).

Note that I am not suggesting that somehow the audience exists only in media discourse but rather that this is one of several places where we may find it. Geraghty's (1994:39) distinction between, 1) the position offered to the consumer by the media discourse; 2) the social subject positioned through race, gender, class; and 3) reactions of individual consumers is pertinent here in that it avoids conflating three different levels of analysis and their interaction. In this chapter I wish to focus on the first level of analysis only, that of the positioning of the audience by the media discourse (and concomitantly the 'implied audience').

Moreover, by focusing on this first level of analysis we are also able to avoid dealing with the (none-the-less important) problem of the interaction between the three levels. Morley, (1980:18) reminds us that:

The text cannot be considered in isolation from its historical conditions of production and consumption. Thus the meaning of the text must be thought in terms of which set of discourses it encounters in any particular set of circumstances, and how this encounter may re-structure both the meaning of the text and the discourse which it meets... the crucial factor in the encounter of audience/subject and text will be the range of discourses at the disposal of the audience.

Notwithstanding Morley's important reminder such an analysis is beyond the scope of this chapter, however it is important

that we do not forget that the analysis here must always remain partial in this respect.

How then might we analyse the positions offered to the consumer? Deming (1991:242) defines the 'implied audience' as:

...a construct implicit in the demands made by the narrative in order for comprehension to occur...The real audience may bear little resemblance to the implied audience, as real viewers operate independently of any role cut out for them by authors or critics.

For Deming then, the implied audience is that which is constructed *within* the textual practice of the narrative concerned. Deming (1991:257-258) goes on to offer the following interpretation of the 'Hill Street Blues' (HSB) series:

The HSB narrative projects an implied audience unusual in television. While all television requires more of the viewer than critics are in the habit of admitting, Hill Street's open text insists that the audience engage in more conscious efforts to fill in and to comprehend the narrative. The text positions the viewer as a gazer rather than as a "looker and glancer"...the narrative invites the viewer to participate in the discourse rather than to identify too strongly with individual characters.

For Deming (1991:257-258) then, 'implied audience' relates to the question: what does the programme require of its

audience? I want to adapt this notion so that it will relate to our requirements in the following ways: a) to enable a close reading of the media text, that is, as it is organised as discursive practice, in addition to more overarching impressions of the broadcast (or series) which Deming herself provides for HSB, and b) to address not only the specific question: what does the phone-in require of its listeners? but also to the more procedural question (in methodological terms): what positions are offered to the listener within the media discourse?

6.6 THE ANALYTIC FRAMEWORK

How might these methodological questions and procedures be related to Crissell's (*op cit*) three areas of interest in a form which will usefully structure the analysis of the broadcast? If our key question is to be 'what does the broadcast require of its audience?' then we might structure the analysis within five main areas:

1) THE MEANS OF IDENTIFICATION AVAILABLE TO THE AUDIENCE.

In what ways (explicitly and implicitly) is the audience brought or invited to identify with the positions of the participants in the exchange? How does this relate to the consumption of the broadcast?

2) THE FORMS OF ADDRESS TO THE AUDIENCE.

How does the broadcast address its audience? (How) do these forms of address relate to voyeurism?

3) GENDER DIVISIONS IN RELATION TO THE IMPLIED AUDIENCE

To what extent is the implied audience gendered?

4) THE OPERATION OF EXPERT AND LAY DISCOURSE.

In particular, do callers gain authority given the nature of the broadcast?

5) THE (OPEN OR CLOSED) STRUCTURE OF THE BROADCAST (TEXT)

(c.f. Deming, *op cit*).

To what extent and in what ways are the audience required to engage with the broadcast?

These five questions then, will provide the analytic framework for the subsequent analysis of data.

CHAPTER 6 - PART B - ANALYSIS OF DATA

6.7 INTRODUCTION

In part A I adapted Crissell's (*op cit*) three areas of interest to make them applicable to an analysis that would relate to the key question (*c.f.* Deming, *op cit*) 'what does the broadcast require of its audience?' and at the same time to a methodological approach which would focus on the positions available in the text (*c.f.* Harré & Davies, 1990). Recall that the following five domains were identified and I will deal with each of these areas in turn:

- 1) The means of identification available to the audience.
- 2) Forms of address to the audience.
- 3) Gender divisions in relation to the implied audience.
- 4) The operation of expert and lay discourse.
- 5) The (open or closed) structure of the broadcast.

6.8 THE DEPLOYMENT OF MEANS OF IDENTIFICATION

In this section I suggest that particular shifts in the deployment of pronouns by the advisor appear to invite a link between the unique (private) elements of the caller's individual problem and the common elements that relate to a shared (public) experience for the overhearing audience. Although I will initially deal with key examples of A's use of collective pronouns, it will become apparent that this often forms part of a generalisation or a reference to some form of group or collective (which I term a regime of

identification) which I consider in more detail later in this section.

EXCERPT 1

BELINDA (T3: 187-197)

187 A: Belinda you (1) you sound like somebody
188 who (.) likes to please people and who doesn't like to let them
189 down and I think what we've got in here hidden away in this
190 []
191 C: [sighs]
192
193 very complex story is what I call guilt and what we all know
194 []
195 C: Mm
196
197 as guilt .hh you feel (.75) guilty about the grandmother (y-)

Here we can begin by examining the question why is A deploying the collective pronoun 'we'? At (193) we find an answer in A's utterance which shifts from first-person singular to third-person plural:

193 very complex story is what I call guilt and what we all know
194 []
195 C: Mm
196
197 as guilt .hh you feel (.75) guilty about the grandmother (y-)

This utterance offers a clear interpretation on the part of the advisor '..is what I call guilt', along with an invitation to the overhearing audience - signified by the use of 'we all' - to recognise what he has identified for themselves. Here the implied overhearer is someone who recognises what the advisor is offering as self-evidently available from C's story. Earlier A uses this shift from his

personal but expert (authoritative) judgement to shared experience at (189):

A: ..I think what we've got...

In this way A's shift to a collective pronoun might be understood as offering an account on behalf of the three participants; C, A and V, along with the overhearing audience. However, its use is, I suggest, remarkably ambiguous in that it is difficult to tell exactly who the pronoun is meant to refer to. I will return to this point a little later on.

EXCERPT 2

BELINDA (T3: 246-260)

246 (.5) this is your problem you we have I don't want to make too
247 []
248 C: Mm
249
250 many comments about our society .hh
251
252 C: yeh
253
254 A: but we are becoming increasingly superficially nice .hh and
255 []
256 C: you see
257 that's not my way (1) mmm that's not my way if you met the
258 mother you'd know why the son is like he is
259
260 the price of that is dishonesty

At (250) A deploys 'our society' followed by 'we are becoming increasingly ..' (254), once again shifting the uniqueness of the caller's problem onto a shared/collective plane,

explicitly coded in terms of 'society' - not a society somehow separate but *our* society. Thus, with two fairly short utterances, A is able to address the caller's individual problem by constituting it as a problem shared by not only the entire overhearing audience but the whole of 'society'. It is difficult to hypothesise anyone who is excluded from the collective deployed by A and here - as with the previous example - we begin to see that the therapeutic exchange is conditioned by its public consumption (in particular through A's - ambiguous in this context - deployment of 'our' before 'society').

EXCERPT 3

JOHN (T6: 113-130)

113 A: Well it it it is a very difficult one isn't it (.) if you
114 have a need if you are lonely and if you want companionship or
115 love or a relationship hh it's very easy isn't it to turn to the
116 wrong person (.) hh and you'll be driven by this desire and
117 driven by the need hh but not driven by the person and
118 what worries me about this young lady and I'm not saying
119 anything personal about her hh is that she comes along (.) she
120 finds you within weeks (.5) within weeks she's pressuring you
121 to marry her (.) now hh I'm I don't believe although w we you
122 know we're full of stories aren't we about instant love and
123 looking across a crowded room hh that wha w you you know we're
124 such complex people nowadays should we hh really trust a
125 feeling which says within a week or two I'm going to marry
126 this guy and and you might have said well after three months
127 if she'd er hh if she'd er come across and expressed all this
128 interest you could have trusted her but (.) it sounds more
129 like she's doing it for herself than for her love of you (.3)
130 and that makes me a bit suspicious

Here A's use of pronouns begins with 'you', shifts to 'we' and then returns once again to 'you'. In this way I suggest that A is able to:

- 1) Include himself in the collective 'we', aligning himself with the caller and the overhearing audience, thereby - momentarily - occupying the role of expert while reminding us that he too is not immune to the frailties he describes,
- 2) Address C and the overhearing audience within the same turn,
- 3) Offer the pronoun 'you' at the end of the turn as potentially including *both* C and the overhearing audience. That is, by the time we get to 'you might have said..' (line 126) the implied audience is successfully involved in the exchange.

EXCERPT 4

LINDA (T8: 33-37)

33 A: Linda is this possibly another version of the (.) thing
34 we've just been discussing which is that sometimes your not
35 saying the truth because it's painful and I .hh I you you just
36 said told the story very quickly but is it right that you look
37 after the first child

A's deployment of 'we' at (34) provides a further example of the ambiguous position this pronoun seems to occupy in A's discourse. As with the previous example, the collective pronoun can be taken to mean: (at least) the advisor and the host; advisor, host and the previous caller (who may still be present as an overhearing listener); these three and Linda herself or these four along with the overhearing audience as a whole.

Later in the exchange at (104-115) A states:

EXCERPT 5

(T8 104-115)

104 A: as opposed to the real baby and I don't want to compare .hh
105 babies and pets because we'll get an outcry but I am going to
106 say something about it and that is that .hh we all have these
107 idealisde things don't we you know .hh the child is always
108 going to be clean and healthy
109 []
110 C: Mmm
111
112 and eat it's food and not cry and not have a dirty nappy and
113 not keep us awake at night and not have teething .hh the
114 idealised child is smiling and happy and clean and loving .hhh
115 now

Once again we may ask who does the pronoun 'we' refer to in the utterance: '..we all have these idealised things...' (106-107)? I suggest that here it appears to signify a collective without boundaries given that A describes it using 'we all' (106); moreover, having idealised things offers no other particularity to this collective, there is no indication of gender, class, ethnicity or other identification indexes - therefore the entire overhearing audience is invited to position themselves within this collective. In other words, the audience is both imagined and interpellated as part of this 'we' of collective personality types and at the same time invited to recognise themselves in this image which might be better termed a mirror-glance or mimesis. Thus, we might consider this particular deployment of collective pronouns as a mode of subjection which potentially interpellates each and every member of the audience.

EXCERPT 6

ANN2 (T2: 310-312)

310 A: at the time .hhh that's when its much easier to discuss sex
311 I mean we .hh british are so cool t's very difficult out of the
312 bedroom (.) for us to discuss our sex lives

We need with this final example to begin by considering the immediately previous turn (to that cited above) which offers an understanding of the context of the utterance in question. At (293-306) A exclusively addresses the caller's problem in terms of the individuals involved (and the means of establishing communication channels). 'We' is deployed at (311) in relation to the caller's inability to discuss sex with her husband, shifting the problem away from the caller as an individual to a collective problem for the 'British' - that is, Anne's problem is no longer her own but reflects a national difficulty in discussing sex out of the bedroom (311-312). This deployment of a national collective by A can be understood as:

- 1) A way to warrant her interpretation by reference to common, shared knowledge of a common, shared problem,
- 2) A way to de-pathologise the caller's problem (and the caller herself) by suggesting it is not only her but a whole nation who bear this particular problem,
- 3) A way to constitute the problem in relation to ethnicity (British personality) thus offering some form of aetiology, or at least the illusion that A has identified a cause.

However, I would suggest a fourth additional reading (perhaps operating in parallel with all the previous); A offers the overhearing audience a route *into* the problem: a means of identifying with both the caller's problem (that is relating to a shared identity) and with the warrant of professional expertise (A has been able to identify a quasi-cause). In this way identification shifts (on the part of the implied audience) from particularity or the 'private' (that is limited to those who recognise themselves in C's story) to the general or the 'public' (all those who recognise themselves in the collective 'British' have this problem). Once again the overhearing audience is invited to recognise themselves in this scenario through an interpellation focused on nationality. Whereas in the previous excerpt there were no exclusions from the image ('we all') here there is an exclusion of non-British and therefore the overhearing audience is both subjected and divided at the same time.

6.9 FORMS OF ADDRESS TO THE AUDIENCE

In the previous section I suggested that A's deployment of the collective pronoun 'we' constituted the implied audience as - in some sense - recognising itself in the caller's story. We saw that this interpellation also operated through A's constitution of particular collective identities (British personality) and even a form of totalised collective identity

(the deployment of 'we all'). If the deployment of collective pronouns then, operates to provide regimes of identification - which may be implicit or explicit - we might, in turn, wish to consider the range of A's (and the broadcast's) forms of address to the audience and we, in turn, might begin by re-considering the constitution of collective identity described above as a form of address which involves the 'reassurance' of a common identity - 'reassurance' to both C and the implied audience. I will consider some further examples of this form of address and then move on to two other forms which can be identified in these exchanges.

6.9.1 REASSURANCE OF A COMMON IDENTITY

EXCERPT 7

SALLY (T10: 147-157)

147 A: Well not necessarily you may have just (.) I mean this may
148 be like slipping on an ice mountain you might be walking down
149 this ice mountain you take the wrong foot and you start
150 slipping and one of the problems about eating disorders is
151 that once (.) you see the body is like a very delicately
152 balanced spring in a way and it knows exactly when its had
153 enough and it knows exactly when its full up and it knows when
154 to stop eating and when to start eating now that mechanism's
155 incredibly delicate and what has happened and what happens to
156 so many people most bulimics and most eating disorders start
157 with some kind of dieting

In this segment of A's fairly lengthy turn (beginning at 147) there is a shift to a more collective problem via the notion of majority; 'so many people' is followed by 'most bulimics and most eating disorders' (see ch4.9 for an extended analysis of this turn). However, what is also interesting is A's 'educational' form of address, that is, A is offering C

(and the audience) *instruction* concerning the nature and operation of her condition rather than, for example, a (therapeutic) interpretation of her psychological or emotional state.

6.9.2 PEDAGOGICAL FORM OF ADDRESS

EXCERPT 8

LINDA (T8: 146-156)

146 A: =this one .hh is not an ideal baby either (I) only want a
147 perfect baby like people like .h peole who you know .hh go on
148 marrying and marrying .h (.) they only want a perfect husband
149 or a perfect wife a wife who'll have sex every time they want
150 it and in be terribly exciting and always: you know voluptuous
151 and sweet smelling .hh ofcourse human beings are not motor
152 cars .hh and babies are not little teddy bears they're
153 children .hh and so they're good and bad .hh and what we have
154 to do as people is we have to learn to accept .hh this good
155 and bad side now how you're going to ex- (.) how you're going
156 to get her round to this idea=

In this turn we see the work of balancing private and public identification through:

- 1) The deployment of a collective 'people' (implying a characterological element) of a particular type (147-148), (though the use of 'people' followed by 'they' constitutes a distance between C, the implied audience and the 'people' in question),
- 2) The obligations of the implied audience who are also 'people' (154) and where, this time, 'people' appears to refer both to the previous collective (144-148) - people who go on marrying and marrying - and also to people in general (here again there are no exclusions to this collective),

3) The caller's immediate practical problem of the means to convince her daughter of these ideas (155-156).

Most importantly A's discourse once again produces these effects through what might be termed a pedagogical form of address. Thus, although A - as with the example above - instructs C during this turn, his "lesson" is addressed to both C and the implied audience; invited to recognise itself in the collective 'people' (154).

EXCERPT 9

BELINDA (T3: 305-326)

305 A: and she's going to turn round to you when she's seven or
306 eight or nine and say mum []
307 []
308 C: yeh yeh
309
310 (.5) where's my dad where's my gran why don't I ever see them
311 and you're then going to have to face her and this is the thing
312 that all separated parents single parents have to deal with
313 []
314 []
315 C: Mm
316
317 .hh (1) what do you owe your child now clearly if there's
318 []
319 C: you see this is relatively new to me
320
321 somebody abusing your child or being violent to them .hh then
322 [] []
323 C: well I've seen () yeh
324
325 maybe on the balance of probabilities you are doing your child
326 a better turn (.5) by (.75) sparing the contact (.5) but

Here A shifts from directly addressing the caller and her relation to her daughter (in terms of C's obligations), to a collective of 'all separated single parents..' (312). Thus it

is not only the caller who must face these obligations but the collective of *all* separated single parents, the use of 'all' appears to constitute the message as an absolute one for single parents - there are no exceptions. Although A's form of address is, in part pedagogical, there is an emphasis upon the common identity deployed in the form of a reassurance and possibly also to warrant the claim. Thus, this second form of address seems to be related to the reassurance of common identity - as with excerpt five - rather than purely pedagogical.

6.9.3 SHARING A SECRET

There is a third form of address which relates to the implied audience and which might be described as (implicitly) 'sharing a secret'. Here however, the audience is not directly addressed by A but rather is interpellated - in part - through the *absence* of a third party in the therapeutic exchange. This implication of 'sharing a secret' (or overhearing a confession) is apparent at the beginning of each exchange when caller's are often anxious and reticent about telling their 'problem' and which is almost always marked by the deployment of 'erm' (or 'er') just prior to first telling the problem (Sally, 7; Charles, 3; Ann, 7; George, 8; John2, 3/4, 8; Belinda, 13; Ann2, 8; Linda, 19; John [offering an 'mm'] 3). Only one caller (Paul, 5) does not mark their initial telling in that way.

Additionally, the host Robbie Vincent's interruptions are - with some exceptions which I consider later - fairly brief, so that for the majority of time the audience hears only the caller and the advisor. In fact, during all eleven exchanges the only direct address to the audience from any of the three participants; A, C and V is from V when he invites audience members to call in, for example:

(T1: 44-48)
44 to say the least hh and hopefully come back on a non weee wooo
45 sort of line hhh if you'd like to talk on a non wee woo line hhh
46 071-973-9733 071-603-1152 and I hope very much that by er quick
47 dialling Ann we've been able to: clear you so you don't howl any
48 more

Given such a lack of direct communication with the audience, we might conclude that this form of address - which I called 'sharing a secret' - in part operates by implying an overhearing audience which is voyeuristic. Put another way, the non-recognition of the audience during the exchanges between the advisor and caller *interpellates* a - potentially, at least - voyeuristic gratification on the part of overhearers, moreover, a gratification which is a result of audience members' interest in, or identification with, the caller's essentially *private* problem: thus forcefully locking the overhearer into the broadcast.

6.9.4 APPEALS TO LAY KNOWLEDGE (EXCERPTS 10-12)

EXCERPT 10 (T3: 187-197)

187 A: Belinda you (1) you sound like somebody who
188 (.) likes to please people and who doesn't like to let them
189 down and I think what we've got in here hidden away in this
190 [
191 C: [sighs]
192
193 very complex story is what I call guilt and what we all know
194 [
195 C: Mm
196
197 as guilt .hh you feel (.75) guilty about the grandmother (y-)

EXCERPT 11 (T6: 121-125)

121 to marry her (.) now hh I'm I don't believe although w we you
122 know we're full of stories aren't we about instant love and
123 looking across a crowded room hh that wha w you you know we're
124 such complex people nowadays should we hh really trust a feeling
125 which says within a week or two I'm going to marry

EXCERPT 12 (T2: 164-167)

164 enjoying together .hh but as with most things: when you get on
165 in spending your years together things become erm a a little
166 erm more regular you know there's less variety there's less
167 excitement .hh so there 're all those kinds of things .hhh the

In the excerpts above, A addresses the caller (and by implication the overhearing audience) in relation to their existing knowledge (other examples include Linda, 106-108, 147-149, 150), constituting such lay knowledge as evidence for interpretations and statements of fact. Either of the terms 'you know'/'we (all) know' is deployed in all these examples (with excerpt 11 'you know' is deployed in addition to a collective pronoun) and we might identify this form of address to the audience as 'appeals to lay knowledge'.

6.10.0 GENDER DIVISIONS AND THE IMPLIED AUDIENCE

There do not appear to be any consistent differences in A's mode of address to female and male. However, although women callers do not appear more liable than male callers to have their troubles problematised as pathological, there does appear to be some tendency for women callers to be given a therapeutic responsibility that relates explicitly to self (Belinda (T3), Ann2 (T2), Sally (T10) as opposed to only John2 (T7) for the male callers). Recall from the previous chapter that in these particular exchanges the therapeutic responsibility was not only linked to, for example, what the caller was feeling or how they were behaving but to the kind of person they took themselves to be.

It may be that this tendency relates to 'procedural' elements within these calls, (for example, the duration of the exchange - Paul and Charles' calls were relatively brief). However what is perhaps more interesting is the possibility that this relates to the form of problems brought to the interaction by the callers rather than the therapeutic problematisation itself. In other words, it may be that the female callers concerned were more likely to pathologise *themselves* through their own initial problematisation of their troubles. It was certainly the case that there was a greater sense of urgency with two of

the female callers (Sally and Ann) and this was clearly related to statements made by the callers themselves; Sally suggested in her initial description of her problem that she was 'in a lot of danger' (22) and Ann, towards the end of her exchange, stated that she had considered taking her life (306-313):

306 C: And then (.) things'll sort of be alright for a week or so
307 and then it all goes up again I've even (.) thought about like
308 sort of finishing it all hhh
309
310 A: Mmm
311
312 C: like committing suicide but erm (.) then I just think of
313 the kids

Despite these implications, given the type of analysis undertaken here (that is, an in-depth analysis of a limited number of exchanges), it is very difficult to offer any meaningful conclusions about the operation of therapeutic discourse in relation to gender divisions in general. However, there are two exchanges (both with female callers) where certain elements of the overall therapeutic problematisation relate explicitly to gender divisions and which might therefore tell us something about the implied audience - interpellated as members of gendered collectives. However, before we move on to consider these two exchanges in more detail I want to look momentarily at three other briefer instances where gender forms an important element of a particular utterance or turn.

EXCERPT 13

(T5: 168-180)

168 A: but one of the things I would go for immediately is to ask
169 whether (0.5) she feels in some way now guilty having taken
170 her father to court this sounds very complicated but the
171 problem in so much of this abuse is that the child (.) the
172 child er loves the parent or in in any way wants the parent to
173 be a good and special parent (.) and at the same time is angry
174 and wants justice and so they end up in away punishing and
175 almost if you like destroying the person they love (.) now
176 () very often abuse victims get very very confused because
177 they've been done a terrible wrong but at the same time if
178 they (.) seek justice they can wipe out the person (.) who
179 they care about and respect now (.) I just wonder if your wife
180 is in a great turmoil a muddle about all of that

During his initial presentation of his troubles, George describes his part in his wife's transformation from '...a very timid girl..' (11) to having '...the confidence to be a woman..' (16-17). This particular description is a highly gendered one (in that - crudely - replacing 'boy' for 'girl' and 'man' for 'woman' greatly shifts the meaning/sense of the utterance). However, this particular element of the caller's account of his problem is excluded from the therapeutic problematisation although it is taken up by the host during his interruptions at (43-49, 103, 107-108 and 116-118). Interestingly, A during the turn (168-180) above, offers an account of the woman's emotional state - as it relates to the abuse the caller says she has suffered - in a generalised form which is non-gendered, returning to the woman's individual experience only at the end of the turn (179-180).

Thus, although the caller's account of his troubles constitutes the problem as, in part, relating to his wife's gender (and where the use of the term 'wife' also constitutes certain gender-specific rights and obligations), this does not appear in the therapeutic problematisation, rather A generalises an account of (some of) the effects of abuse which is entirely non-gendered and may therefore be recognisable to both female and male overhearers.

EXCERPT 14

During Linda's exchange, A addresses the caller as a '*..grown up sensible woman...*' (269-274). However, despite a range of references to 'mums', 'grandmums' and motherhood/daughterhood, A's constitution of collectives at (106-108) and (147-151) is, in both instances, non-gendered:

(T8:104-108)

104 A: as opposed to the real baby and I don't want to compare .hh
105 babies and pets because we'll get an outcry but I am going to
106 say something about it and that is that .hh we all have these
107 idealisde things don't we you know .hh the child is always
108 going to be clean and healthy

(T8: 146-156)

146 A: =this one .hh is not an ideal baby either (I) only want a
147 perfect baby like people like .h people who you know .hh go on
148 marrying and marrying .h (.) they only want a perfect husband
149 or a perfect wife a wife who'll have sex every time they want
150 it and in be terribly exciting and always: you know voluptuous
151 and sweet smelling .hh ofcourse human beings are not motor
152 cars .hh and babies are not little teddy bears they're
153 children .hh and so they're good and bad .hh and what we have
154 to do as people is we have to learn to accept .hh this good

155 and bad side now how you're going to ex- (.) how you're going
156 to get her round to this idea=

Once again there does not appear to be any clear pattern here although it does seem that in general the advisors tend to deploy non-gendered collectives. In fact, the deployment of a gendered collective is quite unusual within the exchanges analysed here. Even, for example, the deployment of '..many women..' at (86) and 'women' at (88) during Paul's exchange relates to a situation in which such a deployment is inevitable (that is, given it relates to the response to a transvestite partner assuming transvestite refers, by definition, to a heterosexual male).

Let us now return to the two exchanges in which gendered collectives form an important element of the therapeutic problematisation (and concomitantly interpellate the overhearing audience in relation to gender - or, at the very least, offer images of the audience in relation to gender).

EXCERPT 15

ANN2 (T2)

During A's turns (113-167) C is offered an elaborate account of her problem in the form of a (common) history. It should be emphasised that this is not a unique history but something:

115hh which relates to the fact that most of us were not
116 aware as youngsters of our parents having a sex life (.)

This account of C's problem (which has a 'psychological nature', 114-115), is one then, that applies to 'most of us' (115). Note that here this collective is non-gendered, whereas a little further on A states (125):

125 A: .hhh and so there are bigger psychological changes that take
126 place and this I find tends to happen especially in women

A subsequently deploys the collective pronouns(/adjective) 'they/their' at (131-132, 136-140) but then shifts to 'you'/'your' at (144-146), then to 'women' at (157) and then finally includes men to some extent (154-155):

154 dwindle of course that's only looking at the woman's side it
155 does happen to an extent in men as well .hh and I think also

At (169) A deploys the collective 'women' once again but in relation to the normalisation of C's problematic experience, that is, it is a (normal) common experience for women. Slightly later A explicitly tells C that her experience is normal:

194 A: Right (.5) OK .hh again that is quite a normal erm
195 experience it's got it certainly .hh a a very much more normal
196 fantasy (.75) for women. hh than than most would admit to (1)
197 .hh

A then shifts to what might be considered a third normalisation but this time with respect to a gendered

collective 'most women' (215) which is also a special collective:

214 actually quite quite different .hh and I'm I'm sure that erm you
215 along with most women who could and would enjoy .hh very rough
216 sex with their partner .hh would not want to be in a

A then goes on to offer an image of a rape situation which
'..we tend to think of..' (217-218) and where the deployment
of the pronoun 'we' is ambiguous in reference to gender,
perhaps constituting this image as one shared by both women
and men:

217 situation of a woman being raped in the sense that we tend to
218 think of that where a woman .hh erm is not interested does not
219 want may or may not know the person .hh erm but is definitely
220 not consenting (.) to that act

What is most interesting here is the shifting deployment of
collectives in relation gender. So that, although A's three-
fold normalisation of C's experience is related to gender,
men are not (always) entirely excluded from these
collectives which are, in turn, sometimes non-gendered.

EXCERPT 16

(ANN T1: 122-212)

During this exchange A constitutes at (122-124) one element
of the therapeutic account (in the form of an origin) of C's

problem as something to which unfaithful men are particularly prone:

122 A: Yes hh u- unfortunately we find this all too often (.) and i-
123 it does seem to be something that particularly men do where
124 they've been unfaithful and that I can only obviously speak

A then offers an elaborate account of this tendency:

124 they've been unfaithful and that I can only obviously speak
125 from my own experience of listening to people hhh but it seems
126 to be this erm peculiar situation that arises where a man er
127 has been unfaithful hhh and for some reason finds it
128 impossible to accept the responsibility for that hhh and it's
129 almost as if he daren't start feeling the guilt (.) because if
130 he does that guilt will overwhelm him hhh and so his initial
131 i-instinct is to look around to see who else to blame hhh and
132 of course usually the easiest way erm of getting the guilt and
133 the blame of him is to put it onto the partner who's actually
134 accusing him (.) so that if he can make it seem to you like
135 it is your fault because you failed him in some way or you
136 haven't been exciting enough or whatever hhh then you will
137 actually begin to think that (.) and you will do your very
138 best to win him back

Further on A proposes a second possible account of C's problematic relationship, presented as a gendered collective problem, that is a problem '...that more often happens in men...' (186-187) and goes on to describe the intricate psychological processes that result from men's inability to deal with (familial) responsibility:

185 A: I thought that was going to come and and that I think is is
186 the real crux of the problem hhh that again it's something
187 that more often (.) happens with men hh it comes really
188 through hhh an insecurity but is another way of justifying
189 them in being free to do what ever they want to do hhh and
190 usually these these are men who have been very romantic very
191 loving (.) in the courtship stage and usually for some time
192 afterwards hhh and only gradually as responsibility begins to
193 encroach upon the relationship and that might be

194 responsibility associated with buying a property or with
195 children coming into the relationship hh as they begin to feel
196 a little bit trapped a little bit bogged down with that
197 responsibility hhh so they start to fight their way out of of
198 the corner that they feel they're being boxed into and they
199 will often tend to do this in quite subtle ways at first
200 hhh and quite small ways in which it is the woman who gets the
201 blame for most things that go wrong in the relationship and
202 again that can be in very very small ways hhh it's the woman
203 who often tends to be given a lot of the responsibilities in
204 the relationship hhh and answerable for things like finances
205 just as you have been more recently hhh and it will go on to
206 become these bigger things like for instance if he has an
207 affair hhh erm somewhere or another that will be twisted
208 around so that it is your fault hhh and it's not even a
209 question of your expected to forgive him and welcome him back
210 hhh it's a question of whether or not he can forgive you
211 enough to come back hhh and that may be what your'e feeling at
212 the moment (.) is it

During this exchange then, A re-constitutes C's problem as two related collective problems to which firstly, unfaithful men are particularly prone (122-124) and secondly, as '...something that more often happens in men..' (186-187). Thus, although A does not include all men in these problematic groups, two vivid and intricate images are deployed of prone and/or unfaithful men thereby producing an interpellation to particular sections of the male overhearing audience (who may or may not recognise *themselves* or be recognised by *other* sections of the audience as such).

6.11 EXPERT AND LAY DISCOURSE

During seven out of the ten exchanges Robbie Vincent intervenes, asking questions and offering comments and observations. These interruptions offer a wealth of insight

into the discursive practices operating within these exchanges. Here I consider two such interruptions which illustrate the constitution of a separation between expert and lay discourse.

EXCERPT 17

(John T6: 91-106)

91 A: John John why do you say you've got obsessional-compulsive
92 disorder
93
94 C: Well not [laughs] not the disorder but I I feel if I do: if I
95 give in to:: hh what I would like to do it could become a
96 compulsive er situation for me which ()
97 []
98 V: You mean you could get hooked
99 on this young lady John
100
101 C: Well I I I did it could come up to the point of harassment if
102 she does not want to respond to me
103 []
104 V: .hh no but you said (.) what you
105 just said was you could get hooked by this young lady couldn't
106 you

At (98-99) and (104-106) Robbie Vincent interrupts the interaction by offering a 'translation' of the callers deployment of a psychopathological term 'obsessive behaviour' (deployed by C at 4, 85; note also that A 'corrects' C at (91-92) with 'obsessive-compulsive disorder') into a lay term 'hooked' (98). V then goes on to emphasise this lay term at (105). This interruption I suggest indicates the following:

1) A recognition of the validity of lay understanding - V seems to offer an equivalence between 'hooked' and 'obsessional behaviour',

2) It offers a model to the caller to remain with lay discourse in the telling of events, indicating: a) it is too early in the interaction for the language of diagnosis, b) this is not appropriate 'caller discourse' but constitutes 'expert discourse',

3) An interpellation to the audience in that points one and two might validate the lay understanding of the audience and offer it a model for how to execute a (therapeutic) call.

One might also suggest that if the caller was *accepting* the expert diagnosis, then his use of psychopathological discourse would be acceptable as a sign of ascension. Perhaps then, the temporal organisation of the exchange is important; that is V's interruption suggests that the events that occur during a 'normal' call must develop in the correct order, (possibly as follows):

- 1) Lay account,
- 2) Expert interpretation,
- 3) Negotiation (if any),
- 4) Lay acceptance.

EXCERPT 18

(George T5: 24-47)

- 24 V: What court are you talking about George you you
25
26 C: This is a high court
27
28 V: Yes but you (.) this court has suddenly arrived in the middle
29 of your conversation
30

31 C: Ah beg your pardon
 32
 33 V: You see assumed knowledge and Anthony needs to understand
 34 what [
 35 [
 36 C: yeh
 37
 38 V: you're talking about and we (.) sort of leapt forward a bit
 39 there
 40
 41 C: Yeh that's right er
 42 [
 43 V: So why why (0.5) why did we end up in the
 44 high court George after this lady turned from being timid to
 45 fairly [
 46 [
 47 C: Apologies

During a substantial segment of this exchange the interaction occurs exclusively between V and the caller. At (18) V interrupts with a request for clarification concerning one particular detail of C's account which C later offers in narrative form (56-59). At (28-29) V explicitly refers to the form of C's account and then again at (33-39). V's utterance at (33-39) is particularly interesting in that V appears to act as intermediary between C and A, speaking almost as *both* overhearer or advisor, thus his occupation of - to some extent - the role of A over the next few turns is made ambiguous. Later on at (89), V produces an utterance that is difficult to conceive as coming from A which I suggest can be heard as not only a request for information but also a judgement (or an accusation). Then at (94) V makes a further reference to the form of the caller's account (again available as a model to the overhearing audience).

V's role then during this interruption is interesting because he seems to attempt to reproduce the operation of therapeutic discourse - as we have seen it previously - and where he offers a model, I suggest, (to both C and the implied overhearer) of the layperson 'doing' counselling. Moreover, V appears to be attempting to do 'expertise' by reference to a medical model of diagnosis but clearly defers to A's authority (at the end of the call, 229-230) addressing him as a 'professional' (230) thereby constituting a boundary between lay and expert discourse in relation to A's professional status (and once again at the same time offering a model to the audience). Thus, it might be argued that while the lay person can - in some sense - become a counsellor, their discourse is not equivalent to that of the (expert) professional.

6.12.0 THE 'OPEN' STRUCTURE OF THE BROADCAST

In this section I further explore Robbie Vincent's interruptions which - as we have seen - serve a variety of functions including offering a model for the audience of how to consume (and participate in) the broadcast. In particular however, the host's interruptions offer a means of understanding the structure of the broadcast as 'open' rather than 'closed' (c.f. Deming, op cit) in that the implied audience is not one of passive listeners but rather are

constituted as active in their consumption; the broadcast requires more from its audience than (passive) overhearing.

EXCERPT 19

PAUL (T9:40-78)

40 V: What er Paul (.) you said it bothers you er what bothers
41 you
42
43 C: Err=
44
45 V: =that your'e wife'll find out (.) that=
46
47 C: Yeah (.5) just what people will think really
48
49 R: Yes (.) er er I was gonna throw others at you erm like Irma
50 said did you think your'e unusual (.) your'e alone (.) it's
51 gonna affect your'e marriage (.) or is it a combination of
52 factors
53
54 C: Yeah a combination all that really
55
56 A: Yeh oh
57
58 V: What do you think your'e wife would say if she knew (.) if
59 you told her
60
61 C: Err I don't know to be honest
62
63 A: You mm::
64
65 V: What'd your guess be
66
67 A: Err go mad I would think
68
69 V: Go mad (.) you think she'd be cross
70
71 C: Yeh I think so
72
73 V: Yeh not (.5) not surprised maybe and not so cross or
74
75 C: [ermm cross
76 and surprised I would have thought
77
78 V: Mmm

During this exchange Robbie Vincent's interruptions - as with excerpt nine in the previous section - resemble A's quite

closely, however once again V defers to A's authority/expertise at (115-121).

EXCERPTS 20 & 21

JOHN2 (T7: 79-134, 230-249)

79 V: You said over the years J- you sai-
80 []
81 C: Well over the year sorry
82
83 V: sorry yeh over the years I was gonna ask you wha this is
84 []
85 C: over the
86
87 something .hh that happened some time ago and I thought (I'd)
88 []
89 C: litterally a year
90 literally a year almost to the day
91 []
92 V: OK (1) right that was the impression that you gave
93 []
94 C: No
95
96 V: us
97
98 C: They couldn't do anything for the first six seven months
99 because of the scar tissue
100
101 V: Mm
102
103 C: .hh er but (.5) I know that there's nothing that can be
104 done and it's .hh
105
106 V: outside of talking to Alison as you are now .hh and talking
107 again with the surgeon who: did []
108 []
109 C: Mmm
110
111 V: the operation .hh have you talked to anybody else medically
112 about [] []
113 [] []
114 C: Mm erm:
115 well I can't talk to my family I'm very very very close to my
116 family .hh
117
118 V: Right
119
120 C: erm and say from the start they didn't want me to have
121 anything done and if I was to ever go back to them and say how
122 .hhh upset I was I think I'd destroy them .hh erm
123
124 V: Mm but have you you just before you talk with Alison .hh
125 have you spoken to anybody: .hh
126 []

127 C: I I went to ()
128 []
129 V: a-a-another
130 expert in this field
131
132 C: No I haven't I went to my local GP .hh and had a chat with
133 []
134 V: Right right

EXCERPT 21

230 V: Would you (1) yeh John would you accept
231 though if somebody was talking to you and said well: you y-y-y
232 you know you have got problems difficulties and your'e
233 centering them on your ears and even if you hadn't had the
234 operation you still might be centering feelings on something
235 else .hh back to not having had your ears done maybe .h if
236 somebody said that to you
237
238 C: Mmm
239
240 V: what what would you say
241
242 C: Erm=
243
244 V: =you'd dsimiss it erm listen erm
245
246 C: Well I would listen
247
248 V: Yeh think about it think it might be sense or do you think
249 that is a .hh completely nonsensical suggestion

Here again, V adopts the role of the advisor but defers to her at (124-130). We have already seen that V's interruptions do not operate as those of a second advisor but (therefore) as something different. In the above two examples, V's interruptions imply an audience that is able to identify with the various positions elaborated within these exchanges. In other words, V's occupation of a variety of roles implies an overhearing audience that can do the same (while consuming the broadcast).

EXCERPT 22

BELINDA (T3: 443-471)

443 V: yes it er your suggesting there should be a little bit of
444 Belinda nasty there niceness is actually very pleasant you don't
445 like dishonest niceness (1) so there must be a little bit of
446 []
447 []
448 A: that's right we
449
450 Belinda nasty have I understood what you've said correctly
451 []
452 A: w- absolutely Robbie we can we can
453 cause people so much []
454 []
455 V: right
456
457 difficulty .hh if we don't ever tell them the truth in pursuit
458 []
459 V: 'course we can
460
461 of being nice to them
462 []
463 that's why I keep telling my friend the reason
464 people don't like him is 'cos he's ugly .hh but I say to him
465 but I still love you [laughs] and he now understands he is now
466 he is now []
467 []
468 A: [laughs]
469
470 fully recovered after years of sadness .hh Linda you have
471 obviously got a serious problem...

In this excerpt - immediately following Belinda ringing off at (441) - Robbie clarifies with A what his message to C consisted of. There is a sense in which Robbie can be understood here to speak as and/or for the overhearing audience, at (450) asking:

..have I understood what you've said correctly..

In turn, this can be read as an implicit reference to the pedagogical aspect of the programme, once more offering a

model to the audience, this time one in which listeners are active in trying to properly understand the didactic elements of the broadcast. (Note also that Robbie's attempts at light-relief (463-471) can be understood in terms of the necessity in radio broadcasting of marking boundaries and ensuring flow, c.f. Crissell, 1986:214).

EXCERPT 23

LINDA (167 onwards)

167 V: what about Linda's resentment er well Linda
168
169 C: yes
170 [
171 V: isn't actually sh- you Linda doesn't really resent the child
172 .hh but she resents the act of having the child it is
173 the irresponsibility of her daughter erm er
174 [
175 A: yes she thinks it's irresponsible why have a second child
176 when you can't look after your first one
177 [
178 C: well actually this'll be her
179 fourth pregnancy (2) erm
180 [
181 V: sh-where should Linda be homing her:
182 resentment in on .hh erm Anthony .hh on her daughter
183
184 A: well I think really yes she she needs to understand herself
185 why she's got this painful emotion inside her and that's step
186 one .hh and you you're understanding that Linda and you've
187 talked to us about it and that's all to the good .hh the
188 [
189 C: yeh
190
191 second step is well .hh can you do anything with this emotion
192 that will .hh change the world make the world a better place .hh
193 and what you can do is you can perhaps try and tackle your
194 daughter on these things we've talked about tonight and see if
195 you can get her to see a bit of sense
196
197 C: I have (.) sat there and spoke to both her and her
198 boyfriend .hh and said they haven't got a brain between them
199 because if they had they wouldn't be in the position they're
200 in .hh er an' I I told her you know you wanna concentrate on
201 the child you've got that's here before you think of having
202 another one or at least include him when you go out buying
203 something for the new baby .hh how about buying him a packet
204 [

205 V: she's not going to
206 Linda is she
207
208 of sweets .hh or even taking notice that he exists
209
210 C: I don't think so
211 []
212 A: sounds like you're up against it
213 []
214 V: er and i-i-e- I'll
215 tell you what 'es lucky 'es got you [laughs]
216
217 C: [laughs] I dunno [laughs]
218 []
219 A: (yes) (1) that's right [very quiet]
220 []
221 V: he's lu- (1) well 'es is'n 'e isn't he
222 lucky []
223 []
224 C: he loves ('is mam) he's always telling me
225 (like) [laughs]
226
227 what what what would you rather () what would you ra- would
228 you rather .hh would you rather he was unhappy with your
229 daughter or would you rather he was with you being loved by
230 you and knowing that he's loved by you=
231
232 C: =that's why he's with me Robbie
233 []
234 V: come on (.) yeh
235 []
236 A: that's right
237 []
238 C: that's why
239 'es with me 'cos he's loved
240 []
241 V: I can hear it in your voice .hh and the other thing
242 is Linda you know when the pennies gonna drop with your
243 daughter .hh it's what Anthony's just said when she's b'in up
244 []
245 C: yeh
246
247 all night with with not just a bit nipple but four lots in the
248 nappy as well and non-stop screaming
249
250 C: and where does that leave me [laughs] I told her I'll
251 emigrate first []
252 []
253 V: well wha- w- ah you
254 well you'll be able to look her staight in the eyes won't you
255 maybe the penny will drop
256 []
257 C: yeh she's made 'er bed she's gotta lay on it this time
258 []
259 A: and also if you
260 can help her to be a good mum and make a better job of this
261 second kid well you can bring up one and be a good mum to that

262 one and she can bring up the second one and maybe the world'll
 263 be a better place for it
 264
 265 C: I'm just hoping when the baby's born (.) that my feelings
 266 don't go to the baby I hope that I can accept this baby
 267 []
 268 A: you mustn't l-
 269 look you mustn't let them go to the baby you're a you're a
 270 grown up []
 271 []
 272 C: I do try not to
 273
 274 sensible woman and you can have the feeling .hh but you
 275 []
 276 C: Mmm
 277
 278 mustn't let it out you mustn't take it out on the baby you
 279 gotta owe that to the baby=
 280
 281 C: = well my husband said as soon as the baby's born 'e said
 282 you'll go all (.) gooey again
 283 []
 284 V: 'course you will
 285
 286 'e said you'll be alright (so don't worry)
 287 []
 288 V: 'course you know what us mums are
 289 like we're real (wig) at p at the bottom of it we're just big
 290 softies Linda I (s'pose)
 291 []
 292 C: are you Robbie [laughs]
 293
 294 V: big softies yeh I think w- w-are mums us mums are aren't we
 295 []
 296 C: yeh
 297
 298 (.5) is that right
 299 []
 300 C: yeh and grandmums
 301
 302 V: and grandmums aren't we just big softies
 303 []
 304 A: he's he's got a big smile on
 305 his face Linda you've really got to him []
 306 [] []
 307 C: [] yeh
 308 []
 309 V: [laughs] you r- you have g- and good luck to
 310 you Linda and by the way .hh er w-when you started off saying
 311 [] []
 312 C: thanks yes
 313
 314 well er you know is it is it reasonable is it normal .hh I
 315 think anybody in your position would be beside themselves with
 316 something .hh grief er anger .h pain something
 317 []

318 C: I have cried I have
 319 cried beleive me .hh but I haven't got over that operation she
 320 had last year I think that is really the root of it all (1)
 321 you know to take the life of a (.) unborn child really upset
 322 me
 323
 324 A: Mmm
 325 [
 326 C: an awful lot because (.) you know it was a grandchild
 327 [
 328 A: w- w- I
 329 can understand completely how you feel
 330 [
 331 C: it really I haven't got over it yet
 332
 333 A: no it's a very problematic ()
 334 [
 335 V: er: our fingers our fingers
 336 will be crossed for you Linda and er I'll be thinking of you
 337 (.) good luck=
 338
 339 A: =yeh good luck Linda
 340
 341 V: and you're right Doc. she did get to me .hh it's er just
 342 after nine thirty we update er the news we'll be back with er
 343 more of your calls it's the monday counsellig hour .hh er my
 344 guest is con -c -sultant psychiatrist Dr. Anthony Fry .hh if
 345 you'd like to talk over a problem 071-603-1152 .hh 071-973-9733
 346 be back er be back in a few minutes...

In this final extended excerpt the dynamics between the two
 broadcasters in the studio, the caller and the audience
 provide a key illustration of the variety of positions
 adopted by the show's host during the broadcast and at the
 same time relate to the question of what the broadcast
 requires of its listeners.

At (184-187) A responds to V's question, addressing this
 response to V and then shifting his address to C at (186).
 For a moment then, the caller becomes aligned with the
 overhearing audience - listening to the interaction between V

and A; but one which directly concerns her. This provides an example of the complexity of the (shifting) inter-personal dynamics within the broadcast. Compare this for example, to Anthony Clare's *In the Psychiatrist's Chair* where the listener overhears two speakers only (c.f. Clare, 1995).⁷ During these broadcasts A's discourse still provides 'models' to the audience in relation to the therapeutic 'process', evidenced for example in the following questions asked by Clare during an interview with Les Dawson (Clare, op cit:86-88):

Clare: Les Dawson how do you feel about talking about yourself?

Clare: You've mentioned that, a kind of irritation with your children when they take for granted things that you just wouldn't have dreamt of. Is there a more fundamental scar? What would you say has been the single greatest impact on your formation of those early years? What do you think it's done to you?

Clare: What about the fact of being an only child? You don't dwell on it much. I wonder, had it much significance? In those days one tended to see larger families.

However, the absence of a host means that there is much less opportunity within the programme to offer models of *consumption* to the audience.

Just prior to the utterance cited above (184-187) Robbie most clearly adopts the role of audience member, interrupting at (167-182) to ask questions aimed at clarification - but,

⁷ Though ofcourse here the 'client' is present in the studio and thus a visual channel is in operation, though unavailble to overhearers other than through its verbal 'translation'. Also this programme is not broadcast 'live'.

importantly, from a lay position - not directly addressing the caller.

171 V: isn't actually sh- you Linda doesn't really resent the
172 child .hh but she resents the act of having the child it is
173 the irresponsibility of her daughter erm er

181 V: sh-where should Linda be homing her:
182 resentment in on .hh erm Anthony .hh on her daughter

In the two excerpts above (171-173, 181-182), V puts questions directly to A and once again occupies an ambiguous position. We can ask the question; On whose behalf does V ask these questions?

- 1) To clarify for himself?
- 2) To clarify for the caller?
- 3) To clarify for the audience?

In fact V provides a multiplicity of points of identification or positions to occupy and in addition offers models both for Linda and for the audience in that these may be understood as questions Linda *should* be asking.

At (214-215) V's utterance is especially interesting - he talks directly to C offering a lay opinion (as opposed to other instances where V offers a quasi-expert opinion). V continues in this vein and at (241-243) confirms A's prediction:

(T8: 241-243)

241 V: I can hear it in your voice .hh and the other thing
242 is Linda you know when the pennies gonna drop with your
243 daughter .hh it's what Anthony's just said when she's b'in up
244 []
245 C: yeh
246
247 all night with with not just a bit nipple but four lots in the
248 nappy as well and non-stop screaming

At (288-302) V then offers an interesting identification with the caller as another mother:

288 V: 'course you know what us mums are
289 like we're real (wig) at p at the bottom of it we're just big
290 softies Linda I (s'pose)
291 []
292 C: are you Robbie [laughs]
293
294 V: big softies yeh I think w- w-are mums us mums are aren't we
295 []
296 C: yeh
297
298 (.5) is that right
299 []
300 C: yeh and grandmums
301
302 V: and grandmums aren't we just big softies

At (302) V goes on to offer an identification with 'grandmums' which mirrors C's introduction of the term at (300). Here V appears to share the position of not only the caller - mirroring her response at (300) 'as grandmums' but other mums and grandmums constituted as a group of which he is a member. Although V appears to be offering a playful irony in that he cannot be a 'mum' because of his gender, it is important that he is able to meaningfully take-up this position during the programme. In this way V takes the position of the caller, even where the point of

identification is contrary to his gender. Moreover, at (296-300) C, rather than correcting Robbie's identification with her as a mum, broadens the process of identification to include her own identity as a 'grandmum' which V then mirrors in the following utterance:

300 C: yeh and grandmums
301
302 V: and grandmums aren't we just big softies

I suggest that V's response and C's reaction to it offer a distinct model to the audience; bring your own experience to bear here. Furthermore, recall Deming's (1994:258) conclusion concerning the 'open' nature of the Hill Street blues text:

...the narrative invites the viewer to participate in the discourse rather than identify too strongly with individual characters.

What appears to be happening here is that the audience is invited to identify with the therapeutic discourse itself over the caller's particular identity thus broadening the process of interpellation and thereby expanding the force of the subjection in relation to the overhearing audience. This, in fact, provides a model for understanding the broader operation of the programme in relation to the overhearing audience; as a set of subject positions and identities, setting out an ethical regime for the audience to enter into.

The "therapeutic" ethical regimes conveyed during the exchanges considered throughout this analysis include particular though varied forms of substance, ethical work and 'therapeutic' goals - particular in that they relate to a 'psy' understanding of ourselves, our relation to ourselves and our relations to others and varied in that they draw upon a large range of therapeutic scenarios already identified within therapeutic discourse.

Foucault's four dimensions of ethical self-formation do not map straightforwardly onto the operation of the broadcast in relation to the audience, for example overhearers are not *directly* invited to work upon themselves in this or that way, or to constitute part of themselves as this or that substance which requires vigilance and/or reparation. Rather, I suggest that overhearers are invited to glance at themselves during these brief exchanges, to recognise their own difficulties (or elements of them) not only in the caller's discourse but as also indicated in the therapeutic 'process' itself - that is, the process of reformulating one's difficulties in living within not only a new (therapeutic) language of description but also in relation to particular positions already available within a (to some extent) shared moral universe.

The key point here is that the processes involved in implying particular characteristics of the audience may be understood as a mode of subjection in that a continuity is constituted (as opposed to a discontinuity) between caller and overhearer. Put another way, in addition to overhearing the elaboration of ethical substances, the ethical work which must be applied to these and - to some extent - the kinds of personhood towards which they should strive, the overhearing audience is interpellated as if these 'solutions' are (potentially) also *their* solutions to *their* problems.

Above all, we have seen the inventiveness of therapeutic discourse throughout the three stages of this analysis and in this chapter we have examined the special nature of its adaptation to a media environment. The truth effects of therapeutic discourse move away from the traditional private setting and towards a public setting where overhearers are interpellated - though not necessarily directly invited to work upon themselves - as much more than passive consumers of the programme.

6.13 CONCLUSION

In this chapter I aimed to address the relationship between the broadcast and the overhearing audience by identifying the

audience implied by the discursive practices within the broadcast itself. I will relate the findings via the five areas of interest used to structure the analysis.

1) Forms of identification:

We saw that A's deployments of a shift to collective pronouns (and the constitution of group identities) provided a means of identification for the overhearing audience and implied an audience which recognised itself in these imagined collectives. In this way A was able to include the overhearing audience (through a form of mimesis) within an essentially private and unique problem.

2) Forms of address:

Four modes of address to the audience deployed by A (and the broadcast itself) were identified; pedagogical, the 'reassurance' of a common identity, sharing a secret (which implied a voyeuristic audience) and appeals to lay knowledge. Thus, these forms of address implied an overhearing audience willing to be 'educated', to overhear personal and intimate confessions, who may share the (problematic) experiences of the caller and whose personal knowledge and experience may be relevant to the proceedings.

3) Expert and lay discourse:

Here we saw the way that interruptions by the show's host served - among other things - as a model for the audience in relation to the boundary between the differential authority of expert and lay therapeutic discourse. This special context of the counselling phone-in appears to refute Crissell's (*op cit*:187) claim that the phone-in genre enables callers to operate - in some sense - on a par with broadcasters enjoying (temporarily) equal authority (at least within this counselling setting).

4) Implied audience gender:

An analysis focusing upon the deployment of gendered collectives indicated that while such collectives interpellated particular elements of the (male and female) overhearing audience, advisors, in fact, tended to deploy non-gendered collectives and/or broaden gendered regimes of identification to - in part - include both women and men.

5) Structure of the broadcast:

Here we saw that the broadcast required more from its audience than passive overhearing. The open structure (c.f. Deming, *op cit*) of the broadcast (in particular exemplified by the host's interventions), disrupted and fragmented the narrative (particularly that of C) implying an audience that

must do more than simply listen and be drawn into a story; rather the overhearing audience is implied as an interrupting and questioning one able to identify the 'lessons' to be learnt.

Thus, (A and) the broadcast is able to forcefully subjectify the overhearing audience by involving it in the proceedings through a variety of means which involve the interpellation of the audience as active consumers who, to some or other extent, potentially share the problems aired in these calls and who are able to identify not only with individual callers but also with the therapeutic process itself and the ethical regimes conveyed through it. In this way the members of the audience, in addition to the callers, are invited to identify themselves as certain kinds of person (and as part of one or more collectives) having certain kinds of responsibilities; both to others and to themselves.

However, in relation to Foucault's four dimensions of ethical self-formation it is not clear that - for the audience - this is a work on themselves and, in fact, the narrative often becomes pedagogic in relation to the audience and this - along with the location of overhearers in a variety of collectives - might be primarily thought of as a form of normalisation operating through a professional claim to

therapeutic authority. Crissell (1986:186-187) suggests that the audience will hear the caller's discourse as in some sense representing the 'community at large'. In this way the normalisation offered during these can only be underscored by such an understanding of the caller's discourse (in relation to audience).

Moreover, in contrast to other types of phone-in (for example, the late-night chat), here the boundary between the professional (A) and the caller (C) is rigidly maintained with all callers showing deference to A. Interestingly, it is Robbie who appears to blur the boundaries and in some sense aligns himself with both the advisor and the caller. In fact, the host's role is very different to that of a host on other talk shows - there appears to be more at stake in showing the audience how to do a call both in relation to the interactive nature of the broadcast and the subjectifying nature of the operation of therapeutic discourse. Perhaps, above all, we see here one way in which therapeutic discourse has transformed itself in order to make itself amenable to this new (media) role, adapting itself to both the radio medium and the call-in genre.

Returning to the problems of 'effects research' we considered earlier, our identification of the 'implied

audience' has enabled an understanding of one fiction of the audience without (psychologistic) recourse to individual audience members and such a method, I suggest, offers an opportunity to further our understanding of the interaction between subjects/readers and media 'text' (c.f. Morley *op cit*). However, we can conclude in relation to practices of consumption that the media discourse within this radio setting offers an identifiable set of positions or points of entry to the listener which might be considered a further (expanded) mode of subjection. We must remember however, that these positions can best be understood as differential encodings - exactly how the audience might consume the broadcast could only be inferred through ethnographic research. In other words - as I suggested in part A - the implied audience can illuminate only one level of the overall process of reading described earlier (c.f. Morley, 1980; Geraghty, 1994).

CHAPTER 7: DISCUSSION AND CONCLUSION

7.0 INTRODUCTION

In this final chapter I outline the key findings of the three-part discourse analysis reported in chapters four to six and consider the contribution these offer to the research problem and its theoretical context outlined in chapters one and two. I go on to discuss the limitations and possibilities of the methodological framework adopted for this thesis, suggest some possible future research which might move this project forward and offer some concluding comments.

The focal problem addressed within this thesis has been the 'problem of power' in the (individual) counselling relationship - where 'power' was translated as 'regulatory practices of the self' (c.f. Gordon, op cit) which, in turn, relate to ethical self-formation. This approach was contrasted with existing formulations of the operation of power within psychotherapeutic practice which tend to be individualistic and psychologistic (chapter one).

7.1 SUMMARY OF FINDINGS

The three-part empirical analysis aimed to map radio counselling discourse in relation to the techniques deployed

by the counsellor and their effects upon the caller's discourse. The findings were as follows.

In chapter four I described the dominant 'transmission model' of language and communication in counselling theory and went on to critique the rhetorical approach in social psychology which was arguably an established choice (within 'critical' social psychology) for analysing the therapeutic exchange (in terms of persuasion). I also suggested that the values and ideals of therapeutic discourse were taken-for-granted within current manuals and training texts.

A detailed analysis of one extended excerpt (from T3) showed that the advisor's turns were oriented to the caller's in such a way as to regulate their form in relation to: a) the provision of instructions and models to C relating to the form of C's discourse, b) A's introduction/exchange of novel words, c) the deployment of a mode of discourse which I suggested 'singularised' the content of C's utterance (while 'correcting' the grammar). I went on to analyse the deployment of figurative language which I suggested provided an index to key processes of signification within the interaction. I suggested that both A's re-shaping of C's problem, along with the deployment of figurative language, constituted powerful modes of subjection.

These findings were then contrasted with the accepted role of language in counselling manuals and textbooks commonly used for training courses. I suggested that the notion of 'process' within the mainstream approach has been shown here to be produced within the discursive practice of the radio broadcast *itself* and that this media therapeutic discourse (in the exchanges analysed) operated through, in part, the constitution of the client as an ethical subject (which included the intricate management of accountability) - through the provision of new means for callers to understand themselves; that is, novel means of describing their histories, aspirations, desires and so on (c.f. Hacking, op cit).

Thus, the focus of this chapter was to offer some evidence for, a) the discursive production of therapeutic 'process', and b) the discursive management of accountability through ethical self-formation, thus illuminating the role of language in the 'counselling process' which operated within the radio broadcast as other than the transmission/representation of cognition and affect.

In chapter five I linked the examination of the operation of therapeutic discourse with Foucault's analytic of

'problematization' (and its relation to his account of ethics), which shifted the analysis more explicitly towards the transformation of the content of the exchanges (as opposed to their form) and in particular the "ontology" of self conveyed therein. Thus, the key aim of this chapter was an analysis of the way that everyday problems were rendered into therapeutic discourse through an exploration of the processes of problematization which constitute part of the caller's Being as worthy of attention. I suggested that these discursive processes of problematization were intimately bound to moral preconditions which might be understood in terms of a shared moral order (c.f. Harré & Davies, op cit) and identified a range of modes (or processes) of problematization which included the provision of authoritative judgements, the constitution of ethical substances (to be worked upon by the caller in ways described by the advisor) and the production - to some extent - of a therapeutic 'telos' (or goal). In addition, I suggested that the 'selves' conveyed to caller's through therapeutic problematization were more 'moral' than 'psychological', in other words, the 'ontology' of self within these broadcasts was less a specialist 'psychological' realm and more the location of the caller within a moral universe.

I concluded that therapeutic problematisation within this media setting might best be described as the production of a therapeutic 'thematic complex' in which the relation (and accountability) to oneself forms a key element. In turn, these complexes of accountability not only concerned the relation to oneself but also operated within a "therapeutic" moral order in which the self was both the target of and the responsible agent for its own reparation. I went on to argue that therapeutic problematisation could *only* be understood as operating within a wider moral order which must inevitably move the analysis beyond the verbal exchange. Moreover, this shared moral order was evidenced in the lack of a rigid boundary between 'expert' and 'lay' discourse (though this did not necessarily mean that these were equivalent in authority).

In chapter six I moved the analysis towards the relation between the discursive practices found within the broadcast and the existence of an overhearing audience. I offered the analytic of 'implied audience' (c.f. Deming, *op cit*) as a means of understanding the assumptions made and positions of identification offered to the audience within the media narrative itself. The variety and ambiguity of the positions occupied by the show's host (Robbie Vincent) I also suggested were especially useful in understanding the "fiction" of the

audience to be found within the transcript data (c.f. Ang 1994).

I identified five key ways in which the relation between the overhearing audience and the content of the broadcast might be understood; means of identification for the audience, forms of address to the audience, gender divisions in relation to the (implied) audience, the operation of expert and lay discourse and the (open or closed) structure of the broadcast. I also offered the analytic of 'implied audience' as a useful means to avoid some of the pitfalls of existing 'effects research' in relation to audience studies.

The analysis showed that 1) the broadcast was - in part - conditioned by the requirement to manage and utilise the (potential) problem or conflict between the voyeuristic element of the show and its warrant as educational/therapeutic to both caller and audience, 2) the boundaries between the differential authority of A and C's discourses were rigidly maintained whereas the host (V) tended to blur them and this related to the provision of models to the audience in this regard, and 3) an analysis of the 'implied audience' tells us about the broadcaster's assumptions concerning consumption, though this analysis

could only illuminate one element of the entire process of consumption/reading (c.f. Morley 1980; Geraghty, 1991).

These results taken together (chapter 6) can be recognised as uncovering the various strategies for involving the overhearing audience within the broadcast as *if* they were active consumers who potentially shared the problems aired within the show, are willing to be 'educated' and to overhear 'confessions', who were able not only to identify with individual callers but with the therapeutic process itself (c.f. the open nature of the broadcast) and also who were most often collectively interpellated as non-gendered or gender-inclusive and I concluded that the provision of a range of positions for overhearers to adopt (or points of interpellation) would exert a powerful subjectifying force upon the audience.

7.1.1 THERAPEUTIC TECHNIQUES

Above all the three-part discourse analysis enabled the identification of a range of discursive *techniques* implicated in the subjection of both callers and the overhearing audience, these included:

The shaping-up of the caller's account through interruptions, questions, models (for both C and the overhearing audience),

the provision of novel words and the 'singularisation' of C's turns. Also identified was the deployment of figurative language which served to re-shape the content of C's account in particular with respect to accountability/culpability, while it was also implicated in the construction of factuality.

Forms of problematisation were distinguished which operated through the provision of advice and 'interpretations' and modes of address to the caller, along with a deployment of a moral ontology of the self. The overall 'process' was understood as the production of a 'thematic complex' in which the relation (and accountability) to oneself formed a key element - while these strategies/techniques appeared to operate within and upon a shared moral order.

Also identified were techniques for the interpellation of the overhearing audience; the deployment of a shift to collective pronouns by A, four recognisable modes of address to the audience, the maintenance of the boundary between the differential authority of A and C's discourse, the tendency for the deployment of non-gendered collectives by A and the open structure of the programme which invited an identification with the therapeutic 'process' itself.

Above all, through analysing these processes and procedures in technical terms it has been possible to map the *practical* operation of radio therapeutic discourse - which is more than the production of "meaning" or rhetoric but rather the constitution and operation of regulatory practices of the self; that is the provision of "therapeutic" languages of description which include within them the means of acting upon oneself after the broadcast has ended.

I have proposed that the discursive techniques mapped in this analysis might be best understood as elements of a dispositif (ch. 3.3.1) - which Miller & Rose (op cit) have called a 'therapeutic machine' - a machine where primary among its varied effects is the subjectification of 'patients' and 'clients' within an ethical regime where clients are invited to fold therapeutic discourse (and authority) into themselves.

I suggest that these findings can be understood as the entire 'apparatus' of the therapeutic brought to bear within these five to ten minute exchanges.

7.2 THE RELEVANCE OF THE FINDINGS

What sense then, can be made of these findings? Recall that the 'process' literature within psychotherapy research was dominated by a reductionist, quantitative methodological

framework where the central aim was the abbreviation of the 'process' to measurable variables, evidenced conceptually in '...an ubiquitous faith in the (essential) reality of the therapeutic process.' (Hodges, op cit:302). Moreover, the 'linguistic approach' to process research maintained an ambivalent position in relation to the constitutive nature of therapeutic languages, where too its reliance upon a reductionist methodology (described above) moved it towards a 'representational' mode of understanding in relation to the operation of discourse. I also suggested that the variety of approaches within process research were united by an uncritical acceptance of the positive (healing) effects of psychotherapeutic practices which constituted the only context within which such practices were understood (chapter two).

The research undertaken for this thesis highlights, I suggest, the costs involved in adopting the reductionist methods outlined above. While these methods certainly allow for a great deal of control over the phenomenon to be researched, a more qualitative, in-depth analysis of naturally occurring talk enables us to consider the intricate workings of therapeutic discourse *in all its complexity* - which must necessarily include the operation of power (all but absent from the 'process' literature). Thus, by analysing

the *technical* operation of therapeutic discourse it has been possible to offer a novel perspective on the existing 'process' question; a perspective in which the power relations articulated with these discursive techniques may be considered in strategic terms (for Foucault intentional and non-subjective) thus avoiding the traps of individualism and psychologism we met earlier (in chapter one).

The key finding of this thesis is that the discursive techniques mapped through the empirical analysis offer a diagram for the operation of power within counselling (and arguably, general psychotherapeutic) practice in that we may consider power to be articulated with those therapeutic techniques in such a way as to invite callers and the overhearing audience to fold therapeutic discourse into themselves, (I also suggested that callers - to some extent - had begun this process before making the call, c.f. De Swann, op cit). In this way, therapeutic discourse can be considered as 'powerful' in relation its production of *desire*; not simply the desire to be healed but an (ethical) desire to heal oneself.

However, as I have already stated (ch 4.10) it is important not to ask too much of the data archive analysed here. Given the short duration of calls to the counsellor within the

broadcasts considered, perhaps it is inevitable that the therapeutic 'process' will operate primarily upon a shared moral/ethical universe - not least given that these brief, highly condensed and focused exchanges must make sense to those who are listening. Despite this, the relatively recent phenomenon of media therapeutics remains little researched (we saw that White, 1992 is a notable exception) and the special nature of the therapeutic discourse analysed here - given its radio setting - makes a contribution to expanding the research in this area, especially the findings which relate to the implied audience.

Earlier in the thesis I briefly mentioned the relation between therapeutic authority and advanced liberal government which Miller & Rose (1994:60) describe as follows:

To govern in an advanced liberal way is to pre-suppose the implantation of certain norms of self promotion in ...actors, and a willingness to turn to experts for advice in the decisions, both large and small, that are entailed in the conduct of the enterprise of one's life. Hence they also pre-suppose the existence of a multiplicity of agencies of advice and guidance, traversing contemporary experience with the languages, criteria and techniques by which we might act upon ourselves as subjects of freedom. It is here that the therapeutic vocation of authority comes into consonance with a whole new regime for the conduct of free individuals seeking to maximise their quality of life in a world of choice.

In addition to the limitations with regard to generalisation mentioned above (c.f. the radio setting), there is a danger

in regarding the 'therapeutic' subject as a subject of liberal government primarily produced as autonomous and responsible. However, here I have tried to show that - in relation to therapeutic discourse - such responsibility (and accountability) is more subtle; 'therapeutic' responsibility can be taken in a variety of ways, many different thoughts and practices are compatible with autonomy and responsibility: what is perhaps of greatest interest here is the variety of models offered for so doing within therapeutic discourse.

In other words, a simple transposition of the 'telos' of therapeutic ethical self-formation as the self-governing autonomous individual of advanced liberal democracy misses the complexity of the operation of responsibility and accountability in a contemporary 'therapeutic' moral order. Moreover, the question of the mode of being towards which therapeutic subjects are moved (chapter 3.4) cannot be fully answered from the discourse analysis undertaken here as nowhere in these telephone exchanges is such a 'form of life' fully outlined. However, it has been possible to see the moral/ethical operation of therapeutic problematisation and thus we might conclude that we need to understand the variety and complexity of the moral/ethical obligations placed upon

therapeutic subjects which is more than simply a call for autonomy and self-regulation.

7.3 PROBLEMS WITH THE METHODOLOGICAL FRAMEWORK

I wish now to turn to some problems with the methodological framework adopted for this thesis. I will discuss two major areas of concern/doubt in Foucault's work which potentially impact upon this thesis; the (for some) problem of gender-blindness and the issue of reflexivity.

7.3.1 REFLEXIVITY

One of the features of Foucault's work which attracted me at the very beginning of this project was his emphasis upon 'truth effects' (as opposed to say, a post-modern rejection of truth, c.f. Lawson & Appignanesi, 1989) and any adoption of a Foucauldian framework must include such a theoretical position. However, in adopting this position one's own discourse must be understood as operating in the same way, and thus the truth status of one's own research is problematised. Lawson (1985:9-10) describes the problem thus:

Rooted in the modern concern with the sign, as language or theory, reflexivity has surfaced in divergent fields...Empirical observation is questioned on the grounds that it is theory dependent. Common sense is doubted on the grounds of cultural relativism. This questioning, however, has led to views which are unstable ...Our 'certainties' are expressed through texts, through language, through sign systems, which are no longer seen to be neutral. It appears, therefore, that in principle there can be no arena of certainty.

To what extent then, are the 'views' within this thesis 'stable' and 'certain' and moreover to what extent should this be considered a problem? The manipulation of that which should and should not be subject to (relativist) deconstruction has been cleverly termed 'ontological gerrymandering' (c.f. the relativity of scientific 'truths'), Woolgar (1988:99) describes it thus:

It is fairly clear that the success (or at least plausibility) of critiques of science is that they suppose (and present) themselves to be something separate (distant) from the science which is being deconstructed. This means that the course of deconstruction entails various implicit claims at differentiation between deconstructor and deconstructed. In short, the former presents the argument as if s/he was immune from the strictures applied to the target of the argument... The relativist argument highlights the susceptibility to relativism of one set of claims and assumptions, while simultaneously backgrounding the fact that the very assumptions of relativism are themselves equally susceptible.

However, Foucault's work does not fit easily within these relativist discourses in that he aimed at more than the deconstruction of 'texts' and this difference from the more textually oriented post-structuralists is usefully described by Boyne (1990:4) who summarises Foucault's and Derrida's mutual distrust:

For Foucault, Derrida was a defender of the one form of understanding that would always remain the

same, that would always produce holy wars in the name of truth, and sanctified divisions between the experts and the ignorant; for Derrida, Foucault's subtle defence of the established order was the false promise of a Utopia, an image which if pursued would always lead to disillusionment and the acceptance that nothing can ever change the way that the world is.

However, it is a mistake to search for the 'truth' in Foucault's works - even Baudrillard (1987:10-11) in his 'Forget Foucault' suggests this is misguided:

Foucault's is not... a discourse of truth but a mythic discourse in the strong sense of the word, and I secretly believe that it has no illusions about the effect of truth it produces. That, by the way is what is missing in those who follow in Foucault's footsteps and pass right by this mythic arrangement to end up with the truth, nothing but the truth.

Furthermore, Foucault (1980:193), I think, presents an excellent account of the problem of reflexivity in relation to his own work:

As to the problem of fiction, it seems to me to be a very important one; I am well aware that I have never written anything but fictions. I do not mean to say, however, that truth is therefore absent. It seems to me that the possibility exists for fiction to function in truth, for a fictional discourse to induce effects of truth, and for bringing it about that a true discourse engenders or 'manufactures' something that does not as yet exist, that is, 'fictions' it.

Thus the 'fictions' that Foucault produced were 'important' fictions which operated within those various settings where academic works induce effects of truth. I would argue - in relation to my own work - that such a position avoids the relativism outlined above through its engagement with concrete practices (and techniques) which are not necessarily textual. That is, academic texts both rely upon and produce *practical* truth effects.

7.3.2 GENDER-BLINDNESS

I want now to consider the issue of gender in Foucault's work which for some is gender-blind, for example in relation to the gendered nature of disciplinary techniques. McNay (1992:35) condenses these concerns in relation to 'discipline' and the body thus:

...it is necessary to explore how meanings, particularly representations of gender, are mobilised within the operations of power to produce asymmetrical relations amongst subjects. In the analysis of institutional regimes, such as the prison, it is important to show how and why women do not relate to these institutions in the same way as men.

The problem identified above in relation to Foucault's model of "discipline" is a complex one to which most would agree there is no simple 'solution'. However, McNay (op cit:193)

towards the end of her 'Foucault and Feminism' describes the advantages of Foucault's later (ethical) work thus:

Foucault's rejection of the 'literary turn' of much recent philosophy, his corresponding insistence on the historical specificity of his categories... and his retention of a notion of the acting self, distances his work from that of other French philosophers. The exploration of identity posed by Foucault is not simply an endless dispersal of the subject, or a celebration of heterogeneity *qua* heterogeneity, but is linked to the overall political aim of increasing individual autonomy, understood as a humanising quality of social existence.

Above all, I concur with Sawicki (1991:109), who, at the end of her 'Disciplining Foucault', suggests, to take a Foucauldian position means to either ignore his ideas and methods or to move beyond them. Moreover, Foucault's (1988c:154-155) description of the nature of critique offers a useful reminder of the purpose of his work as he saw it:

A critique is not a matter of saying that things are not right as they are. It is a matter of pointing out what kinds of assumptions, what kinds of familiar, unchallenged, unconsidered modes of thought the practices we accept rest... Criticism is a matter of flushing out... thought and trying to change it: to show that things are not as self-evident as one believed, to see that what is accepted as self-evident will no longer be accepted as such.

In a similar way, it has primarily been my aim that the work undertaken here makes some contribution to dismantling that which appears self-evident in counselling practice and thus

to go some way towards opening a space of understanding and debate concerning the operation of power in practices which, for many, are taken-for-granted as beneficial and progressive.

7.4 FURTHER WORK

The methodology utilised within this thesis is unusual in its bringing together (somewhat) established methods from the social psychological readings of discourse analytical technique (c.f. Parker, op cit; Wetherell & Potter, op cit) with Foucault's account of ethical self-formation. A future direction for this project would be an expanded analysis of the range of media settings where therapeutic discourse is deployed in some form, for example to include TV and newspaper/magazine columns. This would be a useful addition to the in-depth analysis undertaken here which focused on a relatively short duration of air-time. The techniques mapped in this study could be offered as 'hypotheses' to a larger scale archive which, in addition, might well include transcript data from more 'traditional' counselling and psychotherapeutic settings.

Perhaps the most important outcome of this work has been the fruitfulness of the four-dimensional diagram offered by Foucault in his later work. Martin et al. (1988:139) describe its utility, I think, in its simplest but most germane terms:

For Foucault, the psyche is not an archive but only a mirror. To search the psyche for the truth about ourselves is a futile task because the psyche can only reflect the images we have conjured up to describe ourselves.

Foucault's four-way diagram has made possible an analysis of the complexity of the operation of power in relation to the (self-)formation of self and identity (or the images we have created for self-understanding) and, looking ahead, one of the most important features of Foucault's approach, for me, has been his engagement with political struggles on the ground. As Halperin (1995:23) describes:

From the late 1960's on, Foucault tirelessly took part in the real dirty work of political organising - going to meetings, writing manifestos, handing out leaflets, and even driving three thousand kilometers from Paris to Warsaw in the fall of 1982, less than two years before his death, leading a convoy of medical supplies and smuggled printed materials that he had helped to collect for the beleaguered members of Solidarnosc.

The scholarly analysis of ethical self-formation, while not a template which can be applied to any setting, can certainly contribute - as Foucault no doubt intended - to struggles which aim to think differently about the people we take ourselves to be.

7.5 CONCLUDING COMMENTS

The conception of a therapeutic apparatus or 'machine' (c.f. Miller & Rose, 1994) has enabled this analysis to examine the technical elements of the 'problem of power' within counselling practice - so that rather than simply offering a critique, this thesis has tried to uncover the way psychotherapy works through the discursive constitution of therapeutic 'truth effects', enabling a novel perspective upon the 'process' question so critical within mainstream psychotherapy research. Moreover, in its adaptation to the unique setting of the radio broadcast, the 'therapeutic machine' reveals itself in its minimal and therefore most illustrative form; the subjectification of persons within our present moral and ethical universe.

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APPENDIX A

TRANSCRIPT NOTATION

The following conventions were used in transcribing the radio exchanges (adapted from Atkinson & Heritage, 1984:ix-xvi, originally developed by Gail Jefferson)⁸. Examples are given where appropriate:

1) OVERLAPPING UTTERANCES:

An ongoing utterance joined by another is linked with a single left-hand square bracket - which also marks the point at which the overlapping utterance begins:

A: Yeh he was in care and on the at risk list
[
c: so so so she she has the children and you look after them

2) CONTIGUOUS UTTERANCES

An equals sign indicates that there was no discernible gap between two utterances (where they do not overlap):

C: Mm=

A: =this one .hh is not an ideal baby either

3) INTERVALS WITHIN UTTERANCES

⁸Atkinson & Heritage (*op cit*) provide a comprehensive range of notation for use with transcript data, however I only required a selection of these (which originally also included symbols for visual and non-verbal channels). I also incorporated one extra feature used by some researchers, marked *.

Intervals within the flow of talk are timed in tenths of a second and given within single parentheses:

c: so so so she (0.75) she has the children and you look after them

A pause too short to be timed is indicated using a full stop within parentheses:

c: so so so she (.) she has the children and you look after them

4) CHARACTERISTICS OF SPEECH DELIVERY

Extension of a sound or syllable is indicated with a colon placed next to the sound or syllable that was extended (more colons indicate greater extension):

c: so::: so so she she has the children and you look after them

Emphasis is indicated by underlining:

c: so so so she she has the children and you look after them

Aspiration (hhh) and inhalation (.hhh) are indicated by the use of a number of letters 'h' placed together (the greater the number of letters the longer the inhalation or aspiration):

c: .hhh so so so she she has the children and you look after them

from the original transcripts during the analysis or at the end of a single exchange:

V: good luck to you er Anne Alison thankyou it's er the Monday counselling hour...

APPENDIX B - TRANSCRIPT DATA

LBC NIGHTLINE 16.3.92 (MONDAY 9-10 PM)

ALISON MITCHELL

1 C: [Beginning lost] Er (.) yeh hello erm (.) I dunno it's hard
 2 I think (.) I () what I feel I feel as though I really need
 3 someone to talk to
 4
 5 A: OK Ann well you've come to the right place
 6
 7 C: [laughs] yeh erm (1) it all started a few months ago right
 8 well what it is (.) erm I live I live with a man and erm ()
 9 lived with him for what nine nearly ten years now hhh
 10
 11 A: Right
 12
 13 C: And we've got two children (.) and like everything's been
 14 going along I mean everyone has their ups and downs (.) which
 15 we did have hh well (.) erm it was last october and erm
 16 things started to go really really badly wrong hh well it
 17 turned out I found out he was 'av having an affair (.) erm
 18 this like this young girl she was only twenty
 19
 20 A: You you found that out (.) a-at the end of last year you
 21 say
 22
 23 C: Yeh and apparently it was only going on for a few weeks but
 24 erm (.) I sort of I sensed that
 25 []
 26 A: right
 27
 28 (.) there was something going on and erm to tell the truth I
 29 followed him out the pub and I seen him come out (.) and I
 30 just went mad and like we had like this big row hh well
 31 consequently he come back (.) right we're back together but
 32 erm it's just (.) it's just he he's being so nasty he's being
 33 horrible hh erm and he's still going down the same pub where
 34 'e met 'er and i fell as though like 'e's rubbing my nose in
 35 it but then 'e says like ()
 36 []
 37 V: erm Ann we we have a very
 38 small problem erm sorry to interrupt you in full flight but er
 39 we were both beginning to struggle a little over the whistles
 40 and everything else to hear what you were saying hh erm so er
 41 what we'll er do is er give Ann a call back and see if we can
 42 get rid of the er coughs and splutters and er explosions and
 43 er bit and pieces which we must say er erm were disconcerting

44 to say the least hh and hopefully come back on a non weee wooo
45 sort of line hhh if you'd like to talk on a non wee woo line
46 hhh 071-973-9733 071-603-1152 and I hope very much that by er
47 quick dialling Ann we've been able to: clear you so you don't
48 howl any more

49

50 C: Yes hello

51

52 V: Super that's better (.) we hope

53

54 C: Right

55

56 A: Hello Anne I'm sorry I did catch most of what you were
57 saying hhh did you actually separate for a time after you
58 discovered (.) the affair did you say

59

60 C: Erm well no well it's only like erm I'd say a couple of
61 days if that that he actually went

62

63 A: right yes

64

65 C: and then I found out and then (.) the next day he come
66 round to get some stuff and then he said like (1) erm he
67 couldn't go like he didn't want to go he didn't want to leave
68 me and he didn't want to leave the children

69

70 A: Right

71

72 C: But as I say like erm well as it happens a week after that
73 I was rushed into hospital erm I had an operation in hospital
74 hh and erm like everything () it still wasn't right I
75 mean I got a get-well card not hh with I love you it was like
76 erm get well soon the kids are driving me mad sort of thing on
77 it

78

79 A:[laughing] Right

80

81 C: And erm I came out of hospital and erm (.) a couple of
82 weeks after that this is going to sound really bad erm (.) me
83 and me little girl got knocked over by a car

84

85 A: Oh dear you really have been through it haven't you

86

87 C: Oh that's nothing I've had s- I've even had worse than so
88 f- like up till now hhh and (.) it seemed as though like the
89 weekend was the final straw I mean (.) we both work

90

91 A: This is the weekend just passed is it

92

93 C: [Yeh we both work (.) and
94 erm he said to me like this week he

95 [

96 A: Right

97

98 was saying hh he didn't know where the money was gone he
99 thought I was spending it on like (.) just ridiculous things
100 (I keeping it which) like I wasn't I mean I've I've said to
101 him hh he can come shopping with me he can have the running of
102 the money hhh but he says no:: (.) and I'm convinced he's
103 trying to keep money back just to take this (.) other girl out
104 and he says like [

105 [

106 A: Right

107

108 whenever we have a row he says you're gonna throw it in me
109 face so I might as well go now

110

111 A: Right (.) so he's actually trying to keep the
112 responsibility firmly in your court hh so as to absolve
113 himself of any guilt that he might otherwise feel

114

115 C: Well he did at one time he did tell me (.) that it was my
116 fault that it happened

117

118 A: Mmm

119

120 C: That it was all my fault

121

122 A: Yes hh u- unfortunately we find this all too often (.) and
123 i-it does seem to be something that particularly men do where
124 they've been unfaithful and that I can only obviously speak
125 from my own experience of listening to people hhh but it seems
126 to be this erm peculiar situation that arises where a man er
127 has been unfaithful hhh and for some reason finds it
128 impossible to accept the responsibility for that hhh and it's
129 almost as if he daren't start feeling the guilt (.) because if
130 he does that guilt will overwhelm him hhh and so his initial
131 i-instinct is to look around to see who else to blame hhh and
132 of course usually the easiest way erm of getting the guilt and
133 the blame of him is to put it onto the partner who's actually
134 accusing him (.) so that if he can make it seem to you like
135 it is your fault because you failed him in some way or you
136 haven't been exciting enough or whatever hhh then you will
137 actually begin to think that (.) and you will do your very
138 best to win him back

139

140 C: [quiet] Yeh but see like a lot of the times erm see the
141 kids are getting as well now like erm he takes no notice of
142 them he won't have nothing to do with them

143

144 A: But he's still living in the home

145

146 C: Yeh but like I've got the (.) () as I say he won't have
147 nothing to do with the kids I have the kids twenty-four hours
148 a day hhh
149
150 A: Right
151
152 C: Apart from well at the moment I'm off sick from work but
153 erm yeh bu-
154 []
155 A: Has there ever been any (.) hint from him in the past hhh
156 erm in in as much as to to give you the responsibility for a
157 lot of problems in the relationship hhh in in the past
158 []
159 C: oh yeh I get everything I
160 mean he wo he won't 'ave erm (.) nothing I mean he's always
161 out he is a he's he's not an alcoholic I don- he don- he's a
162 drinker h- he does drink
163
164 A: Right
165
166 C: hhh and like if there's two pounds in his pocket he'll go
167 out on it
168
169 A: right hhh
170
171 C: Rather than like sort of () like sort of say here y'are go
172 and get sort of something for the kids he'd he'd go down the
173 pub with it
174
175 A: Mmm has he often in your relationship erm either directly
176 or indirectly hhh given you the impression that that you
177 should consider yourself lucky that he's around
178
179 C: Yeh
180
181 A: Mmm I thought that was
182 []
183 C: (a couple of times)
184
185 A: I thought that Was going to come and and that I think is is
186 the real crux of the problem hhh that again it's something
187 that more often (.) happens with men hh it comes really
188 through hhh an insecurity but is another way of justifying
189 them in being free to do what ever they want to do hhh and
190 usually these these are men who have been very romantic very
191 loving (.) in the courtship stage and usually for some time
192 afterwards hhh and only gradually as responsibility begins to
193 encroach upon the relationship and that might be
194 responsibility associated with buying a property or with
195 children coming into the relationship hh as they begin to feel
196 a little bit trapped a little bit bogged down with that

197 responsibility hhh so they start to fight their way out of of
198 the corner that they feel they're being boxed into and they
199 will often tend to do this in quite subtle ways at first
200 hhh and quite small ways in which it is the woman who gets the
201 blame for most things that go wrong in the relationship and
202 again that can be in very very small ways hhh it's the woman
203 who often tends to be given a lot of the responsibilities in
204 the relationship hhh and answerable for things like finances
205 just as you have been more recently hhh and it will go on to
206 become these bigger things like for instance if he has an
207 affair hhh erm somewhere or another that will be twisted
208 around so that it is your fault hhh and it's not even a
209 question of your expected to forgive him and welcome him back
210 hhh it's a question of whether or not he can forgive you
211 enough to come back hhh and that may be what your'e feeling at
212 the moment (.) is it

213

214 C: I just feel as though (.) it weren't it weren't I shouldn't
215 I feel now that I shouldn't have had him back hhh

216

217 A: Right

218

219 C: [clears throat] and erm (.) because like as I say like (.)
220 it my he's never been like a romantic type

221

222 A: Mhmm

223

224 C: right whereas like I am hhh but (.) it seems like ten times
225 worse now

226

227 A: Right hh of course it's a

228

229 C: I mean I've got a friend here living
230 with us and erm as it happens like

231

232 A: Right

233

234 its his friend hh and he and he's even said like (.) it's it
235 was now getting beyond a joke

236

237 A: So he can see that your'e being (.) mistreated

238

239 C: Yeh

240

241 A: Ermm and and that must be therefore something very obvious
242 for his friend to to feel the need to point it out to you hhh
243 of course its a huge decision though isn't it hhh you are
244 talking about erm a huge chunk of your life you're talking
245 about your children's father hhh erm to make a decision that
246 eliminates him from the relationship from the family hhh is a
247 very very big decision isn't it

248

249 C: Yeh

250

251 A: And not one that I think is easy to make by yourself hh I
252 think it might be worth your while having a chat with someone
253 hh probably at quite some length maybe over a few sessions hhh
254 so that you can talk about the whole of your relationship hh
255 as well as what's going on at the moment hhh

256

257 C: () I try to talk to him about it and he just
258 don't wanna know

259

260 A: Right and I think that is the difficulty because hh you see
261 you could go to somewhere like relate hh to talk about your
262 relationship hh and you could go there by yourself in the
263 first instance hhh and if through talking you reach a decision
264 that the relationship has come to the end then perhaps you've
265 had some help to at least reflect on the relationship in order
266 to help you to reach that decision (.) hhh the other
267 possibility is that through talking hhh you may realise that
268 that no this relationship really is important to you and its
269 worth saving and you want to save it hhh but then what do you
270 do after that you have two options available to you but
271 neither of those are your choice to make hhh erm the
272 preferable one of those would involve your partner (.) going
273 along with you to be counselled with you hh and to help the
274 two of you to rebuild your relationship hh from what you've
275 said so far though it doesn't sound like he would be
276 particularly willing to do this

277

278 C: [very quiet] no

279

280 A: hh and so the your only other option remains if you decide
281 that you want to stay in the relationship hh that you're going
282 to at least for the time being hh going to have to stay in it
283 as it is and I think as you say you have to carefully way up
284 all the factors 'cos you've said that your children are being
285 adversely affected hh by the atmosphere hh and so you have to
286 look at which is worse for them is it worse for them to be in
287 this very difficult situation hh erm with your husband and
288 you're probably a-at logger heads most of the time hh or would
289 it be better for them hh erm to be removed () from that
290 confrontation hh those are decisions that really only you can
291 make hh but I think you'll benefit from some help in in coming
292 to those decisions don't you

293

294 C: [very quiet] Yeh

295

296 A: Er I I think hh some counsel would be v e- e- very valuable
297 to you at this time [

298 [

299 C: () yeh see some of the times I
300 say to meeself I've had enough I want him to go hh and then i
301 think look at my financial situation and I can't afford him to
302 go
303
304 A: Right
305
306 C: And then (.) things'll sort of be alright for a week or so
307 and then it all goes up again I've even (.) thought about like
308 sort of finishing it all hhh
309
310 A: Mmm
311
312 C: like committing suicide but erm (.) then I just think of
313 the kids
314
315 A: Mmm
316
317 C: (I got) I 'ave walked out once and erm oh dear I had all
318 the family 'avin a go at me then
319
320 A: I I think i-it's o-obviously hh a tremendous pressure hh
321 that you're living under for things to have got so desperate
322 that you've even considered taking your own life hh er and
323 that i think is a situation hh that shouldn't therefore be
324 allowed to continue hh there are options available to you hh
325 erm both financial and er in terms of should it become
326 necessary accommodation and so forth hh and i would urge you
327 Ann to get in touch with hh erm your local citizen's advice
328 bureau hh and ask them what services and advice are available
329 locally to help you a-and what benefits and financial
330 assistance might be available to you and I would urge you to
331 take that advice before making any decisions (.) so that
332 you're armed with all the facts (.) hh erm be-before (.)
333 jumping in at the deep end (.) because I think hhh the the
334 situation at the moment is so volatile (.) hh that I think if
335 you turn around to your partner and say right that's it it's
336 all over go and don't come back hh that that's probably going
337 to be all he needs isn't it
338
339 C: [quiet] Yeh () I think I think 'ed go if I said that
340 anyway=
341
342 A: =Yes hhh so I think that's why you need to be armed with
343 all your information first hhh before you make a decision hh
344 you may be worrying about things that you don't need to worry
345 about (1) hh but I think find out exactly what your position
346 is first=
347
348 C: [quiet] =yeh
349

350 A: hhh and=

351

352 C: =() like I've said like erm before now like
353 when we I've suggested splitting up and I've said I've wanted
354 money for the kild the kids and that (.) 'e said I wouldn't
355 get nothink' (.) even if it comes to 'im giving up 'is job
356 'es told me that (.) so that I didn't he didn't have to give
357 me no money 'e would give 'is job up

358

359 A: Right hh I [mean] again I think that's something worth (.)
360 certainly consulting with the citizens advice bureau about and
361 and possibly asking their advice too hh a-about referral to a
362 solicitor hhh just for information initially hh so that you
363 can again assess your complete position hhh before confronting
364 him hhh before making any decisions hh make sure that you have
365 all of the right advice and i'm not talking about advice like
366 asking friends and so forth hh I mean taking professional
367 advice hh about your position before making decisions hh but
368 yes of course hh the material aspect of it is important you
369 want to have a roof over your children's head you want to know
370 that they can be fed hh but you have said that you are working
371 yourself hhh and so there are ways in which you can be
372 assisted financially even whilst you are in work to help you
373 to support your family so there are those options available to
374 you hh but I think the relationship is far more important than
375 that hh I-I think it's really more about hh what is going on
376 between you and your partner hh and how that is affecting the
377 children hh and I think it's those emotional factors which
378 really are at the core of this decision that you need to make
379 hh but it's a lot to work through hh take some time hh
380 definitely take some advice so that you can be sure that as
381 and when you reach the decision it's the right one for you

382

383 V: hhh It's the Monday counselling hour (.) good luck to you
384 Ann my guest is Alison Mitchell hh a chance for you to talk
385 over your personal sexual and emotional problems hh if you'd
386 like to talk through a problem and er get some good sensible
387 advice hh 071-603-1152 hh 071-973-9733 hh now is a good time
388 to call we'll update the news for you hh then we'll be back
389 with our counsellor Alison Mitchell hh if you'd like to talk
390 over a problem (.) get some good advice () this is the
391 number you need...

LBC Counselling Hour (Monday 16.3.92 9-10 p.m.)

Alison Mitchell

1 V: .hh erm Anne go ahead coincidentally we have an outbreak of
 2 Annes .hh er go ahead to Alison (.) good evening
 3
 4 C: Hello (.) good evening Alison
 5
 6 A: Hello Anne how can I help you
 7
 8 C: Erm (.) i(t) (.) I:: can only enjoy sex with my husband if
 9 he's very rough with me
 10
 11 A: Right
 12
 13 C: .hhh a: a otherwise .hh erm I have no .hhh libido if you
 14 can say that for a woman
 15
 16 A: OK
 17
 18 C: whatsoever
 19
 20 A: Right .hhh has that always been the case (.) with your
 21 husband
 22
 23 C: Well:: when we were first together (.) sex was (.) very
 24 er you know er frequent
 25
 26 A: Right
 27
 28 C: and often
 29
 30 A: Right
 31
 32 C: and (.) you know it was not rough but .hhh
 33
 34 A: Passionate
 35
 36 C: Yes
 37
 38 A: right OK
 39
 40 C: And gradually as we lived together [clears throat] I think
 41 (of) go off sex .hh
 42
 43 A: Right
 44

45 C: and one day when we were having sex he wa .hh sort of quite
46 rough (.) and I enjoyed it (.) I didn't tell 'im that
47
48 A: Right
49
50 C: but I did (.) and afterwards (.) when I thought about (2)
51 sex or (.) sounds awful but when I .hh (1) saw a thing on
52 television where a woman was being forced to have sex it made
53 me feel .hh (1) turned on
54
55 A: OK
56
57 C: and now .hh it really annoys me
58
59 A: Alright .hhh is there something that you've been able to
60 discuss with your husband at all
61
62 C: No
63
64 A: OK so he's completely unaware of any of these feelings .hhh
65
66 C: As far as I know=
67
68 A: =OK can I just ask you roughly how long you've been
69 together
70
71 C: fourteen years
72
73 A: Right OK .hhh first of all I think a couple of reassurances
74 are in order because I think this is something your feeling
75 quite upset about .hh a-and perhaps there's no so much need as
76 you're imagining .hh it's quite normal .hh er or .hh perhaps
77 not normal [laughs] I mean er i-it's all too common I should
78 say:: .hh for sexual life to deteriorate in couples that have
79 been together for some period of time .hh that is to say that
80 the initial electricity () that makes the: the sex life
81 very passionate .hhh often does dwindle (.) with time (.) .hh
82 now I don't believe that there's [[]
83 [[]
84 C: mm mm
85
86 A: any reason why it should do and certainly .hh many couples
87 are living testimony to the fact that it needn't
88
89 C: Yeh I I got a book called how to make .hh love with the
90 same man for the rest of your life
91
92 A: Right
93
94 C: to s-see if that would he:l- help me
95

96 A: Right well I think there are some some useful erm tips in
97 that book .hh that can help you along .hh but I think your
98 your problem is specific to you and your situation .hh and I
99 think it's going to take erm both yourself and your husband
100 .hhh to actually work through this .hh first of all let's take
101 a brief look at why sex sometimes becomes a bit boring .hhh o-
102 other sorts of things erm encroach on a relationship for
103 instance do you have children:

104

105 C: m Yes

106

107 A: Right .hh usually that that's the biggest problem erm that
108 hits a sex life i-in a relationship usually because of
109 tiredness sleepless nights .hh erm being too occupied .hh
110

111 C: Yeh my son's sort of () quite grown up

112

113 A: Right .hhh now that that's what hits it in the early days
114 but something else happens which is more of a psychological
115 nature .hh which relates to the fact that most of us were not
116 aware as youngsters of our parents having a sex life (.)

117

118 C: Mmm

119

120 A: .hhh and so what happens is that very deep i-in our
121 subconscious is rooted the belief that parents don't have sex
122

123 C: Mmm

124

125 A: .hhh and so there are bigger psychological changes that
126 take place and this I find tends to happen especially in women
127 ()

128

129 C: Mmm

130

131 A: .hhh that once they have had children and especially once
132 they feel that their family is complete (.)

133

134 C: Yeh er well mine is 'cos I had to have a hysterectomy=

135

136 A: =Right .hh and that may or may not be: i i: through choice
137 that their family is complete but once they they know it is
138 complete .hh they almost feel as if erm not only that they
139 needn't have sex any more .hh but almost that they shouldn't
140 (1) have sex any more .hh

141

142 C: Mmm

143

144 A: as if there is something somehow wrong somehow dirty about
145 having sex .hhh that it's OK while you can justify it for
146 reasons of procreation

147

148 C: Mmm

149

150 A: but once the you've passed that stage of your life and
151 you've had your children .hh th:: women do get some very
152 deeply rooted psychological hang-ups about sex .h and that's
153 one of the reasons why: erm some of that electricity can
154 dwindle of course that's only looking at the woman's side it
155 does happen to an extent in men as well .hh and I think also
156 you become .hh very much more comfortable with each other you
157 become very much like . hh erm deep friends or as often been
158 said brother and sister so that a sexual relationship
159 sometimes doesn't even seem quite so appropriate: within the
160 relationship (.) so there are all kinds of reasons erm and and
161 also .h whilst in the early days when there was a frequency of
162 the sexual relationship .hh erm there there was .hh erm the
163 excitement of the variety er of the the sex that you were
164 enjoying together .hh but as with most things: when you get on
165 in spending your years together things become erm a a little
166 erm more regular you know there's less variety there's less
167 excitement .hh so there 're all those kinds of things .hhh the
168 other thing erm to reassure you on .hh that it is also quite
169 common for women to be turned on by erm what you describe as a
170 rough erm sexual situation .hh now it it might be worth for a
171 moment just taking a look at .hh what you're meaning by rough
172 because at one point in our conversation .hh we spoke of the
173 possibility of transposing the word rough .hh for passionate
174

175 C: Yeh

176 |

177 A: and of course the two can in certain ways be quite similar
178 (.) obviously not always (.) .hh so

179

180 C: No

181

182 A: that's why I'd like to look at what you're actually meaning
183 by .hh rough (.) are you talking about very passionate very
184 desiring .hh or or are you talking about something different
185

186 C: Yeh it's not (2) .hhh sorry it's v: I find it very
187 embarrassing

188

189 A: OK Don't worry

190 |

191 C: to talk (1) to say .h you know er that er it
192 turns me on when he: (.5) it's not passionate it is rough
193

194 A: Right (.5) OK .hh again that is quite a normal erm
195 experience it's got it certainly .hh a a very much more normal
196 fantasy (.75) for women. hh than than most would admit to (1)
197 .hh

198
199 C: 'Cos I I fell that .hh you know (.) it's not nice when a
200 woman gets raped
201
202 A: Right
203
204 C: and to be turned on by sex that's very rough
205
206 A: right=
207
208
209 C: =seems to me: (1) somehow not right
210
211 A: OK .hh well let's take a look at the differences between
212 what your'e talking about which is your husband making love to
213 you roughly .hh and a woman being raped .hh the the two are
214 actually quite quite different .hh and I'm I'm sure that erm
215 you along with most women who could and would enjoy .hh very
216 rough sex with their partner .hh would not want to be in a
217 situation of a woman being raped in the sense that we tend to
218 think of that where a woman .hh erm is not interested does not
219 want may or may not know the person .hh erm but is definitely
220 not consenting (.) to that act []
221 []
222 C: (but) sometimes
223 I pretend that I don't want it
224
225 A: Right but you are pretending and that's what makes the
226 difference .hh you are talking about the same kind of act .hh
227 but within the safety and security of your relationship
228
229 C: .hh 'cos it is it is a secure relationship we have
230
231 A: Mmm
232
233 C: No 'es a wonderful husband
234
235 A: Right
236
237 C: and 'es you know 'es (.) everything he helps round the
238 house he he (.) doesn't leave me short of money .hh you know
239 all things like this es' 'es brilliant he works hard an' it's
240 not as if []
241 []
242 A: Right
243
244 C: it's a (.) t-transient (.) thing you it's a []
245 []
246 A: Right s:: so as you say: you feel very safe in
247 that relationship .hh and that makes it quite different .hh
248 from what you speak about when you say about a woman being

249 raped which is a very very different situation .hhh (.5) I
250 think .h that one of the main problems that I see: is that
251 whatever else has happened in your relationship over the years
252 .hh there have become .hh erm some communication barriers: I
253 think
254
255 C: Mmm
256
257 A: because it sounds like .hh you and your husband don't
258 discuss your sexual life (.) very much at all
259
260 C: No we don't because .hh when I went off sex I found it
261 difficult to .hh you know: we did it what I broke down in
262 tears one day .hh
263
264 A: Right
265
266 C: and said to 'im I'm sorry it's not that I don't love you
267 .hh I just am not interested in in sex
268 [

269 A: Right
270
271 C: it doesn't I can't get (1) to be crude worked up any more
272
273 A: Right and when was that
274
275 C: that was about three years ago before I had my hysterectomy
276
277 A: Right .hhh
278
279 C: and he said tha-
280 [

281 A: was that because of the way that you were feeling in
282 your own health at that time: or
283 [

284 C: no I just wasn't interested it didn't
285 .hh (.) you know
286 [

287 A: Right .h so maybe for the same psychological reasons that
288 we were discussing earlier .h but now you've found something
289 that rekindles::
290
291 C: Yeh (1) that's it
292 [

293 A: .hh your interest .hh and I (.5) would expect that that's
294 something that your husband would be very pleased to hear (1)
295 .hh but of course it's how you actually speak to him about
296 this and I think the answer to that has to be by degrees .hh I
297 think that before you can actually maybe openly tell him
298 everything that you've told me tonight .hh you have to first
299 of all build up some kind of communication channels (.) about

300 your sexual life (.) .hh and I think that that's something
301 that is maybe going to take some time .hh and I think can
302 start with telling him just as you go along .hh what you like
303 what you're enjoying .hh and (.) if he is being in some way
304 .hh erm passionate but not as as rough as you have enjoyed him
305 to be .hh then encourage him to be more passionate actually
306 actually tell him

307

308 C: Mm

309 [

310 A: at the time .hhh that's when its much easier to discuss sex
311 I mean we .hh british are so cool t's very difficult out of
312 the bedroom (.) for us to discuss our sex lives

313

314 C: Yes=

315

316 A: =.hhh but in the heat of the moment (.) you can let some of
317 your inhibitions go (.) .hhh and

318

319 C: Yes

320

321 A: that's the time to start encouraging him in the the things
322 that you would like to do more

323

324 C: Yeh

325

326 A: .hhh and I think that's beginning then to help you both to
327 communicate to each other .hh and it's also helping to
328 establish .hh a closer relationship all round because (.) I
329 suspect that after the time that you've been together if there
330 are communication barriers they probably not just about your
331 sexual life .hh there are possibly some other areas where you
332 find it difficult to communicate at a deep level .hh an and
333 maybe some of that has come through sexual tensions that have
334 built over the years .hhh and particularly over these past few
335 years that you've mentioned

336

337 C: Yeh

338

339 A: .hhh but I think be assured (1) that your'e feelings are
340 not uncommon (1) .hhh they are (.) not wrong .hh unless (.5)
341 unless [laughs] well I would only say unless they were wrong
342 in [

343 [

344 C:

(Well)

345 that's a relief to start with

346

347 A: your situation (.5) to you and to your husband

348

349 C: Yeh I've always been of the belief that whatever you do
350 together isn't wrong (.) you know it doesn't matter what it is

351 i::if if two people agree in (.5) you know two people agree to
352 [
353 A: Well I would absolutely agree with that
354
355 C: summ'ing then it doesn't matter what anybody else does then
356 [
357 A: Yes
358
359 C: i-it's not wrong
360
361 A: Well that's right I think i-if it just the two people
362 involved and they both agree .hh erm then then fine
363
364 C: that's it
365
366 A: .hh an and that's what I think you've got to work out in
367 the relationship because I think what's troubling you a little
368 bit at the moment .hhh i-is that this is a secret enjoyment
369 that you have .hh and one that's likely to be limited until
370 such time as you can share your pleasure .hh with your husband
371 .hh
372
373 C: Yeh
374
375 A: erm because he's not a mind-reader erm .hh it might even be
376 worth mentioning to him at some stage oh do you remember that
377 time when we made love and you were .hh so much more
378 passionate than usual
379
380 C: Yeh
381
382 A: well I really enjoyed that then i mean it can be a simple
383 as that .hh just dropping the hints to him so that he can know
384 how to act to please you which I'm sure he has the desire to
385 do
386
387 C: Oh he does (1) Yeh .hhh (oh:) I feel a bit better [laughs]
388
389 A: good=
390
391 C: =speaking to you
392
393 A: .hh well I think the the other thing just to remember .hh
394 is always try to keep everything in perspective .hh I think
395 it's probably true to say .hh that this roughness .hh has erm
396 rekindled some sexual drive in you
397
398 C: Yeh
399
400 A: that had been lacking for some time
401

402 C: Yeh

403

404 A: .hh that doesn't necessarily mean .h that the only way in
405 which you can gain sat sexual gratification from now is to
406 make love in this rough way what it does mean is this this is
407 the key that has done the rekindling .hh and it's something
408 that you're always likely to enjoy .hh I would urge you
409 however: .hh not to tell yourself that that is the only way
410 you can enjoy making love .hh because I think there you'd be
411 limiting yourself .hh I think you'll find that once .h erm
412 through these means however you can rekindle a more regular
413 more satisfying sex life .hh I think you can begin then .hh to
414 look for and to enjoy the sort of variety that you had in your
415 love making some years ago

416

417 C: OK then

418

419 A: Alright

420

421 C: Thankyou very much=

422

423 A: =I do hope that helps you=

424

425 V: =good luck to you er Anne Alison thankyou it's er the
426 Monday counselling hour...

LBC NIGHTLINE MONDAY (16.3.92 9-10 P.M.)

DR. ANTHONY FRY

1 V: .hhh Belinda how do you think Anthony might be able to help
2
3 C: oh I hope he can=
4
5 V: =well (1) give 'im a go
6 []
7 A: =hello Belinda []
8 []
9 C: hello .hh give 'im a go
10
11 V: yes
12
13 C: right well my problem is erm it's a grandmother [clicks
14 tongue] I have=
15
16 A: =not a mother-in-law
17
18 C: well i-yes it is a mother-in-law [laughs]
19 []
20 A: a grandmother-in-law
21
22 C: a grandmother-in-law
23
24 A: and a mother-in-law at the same time
25 []
26 C: and well it's yes it's the whole
27 it's the whole in-law family .hhh or basically [laughs]
28 grandmother
29
30 A: [laughs] so (.5) not another music hall joke I hope
31 []
32 C: no no no (it's)
33 really quite serious actually []
34 []
35 A: no a
36 serious one) (1) yeh sorry belinda
37
38 C: .hhh erm [laughs].hh the: I (was) I've been married erm
39 five years to this to the son and erm basically he always got
40 rewarded for his bad behaviour to keep the peace and not to
41 let the child see and all the rest of it .hh he's never
42 accepted the consequences of his actions he's .hh one of these
43 people who's always sat in the chair and criticised an' .hh

44 never did anything with liter without you standing with a rod
45 over him .hh now erm
46
47 A: sorry who is this Belin
48 []
49 C: my husband sorry husband=
50
51 A: =he didn't do anything if you didn't (.5) press him
52
53 C: well I mean he's he's literally he he just is like a spoilt
54 everything is a tantrum .hh erm he would use
55 []
56 A: I see he he the way he exercises power
57 in a marriage is by blowing up
58
59 C: yeh and well and and threatening to wake the child if you
60 []
61 A: right
62
63 don't give him sex and blah blah blah and al-all literally
64 totally to the end till it got to the point where erm I had to
65 actually it was getting really violent and I had to actually
66 .hh erm get help to get him away from me
67
68 A: so he actually then became violent towards you
69 []
70 C: Oh: yeh (I)
71 []
72 A: so it escalated
73 from tantrums and blackmail to to violence
74 []
75 C: well it would have got violent before
76 if I'd never given in
77
78 A: and are you still with this man
79 []
80 C: I used to give in .hhh oh no no I actually had to
81 make myself homeless I've now if it hadn't 've been without
82 friends I would have literally gone ()
83 []
84 A: so y- you you ran away or you escaped
85 []
86 C: I literally
87 yeh I (did)
88 []
89 A: with your child
90
91 C: with my child ()
92 []
93 A: who is how old
94

95 C: she's three and a half I literally ran away friends were
96 [

97 A: right
98
99 wonderful .hh erm while he was at work [laughs] they they lent
100 me a a lorry and I got most of my stuff out like and I they
101 put me up an'
102

103 A: a sort of Thelma and Louise: with a difference
104 [

105 C: it was wond yeh and I'm now
106 on income support erm housing benefit I've found myself a
107 lovely place (.) wonderful erm but the problem is the
108 grandmother now now I have never
109

110 A: so you've broken with the man:: but you still have contact
111 .hh [

112 [

113 C: gone
114

115 w-with with your m with your mother-in-law
116 [

117 C: she wants ev- yeh (.5) she wants everything to be hunky-
118 dory .hh she will not accept my husband actually told his
119 solicitors that I had staged the whole thing just to get rid
120 of him
121

122 A: so what's her line to you what's bugging her
123 [

124 C: her line to me is .hh that erm oh
125 he's never hurt her he'd never this he'd never that .hhh
126 (he's) [

127 [

128 A: so she's
129 defending him she can't see anything wrong
130 [

131 C: she can- I didn't expect anything
132 else .hh but what I'm saying is I'm never going to let him
133 have unsupervised contact while she's so young this is a man
134 who's never done anything for her at all without
135

136 A: for your daughter
137

138 C: yah for my daughter never done anything I mean she looks to
139 [

140 A: Mmm Mmm
141

142 me for everything .hh but I've hidden everything from her so
143 .hh when we first split up I kept I didn't see him for about a
144 month .hh and then she asked after him so I said right would
145 you like to see him yes please

146
147 A: this is your daughter
148
149 C: yeh=
150
151 A: =and how old is she
152
153 C: three and a half
154
155 A: now try let me try and focus you a bit because your telling
156 [

157 C: Mm
158
159 me a story (1) no your not doing anything wrong .hh but what
160 [

161 C: sorry
162
163 you've gotta do is ask me a question=
164
165 C: =right well the (pro-)
166 [

167 A: what is the problem what do you want me to
168 help you with Belinda
169 [

170 C: well the problem is is the grandmother's attitude this
171 man is totally unsuitable .hh er incapable of looking after
172 her at all .hh
173
174 A: so grandmother thinks that her son should should have acce
175 [

176 C: why can't he bring her
177 down=
178
179 A: =I see=
180
181 C: =the thought of her alone with him for three and a half
182 hours on the motorway fills me with absolute horror I mean his
183 attention span (.5) I think there's something wrong with him
184 but I mean I'm not a doctor but his attention span is about
185 half an hour [

186 [

187 A: Belinda you (1) you sound like somebody
188 who, likes to please people and who doesn't like to let them
189 down and I think what we've got in here hidden away in this
190 [

191 C: [sighs]
192
193 very complex story is what I call guilt and what we all know
194 [

195 C: Mm
196

197 as guilt .hh you feel (.75) guilty about the grandmother (y-)
198 [[]
199 C: I don't (want to) [] terribly
200
201 yes you feel your letting her down .hh you fee-
202 []
203 C: I've I've said I'll take her down
204 there
205
206 A: yes=
207
208 C: =why can't he bring her down
209
210 A: yes yes=
211
212 C: =and I say your joking (wha-) supposing he wants to take
213 her to the loo or or []
214 []
215 A: well well th- th- this this is a
216 the is an issue of not going .hh on being Mrs. Nice for the
217 rest of your life .hh and that sometimes
218 []
219 C: see the grandmother threatens to have
220 a nervous breakdown on me []
221 []
222 A: no no no but
223 this is upsetting you isn't it when I say to you don't be
224 nice to somebody you get a bit cross with me and you say well
225 I want to go on being nice .hh sometimes in life .hh truth has
226 to take precedence over niceness now that is a very important
227 guiding principle .hh
228
229 C: yeh
230
231 A: there are many people who spend .hh months or even years
232 lying to other people because []
233 []
234 C: yeh
235
236 they see the overriding priority is to be nice .hh now if you
237 always sacrifice truth in pursuit []
238 []
239 C: yeh when you
240
241 of niceness you end up with a whole load of lying people now
242 .hh I don't want to make it
243 []
244 C: well this is my problem I I
245
246 (.5) this is your problem you we have I don't want to make too
247 []

248 C: Mm
249
250 many comments about our society .hh
251
252 C: yeh
253
254 A: but we are becoming increasingly superficially nice .hh and
255 []
256 C: you see
257 that's not my way (1) mmm that's not my way if you met the
258 mother you'd know why the son is like he is []
259 []
260 the price of that is dishonesty []
261 []
262 A: well
263
264 A: well there you are there you are
265 []
266 C: you see at christmas erm my daughter was
267 running up to my husband and hitting him running up to the
268 grandmother and hitting her and then coming up and giving me a
269 cuddle now if that's not a statement I don't know what is .hh
270 and I () []
271 []
272 A: well little
273 children are brilliant at seeing through all this nonsense
274 aren't they []
275 []
276 C: and I
277 was keeping everything very happy very very happy I thought
278 []
279 A: Mm
280
281 I'd I'd done extremely well ()
282 []
283 A: Belinda think what it means to you:
284 to someti-
285 []
286 C: see she loves to see her grandmother because her
287 grandmother is really basically a present machine (.75) and I
288 don't did I ought to to to oh I (just).hh
289
290 A: go on say something nasty
291 []
292 C: did I ought (1) did I ought to: (.5) cut the
293 contact with that side of the family
294
295 A: well the problem is the problem is this no matter how bad
296 [] []
297 C: it's not I mean they're
298 prejudiced they're racist [laughs] they're (everything)

299
300 listen listen .hh no matter how bad the other side is the
301 other side are half your daughter's family
302
303 C: Mmm and she loves them
304 [

305 A: and she's going to turn round to you when she's seven or
306 eight or nine and say mum [

307 [

308 C: yeh yeh

309
310 (.5) where's my dad where's my gran why don't I ever see them
311 and you're then going to have to face her and this is the
312 thing that all separated parents single parents have to deal
313 with [

314 [

315 C: Mm

316
317 .hh (1) what do you owe your child now clearly if there's
318 [

319 C: you see this is relatively new to me

320
321 somebody abusing your child or being violent to them .hh then
322 [[

323 C: well I've seen () yeh

324
325 maybe on the balance of probabilities you are doing your child
326 a better turn (.5) by (.75) sparing the contact (.5) but
327 [[

328 C: Mm no (they)

329
330 otherwise I think you have got to keep the link
331

332 C: yeh but under my ow under my terms

333
334 A: on your terms

335
336 C: on my terms .hh right I've gotta (take) I've gotta bite the
337 bullet haven't I (1) (because)

338 [

339 V: well er but well Belinda (.5) yes but but

340 B-B- [

341 [

342 C: because they get so emotional

343
344 Belinda you might have to bite a bigger bullet than you
345 realise because no: .hh er you can't have contact on he can't
346 have contact on your terms

347
348 C: I spoke to a social worker at a family unit and he said he
349 would be horrified if this man [

350 [

351 V: yeh

352

353 ever has unsupervised contact (with the child)

354 [

355 V: well there you go but you see it

356 wouldn't be the social worker's decision .hh would it Belinda

357 because the [

358 [

359 C: no

360

361 picture you've painted of this ex-husband of your .hh er is

362 that he's going to be properly legally advised and he is going

363 to know er that despite you saying no he can still make

364 application for contact [

365 [

366 C: oh he

367 is (he keeps) well I'm not stopping contact

368

369 V: no

370

371 C: because my daughter will obviously make up her own mind as

372 she grows up but I say supervised and he just keeps saying oh

373 well I'll take you to court .hh and I just say well fine to

374 (it) [

375 [

376 V: fine but but no that's what I was

377 saying to you you do realise that don't you Belinda that that

378 the decision will [

379 [

380 C: yeh

381

382 not be made by your lawyer or his lawyer it'll probably be

383 made by an independent .hh group of [

384 [

385 C: Mm

386

387 three people in a court somewhere

388 [

389 C: Mm Mm

390 [

391 V: Mm

392

393 C: yes I realise (just)

394 [

395 V: and you might even have a bigger bullet to bite

396 because you will sit at the back of the court stunned .hh when

397 they say to the best of our ability and that's all it can be

398 (.5) [

399 [

400 C: yeh

401
402 and I'm warning you it happens Belinda .hh er to the best of
403 our ability we have come to this []
404 []
405 C: [groans]
406
407 decision .hh and whatever decision is reached one side or the
408 other's gonna hate it .h I'm just
409 []
410 C: yeh
411
412 warning you Belinda it could be you=
413
414 A: =they are going to lean over backwards you see to respect
415 the rights of both parents because they take the view the
416 child needs []
417 C: yeh
418
419 both parents so unless you can show
420 []
421 C: Oh yes she needs to know she's got a daddy=
422
423 A: =unless you can show something really dreadful you're gonna
424 have a hard job but .hh a
425 []
426 C: (er)
427
428 little bit more (.5) assertion and truth would help your case
429 a lot in dealing with mother-in-law
430 []
431 C: yeh
432
433 C: right
434
435 A: OK belinda
436
437 C: [laughing] thank you
438
439 A: nice to talk to you
440 []
441 C: thank you very much
442
443 V: yes it er your suggesting there should be a little bit of
444 Belinda nasty there niceness is actually very pleasant you
445 don't like dishonest niceness (1) so there must be a little
446 bit of []
447 []
448 A: that's right we
449
450 Belinda nasty have I understood what you've said correctly
451 []

452 A: w- absolutely Robbie we can we can
453 cause people so much [
454 [
455 V: right
456
457 difficulty .hh if we don't ever tell them the truth in pursuit
458 [
459 V: 'course we can
460
461 of being nice to them
462 [
463 that's why I keep telling my friend the reason
464 people don't like him is 'cos he's ugly .hh but I say to him
465 but I still love you [laughs] and he now understands he is now
466 he is now [
467 [
468 A: [laughs]
469
470 fully recovered after years of sadness .hh Linda you have
471 obviously got a serious problem...

LBC NIGHTLINE 11.5.92 (SATURDAY 12-12.45 a.m.)

DR. ANTHONY FRY

1 V: Go ahead to Dr Anthony Fry Charles
 2
 3 C: Er Hello, I'm just er wondering if er erm what I'm feeling
 4 at the moment is is normal given the circumstances erm I'm I'm
 5 currently in
 6 [

7 A: what are you feeling Charles (.) we're we're running a
 8 [

9 C: Erm nothing
 10
 11 bit short of time
 12 [

13 C: Very very little erm
 14 [

15 A: is there anything which has
 16 triggered this off Charles (er) often these feelings come on
 17 after [

18 [

19 C: Well
 20

21 A: a traumatic event of some kind
 22

23 C: Well erm s-several things come to mind I was made redundant
 24 (in) December started working for myself (.) my wife fell
 25 pregnant soon after and my grandfather died about three weeks
 26 ago
 27

28 A: .hhh well I mean you're quite right (.) you ask about this
 29 and I want to:: reassure you () that's hardly reassurance
 30 which is to say that (.) when people are overloaded by emotion
 31 and pain and difficulty there is something which in a way just
 32 switches off inside them hh and we see it in people who've
 33 survived accidents (.) people who've been in road crashes and
 34 so on and so forth and I would guess that you're just so
 35 bewildered by all these things happening at once you you don't
 36 know what to feel erm you don't know whether to feel angry
 37 with the people who've made you redundant hh bewildered at
 38 your wife becoming pregnant at this (.) strange time or grief
 39 at your grandfather's loss hh is it something like that
 40

41 C: Erm I dunno () the pregnancy was planned
 42

43 A: Oh it was planned

44
45 C: Erm () but there was personally a lot of pressure (.)
46 on me (.) for that (.) I felt anyway
47
48 A: So you feel a bit resentful about that as well
49 []
50 C: I dunno I'm
51 quite excited in a way and apprehensive in another but erm
52
53 A: Charles the old psychiatrists and some of the modern ones
54 too:: say that when you can't work out what you're feeling or
55 what's going on you look into your dreams hh and see if
56 there's any recurrent theme or dream do you have dreams
57 Charles
58
59 C: Er yeh but er
60 []
61 A: what are they like
62
63 C: Erm hh recently not (.) I can't remember them and most of
64 the time they follow a good structure and erm I they have a
65 story (.) most of them but erm recently er its been hh erm
66 forgetful shall we say
67
68 A: You're really not wanting to remember them ()
69 []
70 C: I suppose
71 (well)
72 []
73 A: Yes
74 []
75 C: I don't know really ()
76 []
77 A: You sound a bit fed up to me as I
78 talk to you now
79
80 C: Erm (1) well
81 []
82 A: Just kind of
83 []
84 C: I'm not really erm I mean I used to be
85 good at looking at myself but I'm not very good at it now er
86 []
87 A: Mhmm
88 []
89 C: I don't
90 like doing it (.) er sort of try and hide a lot I suppose
91
92 A: Do you feel very demoralised
93

94 C: Well hh erm in some ways (.) well I don't know to be honest
 95 with you more more erm
 96
 97 A: ashamed
 98 [

99 C: confused
 100 [

101 A: confused (.) a bit lost
 102 [

103 C: panicked a bit er erm (.) lost
 104 yeh that's a good one
 105

106 A: Lost your sense of control and and being master of your own
 107 life
 108

109 C: Er yeh definitely
 110

111 A: Mmm and somehow you've got to start putting that back
 112 together again ()
 113 [

114 C: well I'm finding it very difficult to
 115 concentrate on on my work (.) I'm finding a lot of excuses to
 116 do other things and er er I know I'm doing it but I can't help
 117 it er sort of waiting to the last minute to do things and
 118 stuff
 119

120 A: I know we're always sort of throwing out the idea of
 121 counselling and talking is there any close friend who you
 122 could go and really confide in and really talk to
 123

124 C: Erm
 125 [

126 A: I mean you've gotta get control of your life again even in
 127 a very small way (.) set up a daily routine (.) do things
 128 write out lists begin to become master of your own life again
 129

130 C: Er I do write lists out but then they sort of get
 131 ignored ()
 132 [

133 A: You just feel to:: do you feel very miserable I mean are
 134 you do you think you're depressed on top of all this or in you
 135 know
 136

137 C: I really don't know I don't know what I feel I don't f I at
 138 the moment I (.) the last week or couple of weeks I haven't
 139 really felt anything at all erm hh
 140

141 A: You see I think it's the way you're talking now you're
 142 clearly in a way:: this call and our:: short discussion shows
 143 me that hh you want to () you want to get in there and sort
 144 it out and I think hh I hesitate to always go for some

145 counselling but even six sessions of sitting down (.) trying
146 to get in there I think you've got to get in there and sort
147 this and sort this out and find out what's going on underneath
148
149 R: Anthony thank you for being so short (.) Charles our
150 apologies to you but we'd completely run out of time...

LBC NIGHTLINE (SATURDAY 11.5.93 12-12.45 a.m.)

DR ANTHONY FRY

1 V: We're joined by George (.) go ahead to Anthony George (.)
2 good evening
3
4 C: Hi (.) good evening to you (.) erm good evening doctor
5
6 A: Hello George
7
8 C: Erm I've got an unusual situation perhaps not so unusual
9 for yourself (.) my wife and myself have twenty years
10 difference between us (.) and what happened (.) when I first
11 met her she was a very timid girl er I am forty one she's
12 twenty one and I've known her about four years (.) now the
13 situation is I found out in the course of talking to her that
14 she had been abused by her father and that is why she was so
15 timid er (.) she got learning difficulties (.) and I bought
16 [sic] her out of her shell a lot and gave her the confidence
17 to be a woman but I've all the time I've advised her go and
18 see a psychiatrist who's somebody who's properly trained, she
19 says no no you've done a good job and all this lot (.) and the
20 situation is (.) when the pressure of the court came along she
21 grew more and more distant from me and (.) at the court she
22 said that hh
23 []
24 V: What court are you talking about George you you
25
26 C: This is a high court
27
28 V: Yes but you (.) this court has suddenly arrived in the
29 middle of your conversation
30
31 C: Ah beg your pardon
32
33 V: You see assumed knowledge and Anthony needs to understand
34 what []
35 []
36 C: yeh
37
38 V: you're talking about and we (.) sort of leapt forward a bit
39 there
40
41 C: Yeh that's right er
42 []

43 V: So why why (0.5) why did we end up in the
44 high court George after this lady turned from being timid to
45 fairly [

46 [

47 C: Apologies

48

49 V: positive

50 [

51 C: Yeh wha-

52 [

53 V: (and) thank you very much and then we're in the
54 high court why

55 [

56 C: yeh what happened is that she had the courage to take her
57 father to court (.) erm after you know talking through and
58 building up her courage and she got her father to court and
59 there was a conviction

60

61 V: Yes but that wouldn't have bin' in the high court though

62

63 C: Erm (.) it was ultimately 'cos originally went to a
64 magistrates and then it went to high court

65

66 V: Yeh crown court you mean

67

68 C: Crown court sorry yeh

69

70 V: (yep) er cos' one associates high court with appeals you
71 see but

72 [

73 C: Oh I see

74

75 V: and er often very expensive civil matters which is why I
76 was [

77 [

78 C: Ah right

79

80 V: temporarily confused

81 [

82 C: [laughs]

83

84 V: Alright so it went to a higher court and he was er
85 convicted of abusing her

86

87 C: That's correct

88

89 V: Now have you married her in the meantime ()

90 [

91 C: I have married her in the
92 meantime

93 [

94 V: Oh you see you didn't tell us this George
95 []
96 C: ()
97 []
98 V: No (.) no no so
99 you've married her
100
101 C: Yeh
102
103 V: So this shrinking violet became your wife
104
105 C: That's correct
106
107 V: Was it during the marriage that you were able to encourage
108 her and help her build her confidence
109
110 C: Er
111
112 V: Or was it before the marriage
113 []
114 C: It was before and during the marriage
115
116 V: Fine (.) and was it during the marriage the she plucked up
117 courage to (.) er complain about her father's behaviour or
118 during the marriage
119
120 C: That was during the marriage because what actually happened
121 she originally tried to get registered erm with her reading
122 difficulties and her learning difficulties she trying to get
123 registered as disabled (.) and it cropped up in conversation
124 with the social worker (.) and from there the social worker
125 contacted the police you know
126
127 V: Mmhmm
128
129 C: But as a result what has happened (.) after the conviction
130 and that my wife (.) has grown apart from me because the
131 pressure of the court case I felt (.) at the time (.) and er
132 she announced at the (.) just bef^{er} erm about m- middle of march
133 that she wanted to divorce me
134
135 A: George
136
137 C: Hello
138
139 A: This is a complicated issue isn't it but I want to ask you
140 []
141 C: Yeh
142

143 A: Robbie's been asking you a couple of questions (.) do you
144 think George that you put a lot of pressure on her to take her
145 father to court
146
147 C: No not me personally
148
149 A: W- (.) who do you think put the pressure on her
150
151 C: I think what actually happened when she went to get
152 registered are you there
153
154 A: Yes (.) yeh
155
156 C: Yeh there was a click sorry (.) when she went to get
157 registered at social services and be (.) it came up in
158 conversation (.) that she'd been abused er when she spoke to
159 the social worker (.) I feel them from there when they, put
160 the the you know other police on to her to talk to her (.) I
161 feel that the pressure started building from that side
162
163 A: You see obviously the details are difficult but I just
164 wonder I don't know what your relationship with her is like
165
166 C: [()]
167
168 A: but one of the things I would go for immediately is to ask
169 whether (0.5) she feels in some way now guilty having taken
170 her father to court this sounds very complicated but the
171 problem in so much of this abuse is that the child (.) the
172 child er loves the parent or in in any way wants the parent to
173 be a good and special parent (.) and at the same time is angry
174 and wants justice and so they end up in away punishing and
175 almost if you like destroying the person they love (.) now
176 () very often abuse victims get very very confused because
177 they've been done a terrible wrong but at the same time if
178 they (.) seek justice they can wipe out the person (.) who
179 they care about and respect now (.) I just wonder if your wife
180 is in a great turmoil a muddle about all of that
181
182 C: [technical problem] me responsible but ()
183 []
184 V: Sorry George we missed
185 what you said (.) beginning of your sentence you said
186
187 C: yes I said I do feel she is holding me responsible probably
188 because I got her out of the shell you know (.) out of her (.)
189 er quiet little ways well erm
190 []
191 A: If she finds you responsible the only thing
192 you can do is to try and explore it with her erm and hope that
193 rather than expressing her anger towards you just by walking

194 out and ending the marriage she can actually tell you about it
195 now if she can it may be that there is (.) there is a chance
196 to repair the relationship

197 [

198 C: Well I certainly wish to repair the
199 relationship but I've said to her could she go and see
200 somebody like a counsellor or a a () or anybody who's
201 prepared to try and see it and she is very very scared for
202 some reason I don't know why of of psychiatric counselling erm
203 you know I think she's () the old stigma it's a rubber room
204 and straightjackets job

205

206 A: Well er I can only back you on this and say that I think if
207 she could get counselling it would be very helpful and that
208 the best thing in my view be that you went together because I
209 think there is clearly a problem between you

210

211 C: That's right

212

213 A: about about the er this er about the problem

214

215 C: I I've heard it on very very good authority today that my
216 wife and my best friend are having an affair now I suppose
217 this might be as a reaction against me (.) to spite me I don't
218 know

219

220 V: I tell you what George you know you said er well hm Anthony
221 was suggesting you both went to see counsellors (.) George it
222 might help you if you go to see a counsellor separately and
223 perhaps get er your thoughts going along the same road and not
224 sort of turning left and turning right er because I think
225 there's a lot of hidden anger in you er and when you talk
226 about counsellors and you have confidence in them erm from
227 what you've said I think a counsellor would do you the world
228 of good (.) on a one to one basis with so much going on in
229 along complicated story does that make sense to you Anthony
230 (.) you're the professional (.) I know it does

231

232 A: I think (0.75) I think george is obviously in a great
233 muddle and I'm not surprised and I think either George should
234 go on his own but [

235 [

236 V: Mm

237

238 A: I think even better would be (.) the two of them together
239 and really let's have these issues out in the open I think (.)
240 George is very angry he thinks he's done a lot to help his
241 wife he's been kicked in the teeth (.) and I think his wife's
242 very angry they're both angry people and they're expressing it
243 in different ways and we've gotta get that anger out on the
244 table...

L.B.C NIGHTLINE 11:5:92 (SATURDAY 12-12.45 A.M.)

DR. ANTHONY FRY

1 A: Hello John
2
3 C: Ye:h Good evening (.) hhh mm I heard you were talking
4 earlier about (.) er obsessive behaviour I'm beginning to
5 wonder whether I may fall in that category [laughs] actually
6 (.) er mm (.) I I'll try and keep it brief anyway=
7
8 A: =OK John
9
10 C: =mm (.) about two years (.3) I'm forty nine years old (.)
11 I've been divorced for some fifteen years hh (.5) and live on
12 my own obviously
13
14 A: Right
15
16 C: Erm (.5) about two years ago I (1) got involved with a
17 young lady who:: at the time was nineteen which was a
18 ridiculous thing to start with hhh erm:: I knew her about a
19 week and she started putting pressure on me for engagements
20 and weddings and so on and so forth hh to which I hh promptly
21 not (.) (sort of err) gave into quickly .hhh
22
23 A: You did give in or didn't
24 []
25 C: No I did not (.5) no no
26 []
27 A: You didn't (.) you got a bit
28 er (.) bit cautious
29
30 C: Yes=
31
32 A: =Yes=
33
34 C: =Ermm (.6) which resulted in tremendous pressure being put
35 on me by her (.) in various ways (.) hhh which (went off) (.)
36 you know disappearing one month so on and so forth .hhh err
37 (.) in its conclusion hh she told me she tried to (1) to err
38 commit suicide and this sort of stuff which really left me
39 rather bewildered .hh er again she then disappeared and I
40 haven't seen her for a year hhh erm I do find out through the
41 grapevine now that having been out with various men of my age
42 hh she's now got herself involved with someone who is .hh

43 sixty and she's known him three weeks and managed to actually
44 persuade him (1) to give her an engagement ring so that she's
45 officially engaged hhh erm hh the problem I have is dealing
46 with this in as much that hhh erm (.) it's it's nothing to do
47 with me in one sense but at the same time I do have a strong
48 feelings for her and I don't know whether I should say
49 something or not (.) if you see what I mean
50 [

51 A: You you're in a state of
52 conflict John because part of you says this was a lovely girl
53 [

54 C: Yes
55

56 or a nice friendship and I'd like to be friends with her and
57 part of you hh p picks up intuitively hh ermm a a sense of
58 fear (.) this is too much pressure this isn't the way
59 relationships ought to go is that (.) is that really what's
60 going on
61

62 C: Not only that but I I I feel judging by the (1) the erm
63 urgency of of her dilemma hh erm that she's very vulnerable
64 (.) and I think she's been taken advantage of
65

66 A: .hh I see you're worried that this elderly man might be
67 taking advantage of her=
68

69 C: =Yes for reasons for reasons of his own err (.) loneliness
70 or whatever hhh and
71 [

72 A: John John why shouldn't you go and talk to her (.)
73 what what what worries you about doing that=
74 [

75 C: .hhh
76

77 C: =well I have actually written several letters (.) erm she
78 lives at home with her parents I've tried contacting them I
79 haven't said anything because I didn't think (that) it was my
80 place I hhh I came to the conclusion their not even aware of
81 it hhh erm basically she doesn't respond (.) if I try and talk
82 to her becau:: er for various reasons er which hh you know she
83 hasn't given me really any explanations about any of er (.)
84 she doesn't really owe me any I suppose hhh and I I'm fearful
85 in falling in one side into o:bsessive behaviour and and hh
86 putting you know pressure on her to communicate with me when
87 she doesn't want to hh while at the same time .hh trying to
88 (1) trying to sort of erm demonstrate my concern in a positive
89 way and it (as though)
90 [

91 A: John John why do you say you've got obsessional-compulsive
92 disorder
93

94 C: Well not [laughs] not the disorder but I I feel if I do: if
95 I give in to:: hh what I would like to do it could become a
96 compulsive er situation for me which ()
97 []
98 R: You mean you could get hooked
99 on this young lady John
100
101 C: Well I I I did it could come up to the point of harassment
102 if she does not want to respond to me
103 []
104 R: .hh no but you said (.) what you
105 just said was you could get hooked by this young lady couldn't
106 you
107
108 C: Well I could (.) in fact having not seen her for some
109 period of time () I still have these feelings going on
110 inside me hh are a bit of a worry to me and ofcourse they're
111 also a big suprise hhh=
112
113 A: Well it it it is a very difficult one isn't it (.) if you
114 have a need if you are lonely and if you want companionship or
115 love or a relationship hh it's very easy isn't it to turn to
116 the wrong person (.) hh and you'll be driven by this desire
117 and driven by the need hh but not driven by the person and
118 what worries me about this young lady and I'm not saying
119 anything personal about her hh is that she comes along (.) she
120 finds you within weeks (.5) within weeks she's pressuring you
121 to marry her (.) now hh I'm I don't believe although w we you
122 know we're full of stories aren't we about instant love and
123 looking across a crowded room hh that wha w you you know we're
124 such complex people nowadays should we hh really trust a
125 feeling which says within a week or two I'm going to marry
126 this guy and and you might have said well after three months
127 if she'd er hh if she'd er come across and expressed all this
128 interest you could have trusted her but (.) it sounds more
129 like she's doing it for herself than for her love of you (.3)
130 and that makes me a bit suspicious
131
132 C: .hh well that's right but this is one of the reasons that I
133 I actually hh I mean I was talking more in terms of three
134 years I mean having a hh I've got a bad marriage behind me hh
135 err which ofcourse makes me even more cautious than perhaps a
136 normal person would be hhh erm (but) I I'm also
137 []
138 A: () go on (.) John
139
140 C: I'm also aware of the AIDS situation and the difficulties
141 that brings about hh erm I I I consider myself as indeed and
142 this is the (.4) the thing er as he should be hh the
143 experienced older person hh who has to make the the majority
144 of decisions on this situation in the best interest (of)

145 [

146 118 A: I (.) I think

147 you've been very responsible and I think it is very important

148 isn't it that the older hh the (.) if you are older than

149 you're prospective partner hh the idea should be that you

150 would be: have more knowledge of life and (.) be a little more

151 cautious and a little wiser hhh and I think that's er very

152 sensitive of you and er I think it's er (.) it's er hh

153 commendable that you think in that way hh and I think we have

154 to (.) you know there's a terrific emphasis in our culture now

155 hh getting what you want (.) getting your satisfaction (.)

156 getting your man (.) getting your woman hh you know it's not

157 as simple as that (.6) this this other person that you're

158 getting (.3) is not a sort of something you go and purchase in

159 a shop or hh like a car you can trade the in if they don't

160 work hh it's another person .hh so you're right John to have

161 these [

162 [

163 C: (Well that)

164

165 thoughts=

166

167 C: =but you see the conflict for me which is really what I

168 hand that I have strong feelings for the girl hh at the same

169 time I know that it's unrealistic at this particular moment in

170 time hhh and I I'm also in a dilemma as whether to speak out

171 hh (.) an an and make my objections known hh or to say well I

172 haven't got the right she has her own life to lead if that's

173 what she wants to do hh er it's a bit of a conflict for me and

174 I don't know ()

175 [

176 A: John I think you could only try as you've done you've

177 sent her a few letters you've mentioned it a few times now hh

178 if she doesn't choose to respond you can't do more than that

179 hh

180

181 C: No (1) but I'm still left with the the feelings you see=

182

183 A: =what that you still like her

184

185 C: hh I I'm still left with the feelings of of ye:h I mean

186 err=

187

188 A: =Well maybe there's a middle way forward (.) there's

189 something in between marriage and nothing hh and that you

190 could perhaps in your next letter say well look hh I still

191 care about you (.) I'm still not hh wild about the idea of

192 rushing into marriage so quickly but hh if you understand that

193 I care and I'd quite like to see you hh could we get together

194 and talk about it=

195

196 C: =but what I did say doctor was that hh erm (.7) I was very
197 fearful that she was going to get hurt in this hh and (.) if
198 she needed me I would be around whenever she wants me and I
199 left it at that basically hh for the moment
200
201 A: Well I don't think I can er I can quarrel with that and I
202 think you've handled it very well I think hh the answer we're
203 left with is that you still need hh someone in your life and
204 that you should go on hh trying to find the right person (.)
205 John I hope you do...

LBC Counselling Hour (Monday 16.3.92 9-10 pm.)

Alison Mitchell

1 V: .hh John how do you think Alison can help
2
3 C: Right erm .hhh I don't know if she can actually [laughs]
4 erm
5
6 V: Well if she can't she can listen
7
8 C: Right erm .hhh very briefly then (.) about a year ago erm I
9 saw an advertisement in a (.) in one of the Sunday supplements
10 for cosmetic surgery
11
12 A: Right
13
14 C: erm (.) and it (.) basically I've always felt that my:: top
15 of my ears just stuck out a little bit too much .hhh
16
17 A: Right
18
19 C: erm something nobody had ever .hh said anything to ()
20 just a personal thing
21
22 A: Mhmm
23
24 C: and er I took it upon myself to go to the clinic and have a
25 chat with one of the administrators there who basically went
26 [

27 A: right

28
29 through what they would do .hh erm she made an appointment
30 with a consultant which I obviously went to see .hh erm I
31 wasn't too impressed with his (1) attitude actually .hh but er
32 I went back to the clinic ('cos) obviously (I) wanted to
33 discuss with me what I felt about it .hh and erm I said I
34 wasn't too happy but they reassured me that the guy would do a
35 god job and he's a top plastic surgeon .hh on that I decided
36 to go ahead and have the surgery erm and consequently the guy
37 has done (1.5) something that was completely unnecessary
38
39 A: Right
40
41 C: Erm (has) just in my eyes just changed my life .hh
42

43 A: OK can you describe a little bit about what you feel .hh
44 ha-has gone wrong
45
46 C: Erm well as I said all I ever wanted was just the top part
47 of the ear (.) just brought in a fraction
48
49 A: Right
50
51 C: erm what the guy's actually is er (1) taken away quite a
52 large amount of the (contria) bowl as they call it
53
54 A: Right
55
56 C: and brought it right in flat to the head
57
58 A: OK
59
60 C: erm so I've now got a lobe that is quite (1) quite tight to
61 the (.) to the head .hh
62
63 A: Yes
64
65 C: an inner part of the ear which is obviously the (low) er
66 the the contria bowl which he's cut almost complelety out .hh
67 which is now directly flat to the head and the top part is
68 still sticking []
69 []
70 A: Right
71
72 C: out .hh erm and I've seen him on many occasions now over
73 the year of which he says .hhh he can do something but (1) I
74 mean I number one I don't trust him (an) and number two I just
75 don't think anything can be done 'es taken so much away
76
77 A: (right)
78 []
79 V: You said over the years J- you sai-
80 []
81 C: Well over the year sorry
82
83 V: sorry yeh over the years I was gonna ask you wha this is
84 []
85 C: over the
86
87 something .hh that happened some time ago and I thought (I'd)
88 []
89 C: litterally a year
90 literally a year almost to the day
91 []
92 V: OK (1) right that was the impression that you gave
93 []
94 C: No
95

96 V: us
 97
 98 C: They couldn't do anything for the first six seven months
 99 because of the scar tissue
 100
 101 V: Mm
 102
 103 C: .hh er but (.5) I know that there's nothing that can be
 104 done and it's .hh
 105
 106 V: outside of talking to Alison as you are now .hh and talking
 107 again with the surgeon who: did []
 108 []
 109 C: Mmm
 110
 111 V: the operation .hh have you talked to anybody else medically
 112 about [] []
 113 [] []
 114 C: Mm erm:
 115 well I can't talk to my family I'm very very very close to my
 116 family .hh
 117
 118 V: Right
 119
 120 C: erm and say from the start they didn't want me to have
 121 anything done and if I was to ever go back to them and say how
 122 .hhh upset I was I think I'd destroy them .hh erm
 123
 124 V: Mm but have you you just before you talk with Alison .hh
 125 have you spoken to anybody: .hh
 126 []
 127 C: I I went to ()
 128 []
 129 V: a-a-another
 130 expert in this field
 131
 132 C: No I haven't I went to my local GP .hh and had a chat with
 133 [] []
 134 V: Right right
 135
 136
 137 him and erm I mean the first
 138
 139 C: thing he said to me was (that) was basically that'll teach
 140 you for going into the woods .hh and not going through (1)
 141 himself
 142
 143 A: Well that was very helpful wasn't it
 144 []
 145 C: yeh but I mean I've lost all
 146 faith in (1) talking to him and I've
 147 []
 148 A: Mmmmm

149
150 C: literally just been carrying it now for a year .hh and i
151 mean I I can't stand I mean if I catch a glimpse of myself it
152 just does me in
153
154 A: Right
155
156 C: and I can't even go home to my family any more 'cos I feel
157 that everybody's .hh I mean maybe their not but I feel that
158 everybody's looking at me=
159
160 A: =right but maybe you felt a little bit that way before you
161 had the operation
162
163 C: I'm sure I did
164
165 A: right and I think that's something where cosmetic surgery
166 has gone wrong .hh erm or has gone wrong in in the eyes of the
167 patient now I'm not saying in any way that you're imagining
168 the mistakes that have been made .hhh but I think one thing
169 [
170 C: Mhmm
171
172 that is always worth looking at .hhh is how much it is that
173 person's self-image
174
175 C: Sure
176
177 A: erm that that is affected .hh and that there are
178 psychological factors to any er anything that somebody may
179 feel is is a minor deformity so to speak .hh so that for
180 instance and you may have [
181 [
182 C: Mhmm
183
184 A: heard this before and it may even have been mentioned to
185 you .hh certainly should have been mentioned to you .hh when
186 you approached the clinic for the cosmetic surgery .hhh that
187 it it really needed to be wieghed up .hh how much erm there
188 was a real physical problem that really did need to be
189 corrected
190
191 C: Mhmm
192
193 A: .hh a-and how much if at all this was more of a
194 psychological problem
195
196 C: I mean: say nobody's really said any thing to me even since
197 I've had the operation I mean I've .hh
198
199 A: Right
200

201 C: I mean even my girlfriend I mean who I didn't know before
202 doesn't really see anything wrong with me
203
204 A: Right
205
206 C: and I can quite understand when people say to me you know
207 it's it's totally inside my head= .hhh
208
209 A: =right
210
211 C: but I mean it's completely
212
213 A: it's dominating never the less
214
215 C: Ah it's terrible I mean
216
217 A: Right
218 [
219 C: I cannot control the way I feel I mean I just shut myself
220 away .hhh
221
222 A: Right
223
224 C: as quickly as I can and just I just try to sleep
225
226 A: right .hhh
227
228 C: I mean sometimes I can't take it
229 [
230 V: Would you (1) yeh John would you accept
231 though if somebody was talking to you and said well: you y-y-
232 y you know you have got problems difficulties and your'e
233 centering them on your ears and even if you hadn't had the
234 operation you still might be centering feelings on something
235 else .hh back to not having had your ears done maybe .h if
236 somebody said that to you
237
238 C: Mmm
239
240 V: what what would you say
241
242 C: Erm=
243
244 V: =you'd dsimiss it erm listen erm
245
246 C: Well I would listen
247
248 V: Yeh think about it think it might be sense or do you think
249 that is a .hh completely nonsensical suggestion
250
251 C: No it's not a nonsensical suggestion I mean (.75) but (.5)
252 never the less what he's done (I'm not) you know it's

253 completely the opposite to what I wanted and if he would have
254 told or showed [

255 [

256 A: Right

257

258 C: me the result in some way .hhh then there's no way I would
259 have gone through with it [

260 [

261 A: Yes

262

263 .hh I I think that that is one issue that certainly needs to
264 be addressed because .hh erm what ever reason for the
265 operation if you made effectively a contract between yourself
266 and a service provider in this a surgeon=
267

268 C: =Mhmm
269 [

270 A: .hh to carry out a particular service (.5) and and that
271 service was agreed in detail .hh and that is not the service
272 that's been carried out.hh
273

274 C: Mhmm

275

276 A: then it seems to me that you have cause for complaint
277

278 C: I mean the guy you know he's he's not .hh arguing with me
279 an' he he said you know he will do what he can and put it
280 right but I mean I still feel
281

282 A: Right I'm sure if anything you feel you'd rather have
283 somebody different and somebody that you could have a bit more
284 faith in [

285 [

286 C: Well I (mean) number
287 one (1.5) that's number one also the fact it costs quite a bit
288 of money=
289

290 A: =right and presumably their wanting more money for making
291 corrections [

292 [

293 C: Well (1) no he
294 doesn't want any more money but=
295

296 A: =right
297

298 C: you know it's just .hh it's just (.75) the fact that I'm
299 finding it very very hard now to just
300 [

301 A: has it

302

303 C: control the way I feel=
304

305 A: =right has it been costing you extra to return to these
306 consultations (1) right so they've been
307 [

308 C: No (1) no

309

310 A: doing what they can:

311

312 C: sure

313

314 A: .hh to put things right but that doesn't correct the
315 mistake that was made in the first place .hh

316 [

317 C: No

318

319 A: I mean I think one of the things that you might be advised
320 to do in the meantime .hh i-is to get in touch with the
321 British Medical Association and ask for some erm advice from
322 someone

323

324 C: Mhmm

325

326 A: erm there as to your possible courses of action

327

328 C: right

329

330 A: .hh at this stage and that's purely dealing with the
331 practical side of things .hhh and I will give you an an
332 address for the British Medical Association

333

334 C: Mhmm=

335

336 A: =but I think also .hhh you do need to go back to your GP
337 and if your not happy because of your your GP's attitude then
338 maybe consider changing .hh your GP erm but beware that it
339 isn't a case of running away from a situation () that seems
340 too hard to face

341

342 C: Yeh

343

344 A: I mean OK the guy's made one sarcastic [tape changeover]
345 and ask to be referred I think really erm to a psychologist or
346 a psychiatrist .hh because I think that's the other half of
347 the problem that should have been addressed before cosmetic
348 surgery was considered .hh

349

350 V: and get erm a psychologist psychiatrist through his GP
351 despite the sarcastic remark I think

352 [

353 A: Yes

354

355 V: John'll face up to that .hh the BMA's address in the minute
356 we have left

357

358 A: BMA House Tavistock Square London WC1H 9JP

359

360 V: John we wish you luck and maybe call us again in a few
361 weeks time: to let us know how you're getting on .hh er my
362 guest has been Alison Mitchell...

LBC Nighline (Monday 23.3.92 9-10 p.m.)

Dr. Anthony Fry

1 V: .hh Linda (.) you have obviously got a serious problem
2
3 C: Good evening Robbie
4
5 V: Hello go ahead to Dr. Anthony Fry .hh he might have an idea
6 for you
7
8 A: Linda Hi there
9 [

10 C: Hi (.5) Hello Dr. Fry
11 [

12 A: Hello
13

14 C: .hh I do have a problem that really is knawing at me and
15 it's getting progresively worse as time goes on
16 [

17 V: s:::pit it out Linda
18

19 C: erm my daughter is expecting another baby I look after her
20 first child I have done for two years I'm his legal foster
21 mother .hh and she's now expecting another child .hh and I
22 seem to resent this baby (.5) and I mean resent and I'm
23 resenting my daughter and her boyfriend (.) and it's coming
24 out when I talk to them you know that there is resentment in
25 my voice and .hh my attitude and I've noticed myself that they
26 can't do any right .hhh erm I I spoke to my husband about it
27 and said you know I I do need to talk to somebody about it .hh
28 because I know it's wrong it's unnatural (1) this new baby has
29 done no harm .hh but er it'll be a year ago this April she had
30 an operation to get rid of a child .hh then she had a
31 miscarriage and now expecting this one .hh
32

33 A: Linda is this possibly another version of the (.) thing
34 we've just been discussing which is that sometimes your not
35 saying the truth because it's painful and I .hh I you you just
36 said told the story very quickly but is it right that you look
37 after the first child
38

39 C: Yeh he was in care and on the at risk list
40 [

41 A: so so so she (.75) she has the children and you look
42 after them
43

44 C: erm I'm not looking after any more [laughs] this ones quite
45 enough thankyou [

46 [

47 A: you're not (1)
48 but but you seem to be implying that when the second one was
49 born you'd be looking after that one as well

50

51 C: no no she's.hh she's in a stable relationship
52

53 A: Mmm
54

55 C: erm she is divorced but this is a stable relationship (they
56 seem) .hh erm the chap cares an awful lot for her (.) she
57 walks all over him like she did her first husband .hh erm she
58 seems to have no respect for anything or any body [

59 [

60 A: but what is
61 it what is it Linda that you are resenting you are resenting
62 this (circum-)
63 [

64 C: the baby that she's carrying
65

66 A: and wha-what do you mean I resent it you mean that you sh
67 think she shouldn't have a second baby or your jealous of her=
68

69 C: =no I('ll) be honest I (.) until she can accept her first
70 child (.) I don't think she should have any more children
71

72 A: and is she rejecting the first child
73 [

74 C: yeh
75

76 A: what and you're the foster mother you actually are going to
77 have to bring this child up and you think well=
78 [

79 C: she (hardly talks)
80

81 C: ='till he's eighteen yeh
82

83 A: 'till he's eighteen you think what on earth is she doing
84 having another child
85

86 C: yeh
87

88 A: well I think
89 [

90 C: I mean she doesn't take a lot of notice I mean .hh she
91 does come round quite frequently .hh but always to tell me
92 about this new: baby .hh what she's bought it what she
93 [[

94 A: Mmmm Mmm

95
96 hasn't got .hh what their gonna do .hh things are gonna be so
97 different I've heard it all before=
98
99 A: =well you've heard haven't you this is the sort of i- the
100 idealised baby
101
102 C: yeh
103 []
104 A: as opposed to the real baby and I don't want to compare .hh
105 babies and pets because we''ll get an outcry but I am going to
106 say something about it and that is that .hh we all have these
107 idealisde things don't we you know .hh the child is always
108 going to be clean and healthy
109 []
110 C: Mmm
111
112 and eat it's food and not cry and not have a dirty nappy and
113 not keep us awake at night and not have teething .hh the
114 idealised child is smiling and happy and clean and loving .hhh
115 now
116 []
117 C: you've gotit in one
118
119 A: I've got it in one well I'm glad to know
120 []
121 C: that's her attitude
122
123 A: I'm glad I I'm getting it right sometimes Linda but it's
124 very nice of you to give me that []
125 []
126 C: [laughs]
127
128 feedback because I need to know that (.) I'm on the right
129 track now
130
131 C: Mmm
132 []
133 A: now the idealised baby doesn't exist
134
135 C: no
136
137 A: and what she's doing is she's creating in her own mind .hh
138 a second version of her first child .h and ofcourse three
139 months into the relationship when it bites her nipple or keeps
140 her awake or .hh does it's nappy four times in one night or
141 whatever it's gonna do .hh she's gonna suddenly say ah this
142 ones no good either
143
144 C: Mm=
145

146 A: =this one .hh is not an ideal baby either (I) only want a
147 perfect baby like people like .h peole who you know .hh go on
148 marrying and marrying .h (.) they only want a perfect husband
149 or a perfect wife a wife who'll have sex every time they want
150 it and in be terribly exciting and always: you know voluptuous
151 and sweet smelling .hh ofcourse human beings are not motor
152 cars .hh and babies are not little teddy bears they're
153 children .hh and so they're good and bad .hh and what we have
154 to do as people is we have to learn to accept .hh this good
155 and bad side now how you're going to ex- (.) how you're going
156 to get her round to this idea=
157
158 C: =I've tried=
159
160 A: =is very very difficult Linda I don't know how you'd do it
161 we may know between us the [

162 [

163 C: Mmm

164
165 answer

166
167 V: what about Linda's resentment er well Linda

168
169 C: yes

170 [

171 V: isn't actually sh- you Linda doesn't really resent the
172 child .hh but she resents the act of having the child it is
173 the irresponsibility of her daughter erm er

174 [

175 A: yes she thinks it's irresponsible why have a second child
176 when you can't look after your first one

177 [

178 C: well actually this'll be

179 her fourth pregnancy (2) erm

180 [

181 V: sh-where should Linda be homing her:
182 resentment in on .hh erm Anthony .hh on her daughter

183
184 A: well I think really yes she she needs to understand herself
185 why she's got this painful emotion inside her and that's step
186 one .hh and you you're understanding that Linda and you've
187 talked to us about it and that's all to the good .hh the

188 [

189 C: yeh

190
191 second step is well .hh can you do anything with this emotion
192 that will .hh change the world make the world a better place
193 .hh and what you can do is you can perhaps try and tackle your
194 daughter on these things we've talked about tonight and see if
195 you can get her to see a bit of sense

196

197 C: I have (.) sat there and spoke to both her and her
198 boyfriend .hh and said they haven't got a brain between them
199 because if they had they wouldn't be in the position they're
200 in .hh er an' I I told her you know you wanna concentrate on
201 the child you've got that's here before you think of having
202 another one or at least include him when you go out buying
203 something for the new baby .hh how about buying him a packet
204 [
205 V: she's not going to
206 Linda is she
207
208 of sweets .hh or even taking notice that he exists
209
210 C: I don't think so
211 [
212 A: sounds like you're up against it
213 [
214 V: er and i-i-e- I'll
215 tell you what 'es lucky 'es got you [laughs]
216
217 C: [laughs] I dunno [laughs]
218 [
219 A: (yes) (1) that's right [very quiet]
220 [
221 V: he's lu- (1) well 'es is'n 'e isn't he
222 lucky [
223 [
224 C: he loves ('is mam) he's always telling me
225 (like) [laughs]
226
227 what what what would you rather () what would you ra- would
228 you rather .hh would you rather he was unhappy with your
229 daughter or would you rather he was with you being loved by
230 you and knowing that he's loved by you=
231
232 C: =that's why he's with me Robbie
233 [
234 V: come on (.) yeh
235 [
236 A: that's right
237 [
238 C: that's why
239 'es with me 'cos he's loved
240 [
241 V: I can hear it in your voice .hh and the other thing
242 is Linda you know when the pennies gonna drop with your
243 daughter .hh it's what Anthony's just said when she's b'in up
244 [
245 C: yeh
246

247 all night with with not just a bit nipple but four lots in the
 248 nappy as well and non-stop screaming
 249
 250 C: and where does that leave me [laughs] I told her I'll
 251 emigrate first []
 252 []
 253 V: well wha- w- ah you
 254 well you'll be able to look her staight in the eyes won't you
 255 maybe the penny will drop
 256 []
 257 C: yeh she's made 'er bed she's gotta lay on it this time
 258 []
 259 A: and also if you
 260 can help her to be a good mum and make a better job of this
 261 second kid well you can bring up one and be a good mum to that
 262 one and she can bring up the second one and maybe the world'll
 263 be a better place for it
 264
 265 C: I'm just hoping when the baby's born (.) that my feelings
 266 don't go to the baby I hope that I can accept this baby
 267 []
 268 A: you mustn't l-
 269 look you mustn't let them go to the baby you're a you're a
 270 grown up []
 271 []
 272 C: I do try not to
 273
 274 sensible woman and you can have the feeling .hh but you
 275 []
 276 C: Mmm
 277
 278 mustn't let it out you mustn't take it out on the baby you
 279 gotta owe that to the baby=
 280
 281 C: = well my husband said as soon as the baby's born 'e said
 282 you'll go all (.) gooey again
 283 []
 284 V: 'course you will
 285
 286 'e said you'll be alright (so don't worry)
 287 []
 288 V: 'course you know what us mums are
 289 like we're real (wig) at p at the bottom of it we're just big
 290 softies Linda I (s'pose)
 291 []
 292 C: are you Robbie [laughs]
 293
 294 V: big softies yeh I think w- w-are mums us mums are aren't we
 295 []
 296 C: yeh
 297

298 (.5) is that right
 299 [

300 C: yeh and grandmums
 301

302 V: and grandmums aren't we just big softies
 303 [

304 A: he's he's got a big smile on
 305 his face Linda you've really got to him [

306 [[

307 C: [yeh
 308 [

309 V: [laughs] you r- you have g- and good luck to
 310 you Linda and by the way .hh er w-when you started off saying
 311 [[

312 C: thanks yes
 313

314 well er you know is it is it reasonable is it normal .hh I
 315 think anybody in your position would be beside themselves with
 316 something .hh grief er anger .h pain something
 317 [

318 C: I have cried I have
 319 cried beleive me .hh but I haven't got over that operation she
 320 had last year I think that is really the root of it all (1)
 321 you know to take the life of a (.) unborn child really upset
 322 me
 323

324 A: Mmm
 325 [

326 C: an awful lot because (.) you know it was a grandchild
 327 [

328 A: w- w- I
 329 can understand completely how you feel
 330 [

331 C: it realy I haven't got over it yet
 332

333 A: no it's a very problematic ()
 334 [

335 V: er: our fingers our fingers
 336 will be crossed for you Linda and er I'll be thinking of you
 337 (.) good luck=
 338

339 A: =yeh good luck Linda
 340

341 V: and you're right Doc. she did get to me .hh it's er just
 342 after nine thirty we update er the news we'll be back with er
 343 more of your calls it's the monday counsellig hour .hh er my
 344 guest is con -c -sultant psychiatrist Dr. Anthony Fry .hh if
 345 you'd like to talk over a problem 071-603-1152 .hh 071-973-
 346 9733 be back er be back in a few minutes...

L.B.C. NIGHTLINE (Monday .8.91 9-10.00 p.m.)

ADVISOR: IRMA

1 C: Hello (.) yeh (.) I'm a little bit nervous er
2
3 A: Oh hi Paul
4
5 C: Hi the problem I've got is I dress in women's clothes and
6 it kind of bothers me
7
8 A: Mmhh (.5) why err your'e not alone you know (.) I mean (.)
9 when you say (1) are you married
10
11 C: Yeh yeh
12
13 A: Does your wife know
14
15 C: Nah
16
17 A: Uh huh mm (.) how long have you been married Paul
18
19 C: About four years
20
21 A: Have you been to any of the organisations for transvestites
22
23 C: No (.75) I haven't (.) no
24
25 A: OK err I don't know if Robbie (1) I haven't got the number
26 with me at the moment (.5) do you want me to (.5) OK (.) maybe
27 if Paul could ring back (.5) is that alright
28
29 V: We'll take Paul's number
30
31 A: OK we'll get in touch with you because there (1) your'e (.)
32 you're (.) I know you feel that your'e probably the only
33 person in London if not the world in this situation but your'e
34 not (.) err it's there (are) a large group of transvestites
35 and there are organisations that are very helpful (.) and if
36 your'e (.) er wife were to be included and know this about you
37 (.) there they will also (.) there are support groups for her
38 (.) err you know
39
40 V: What er Paul (.) you said it bothers you er what bothers
41 you
42
43 C: Err=
44

45 V: =that your'e wife'll find out (.) that=
46
47 C: Yeah (.5) just what people will think really
48
49 R: Yes (.) er er I was gonna throw others at you erm like Irma
50 said did you think your'e unusual (.) your'e alone (.) it's
51 gonna affect your'e marriage (.) or is it a combination of
52 factors
53
54 C: Yeah a combination all that really
55
56 A: Yeh oh
57
58 V: What do you think your'e wife would say if she knew (.) if
59 you told her
60
61 C: Err I don't know to be honest
62
63 A: You mm::
64
65 V: What'd your guess be
66
67 A: Err go mad I would think
68
69 V: Go mad (.) you think she'd be cross
70
71 C: Yeh I think so
72
73 V: Yeh not (.5) not surprised maybe and not so cross or
74 [
75 C: ermm cross
76 and surprised I would have thought
77
78 V: Mmm
79
80 A: You'd be surprised how many women respond with warmth and
81 kindness to this situation (.7) because you it doesn't mean
82 homosexuality
83
84 C: Yeh right
85
86 A: Err ermm and er many women actually don't mind a bit to
87 find out (.) finding out their partners transvestites (.) they
88 they erm er I've had letters from women who've actually said
89 they're very happy with the situation (.) your'e wife may not
90 be one of these but I think in your case a support group is a
91 good (.) is a good idea Paul (.) just to give you company so
92 you know your'e not alone (.) and they'll also be able to tell
93 you how best to explain to your wife
94
95 C: Uhg right

96
97 A: Which eventually is going to i- your'e going to have to do
98 and you may discover that with some help and some back up that
99 will all (.) all be a lot easier than you think
100
101 C: OK then
102
103 A: It's amazing how tolerant people can be (.5) ermm and how
104 much more understanding than we expect
105
106 V: Mmm yes er I've actually spoken to many wives and
107 girlfriends of transvestites and found that yes
108 [

109 A: Yes it's surprising=
110

111 V: =and the fear of the individual like Paul who says oh I
112 think she'd get very cross er she probably would Paul er but
113 as you talk trough it you might find that she has more
114 understanding than you give her credit for (.75) is there (.)
115 I'm sorry we haven't got those support numbers handy 'cos Irma
116 didn't bring her err
117

118 A: Famous black book
119

120 V: Her famous black book with her (.) well she actually wheels
121 in a filing cabinet (.) it's very impressive (.) is there
122 somewhere Paul we can pass it on to you (.) I'll tell you what
123 I'll do ermm we will try and find out if there's a number Paul
124 where we can in confidence just pass these numbers on to you
125 ermm without giving you more worries and fears that err that
126 number being passed on might cause more problems...

LBC NIGHTLINE (Saturday 11.5.92 12-12.45 a.m.)

DR. ANTHONY FRY

1 V: Sally (.) go ahead to Anthony do you think he can help
2
3 C: Er (.) good evening Robbie (.) good evening Doctor
4
5 A: Hello Sally
6
7 C: Er: I I don't know that you would erm be able to help I
8 don't know erm I erm I'm in a very difficult situation (.) I I
9 have bulimia and I've had it for five years (.) and erm I'm
10 not a typical bulimic (.) erm I don't make myself sick or
11 anything so erm: I've become very very overweight (.) erm the
12 problem is that erm because national health cutbacks etcetera
13 etcetera I've been told that that there literally isn't
14 anywhere that I could lose the weight (.) the hospital that
15 will deal with Bulimia can't have me there to lose the weight
16 (.) the the predicament I'm in is (.) erm my parents who've
17 both retired now and in their seventies who come from an
18 ordinary working class background have (.) erm (.) offered to
19 pay for me to go privately (.) they haven't really got the
20 money but they're talking about selling their house (.) you
21 know 'cos they don't want to lose their daughter (.) 'cos the
22 way I'm going on obviously I'm in a lot of danger erm (.) the
23 predicament I'm in is that I I just can't really feel that I
24 can (.) let them spend their money you know like that 'n they
25 (.) you know
26
27 A: Sally I I get the I get the picture (.) can you just tell
28 me how old you are
29
30 C: I'm thirty three
31
32 A: And what are your personal circumstances (.) I mean are you
33 living with somebody or with your parents
34
35 C: Erm I live on my own I've got a council erm flat erm I'm on
36 [disability] benefit (.) I have no savings or
37
38 A: And do you have a partner of any kind
39
40 C: No no (.3) I I come from a background of abuse and violence
41 and what have you erm no I couldn't get into any relationship
42 at all
43

44 A: And you're you're thirty now and have you had a job
45 recently
46
47 C: No I haven't worked for erm about five years now
48
49 A: So (.) so is food one of the only worthwhile things in your
50 life Sally
51
52 C: Erm (.3) really because I before that I had anorexia I
53 sound like a right case history don't I
54
55 A: Well you sound like a rather tormented person I don't know
56 about a right case but go on
57
58 C: But erm (.) I mean I I I've gone both levels of danger
59 before
60 [
61 A: Mhmm
62
63 C: when I was four stone three
64 [
65 A: Mhmm
66
67 C: obviously hospitalised () erm this time erm I'm
68 five foot tall and I weigh eighteen stone and I'm dreadfully
69 ashamed and I feel really bad [starts to cry]
70
71 A: And the eating the eating in a way has come to be one of
72 the only bits of real life which is safe enough for you to get
73 involved in perhaps (.) is
74 [
75 C: Yeh
76
77 A: I I don't know if that's being too smart but that's what it
78 sounds like to me and (.5) I suppose if you had a background
79 of abuse and intimidation and nobody's cared for you and
80 nobody's respected you
81
82 C: Well (.) my parents have cared for me
83
84 A: They (.) they care but other people abused you did they and
85 er
86
87 C: Well it has been (.) but the other thing is that I mean I
88 know that (.) I don't understand it 'cos I know I'm putting on
89 this weight and I'm still eating and I don't understand why
90 because I don't want to really hurt myself erm I can't stop it
91 I'm just a problem for everyone you know [crying]
92
93 A: And you're obviously very upset and miserable as well
94

95 C: I don't get out of bed much and I can't walk all that well
96 because of my weight you know
97
98 A: Sally (.) you must know that some people put on weight and
99 er get eating disorders for physical reasons now when you had
100 your anorexia did they do lots of physical tests and check
101 you're hormones out and all that sort of thing
102
103 C: Yes they did
104
105 A: Thyroid glands and all those things
106
107 C: Yes they said it was all perfectly normal
108 [
109 A: it was all perfectly
110 normal
111
112 C: They said its in my head
113
114 A: Is there any thing else in your life apart form food which
115 is any good to you (.) I mean I notice you're listening to us
116 tonight (.) is there (.) is there anything else which matters
117 to you which you can say look I believe in that that's
118 worthwhile
119
120 C: Erm (.) I don't know I've kind of lost faith in everything
121 erm
122 [
123 A: Have you (.) what about you're mum and dad (.) you've lost
124 faith in them
125
126 C: No not really but
127
128 A: They love you still do they
129
130 C: Yeh I don't want to sort of (talk) to them too much because
131 they are getting on a bit (.) you know (.) my mum's she's
132 crying all the time now and you know and she ()
133 lady and I
134
135 A: Do you feel very ashamed of yourself (.) do you fell in
136 some ways you're a shameful person
137
138 C: No no not really (.) I it it's erm it (might) sound a bit
139 funny if I say it but I'm in a (.) as far as I can see myself
140 I haven't harmed anyone in any way that I I know about but
141
142 A: Well that's very important isn't it
143 [
144 C: I'm obviously being punished
145 for something that I've done (.) you know

146
147 A: Well not necessarily you may have just (.) I mean this may
148 be like slipping on an ice mountain you might be walking down
149 this ice mountain you take the wrong foot and you start
150 slipping and one of the problems about eating disorders is
151 that once (.) you see the body is like a very delicately
152 balanced spring in a way and it knows exactly when its had
153 enough and it knows exactly when its full up and it knows when
154 to stop eating and when to start eating now that mechanism's
155 incredibly delicate and what has happened and what happens to
156 so many people most bulimics and most eating disorders start
157 with some kind of dieting
158 [

159 C: yeh mine did

160

161 A: and that seems to upset the body's regulation mechanism (.)
162 it like you know you fiddle around with the thermostat on the
163 central heating system and once you've got it out of order it
164 finds it incredibly difficult to get itself back in in order
165 again (.) and so it doesn't help you and I don't think its
166 even true to say that you're compulsive eating or your endless
167 eating is (.) is really the result of your own failure it's
168 because the mechanism of your body sensing when you're full up
169 has got overridden (.) now the answer for you is can you get
170 control of your weight again and if you can believe in
171 yourself and trust yourself and care for yourself then you
172 might be able to (.) and I mean the way forward as I see it is
173 to really try and commit yourself to a diet and to get into a
174 relationship with somebody who will stand by you and rather
175 than at this stage being admitted somewhere and spending al
176 your parents money if you could afford to go to a counsellor
177 even two or three times a week (.) but it's got to be someone
178 who's experienced in this field its no good going to somebody
179 (.) you know who's got a counselling diploma from here or
180 there or somewhere (.) eating disorders are their own special
181 (.) very difficult er problem and you've got to be experienced
182 in them if you're going to help somebody
183

184 C: Well I tried (.) I saw a counsellor at one stage

185

186 A: But were they an eating disorder counsellor

187

188 C: Erm: she said that she dealt with eating disorders but but
189 she said that I'd gone past the counselling on the outside and
190 that I needed to go
191 [

192 A: Well a short

193

194 C: into hospital

195 [

196 A: short period in hospital may well be useful (.) I'm
197 very suprised at eighteen stone and weighing only er sorry
198 weighing eighteen stone an d being only (.) how tall were you
199
200 C: five foot exactly
201
202 A: Five foot (.3) that an NHS hospital won't take you and I
203 think you should go back to your GP because I think this is
204 (.) is very threatening condition in terms of health so I'm
205 going to give you a few bits of advice to close with (.) go on
206 caring for yourself and believing in yourself (.) do
207 everything you can to get onto a diet (.) try a different GP
208 and look for a different specialist to try and get NH help (.)
209 short term help to start the weight loss process and then I'm
210 sure we could get things moving and you may well be able to be
211 helped (.) and the more you can develop interests outside food
212 and build up your confidence and see other people (.) the
213 better chance you've got of overcoming this
214
215 V: Mmm: fingers crossed for you Sally...