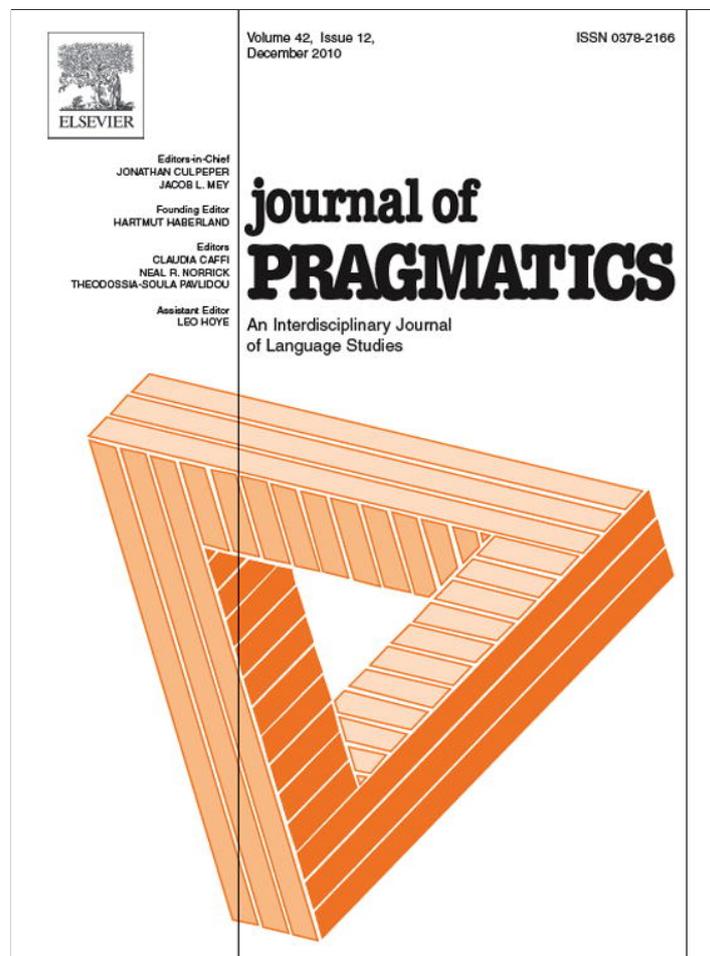


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On active listening in person-centred, solution-focused psychotherapy

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ABSTRACT

According to Rogers a therapist can foster growth in the client by creating a facilitative climate but can also undermine and inhibit that growth through evaluative and judgemental listening (Rogers, 1957, 1959, 1995). This paper uses conversation analytic research methods to examine how a person-centred, solution-focused psychotherapist actively listens to her clients using continuers and in doing so supports them and keeps them speaking in a way appropriate to the therapy. Specific styles of listening became evident by investigating the vocal aspect of the listening activity made manifest through continuers. It was found that both positive and negative features of the therapist's listening style can be explicated by examining how therapists use continuers. The possibility that different schools of psychotherapy use continuers differently is considered.

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1. Introduction

This paper concerns the use of 'response tokens' as listening devices in psychotherapeutic interactions where the focus is on the use of *mm* as a 'continuer', as defined by Sacks (1992) and Schegloff (1982). Such semantically empty vocalisations such as *uh huh*, *mm hm*, *mm* and *yeah* must be taken as essential components of interactional discourse if the full extent of the interactivity involved is to be revealed. Sacks focuses on the role these tokens have in storytelling in ordinary conversation and considers the interactional procedures involved in the way people listen to stories. He noted that stories in conversation are interpolated with tokens such as *uh huh* and *mm hm*, which indicate to story tellers that their stories are listened to as they are being told. These tokens then are "utterances recognising that the story is yet going on" (Sacks, 1992: LC1 p. 766). Thus, in psychotherapy continuers can mark the fact that a story is underway and that the client has more to say. Sacks (1992) however, distinguished between continuers which claim listening by "anticipating the other's intention to go on" (LC2, p. 411) and continuers which can direct the speaker to say more. While the former type mark out points in the conversation "that while the speaker is now about to pause he intends to go on" (p. 411), the latter more directive types, can be used as an "interviewers technique (psychiatric or otherwise)" (p. 412). This paper will treat continuers as interactional devices used by a therapist to listen to the client's account in the same way as one might listen to a person's story in ordinary conversation. However, they will also be examined as therapeutic listening techniques used by the therapist to enact the business of psychotherapy.

Since Sacks' pioneering investigations there has been much work done on the vocal side of listening in conversation. Initial studies were somewhat inconsistent in the way the response tokens were treated and they were mostly examined as members of homogeneous groups where two or three tokens such as *yeah*, *mm*, *mm hm*, and *uh huh* were classed together followed by an etcetera. The literature did not differentiate much between the different forms and it was difficult to say which ones were being referred to. For example Dittman and Llewellyn grouped all response tokens together referring to

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them as “*mm hm, I see, and the like*” (1968:79). Bublitz referred to the “hearer signals” as “speech acts such as agreeing, supporting, approving, doubting, inquiring, etc.” (1988:161). Yngve (1970) considers “back channels” to be all utterances that are primarily displays of reciprocity or listenership. This vagueness concerning reciprocity, made evident through the use of “and the like, etc.” and “all utterances” makes it difficult to examine their usages in a specific environment. As far as their function was concerned it was claimed that they displayed listenership by indicating attention, agreement or understanding.

Studies that have differentiated between the response tokens have come from the CA tradition. Jefferson (1984) focused on the differences between *yeah* and *mm hm*. Mazeland (1990) examined the usage of *yes, no* and *mhm* as acknowledgement tokens in doctor–patient interactions. Drummond and Hopper (1993) focused on *yeah* as an acknowledgement token. Gardner (2001) distinguished between *mm* and *mm hm* and Jefferson (2002) looked at British and American speakers use of the response-token *no*. Sacks (1992) coined the term continuer for items such as *uh huh* and *mm hm*. Schlegloff (1972) also used this term providing a wider currency for utterances such as *uh huh, mm hm* and *yeah*.

Both Gerhardt and Beyerle (1997) and Czyzewski (1995) found some distinctions between the tokens when they examined them in a specific context, i.e. a psychotherapeutic setting. Gerhardt and Beyerle (1997) found an escalating affirming intensity for the tokens to which they ascribe the terms “scale of speaker 2 alignment with speaker 1” (p. 384). However, the tokens seem to be classified by dictionary definitions and not classified by examining them, as suggested by Schegloff (1993), in the local sequential context in which they are used. Muntigl and Zabala (2008) focused on the sequential environment where continuers occurred, and by focusing on the pauses surrounding continuers they found that they served as “expansion elicitors” to get the client to say more. Czyzewski (1995) on the other hand, who discovered four categories of *mm hm*, found that the therapist’s use of the tokens “may involve a selective and setting-adapted use of various conversational devices, depending on theory-based work styles” (cf. Ten Have and Psathas, 1995:xi). The distinctions found by Czyzewski between the *conversation-oriented mm hm*, designed to encourage the client to say more, and the *analytical mm hm*, which encourages the client to open-up more, relate to different therapeutic approaches – the person-centred approach and psychoanalysis respectively. Czyzewski also found that the therapist tended to alter the way they used the tokens in situations containing heavy emotional content. This is an important finding as feelings are expressed in almost every therapeutic encounter.

Jefferson (2002) views these devices as ‘acknowledgement tokens’ which exhibit receipt of the prior turn, and suggests that they function to demonstrate an understanding of what has been said. Schegloff (1982) however, suggests that these listening devices only claim understanding, interest, agreement and attention rather than doing these, because such claims made by a listener are only made relevant by their positioning in the sequence and this needs to be made evident. Muntigl and Zabala (2008) argue that one needs to look at the length of pauses coming before the continuer and suggests that the fact that they are placed relatively close to the client’s talk, i.e. the pauses are less than one second long, indicates that the therapist may be claiming understanding of what the client has said. The idea that continuers can claim agreement with the prior talk (Schegloff, 1982) may cause difficulties for some therapies. For example, in psychoanalysis Gerhardt and Beyerle (1997) found that the therapist may use the tokens to receive the affect experienced by the client and to give expression to whatever is aroused in their experiencing of that affect. This may involve the therapist in projective identification to engage the therapist with the client’s feelings or may reflect a sense of shared feelings or experiences. Müller and Frank-Ernst (1996) who investigated the use of tokens in a phone counselling encounter found that the use of continuers indicated that the listener was taking sides by claiming agreement. In person-centred therapy, solution-focused therapy claiming agreement would interfere with the non-judgemental attitude expected of the therapist. It needs to be acknowledged that some therapists² may disclaim the use of such devices as they may come across as judgemental, or may be seen as interfering with the transference and therefore compromise the neutral stance adopted by the therapist.

Sacks (1992:LC2, p. 10) also found that continuers can be used to listen to the progression of stories. Using this idea, one can postulate functions for these tokens other than those found by Gerhardt and Beyerle (1997) or Müller (1996). One can then also see them as more than ‘acknowledgement tokens’ or minimal responses claiming to understand or align with what the speaker has just said. We shall see that in solution-focused therapy the continuers act as a form of management to keep the client on track until the problem is defined and the solution emerges. In person-centred therapy one would expect that continuers would be used as listening devices to indicate that the therapist is following the client’s lead as well as subtly directing them to say more if the therapist feels the client could have more to tell. The therapeutic process is directed by what the therapist believes is the best move in the sequence. Our expectation is that the location of the continuers, as well as being part of the turn-taking system, reflects the therapists support for clients as they tell their stories which can also encourage or direct the client to continue on talking rather than make an intervention. By examining their location one may learn something about where the therapists put their focus.

There is more, however. Research on medical encounters has suggested that the doctors use of continuers as “third turn” devices, in the form of “uh huh” in question sequences, does not indicate to the patient the doctor’s opinion of the patient’s answer (Ten Have, 1991) and only functions to direct the patient to go on and provide more information. Frankel (1984) argues that these continuers do not intrude on the content of prior or subsequent talk and “their major effect is to invite speaker continuation by signalling receipt of prior information and nothing more” (p. 158). In the data collected here it was found that prosodic features of the continuers cannot be overlooked and that focusing on the sequential features of the

² These comments were obtained informally by asking colleagues about their use of response tokens in therapy. When listening to tape-recordings in supervision of sessions carried out by supervisees they were surprised and sometimes shocked at the amount and variation of the tokens which they themselves used in therapy.

continuers in psychotherapy is not enough. The validity in psychotherapy of Ten Have's, Frankel's and Mazeland's suggestions can be assessed by examining prosodic properties of continuers used by psychotherapists. Further to what Sacks (1992) and Schegloff (1982) suggested feelings can be inherent and expressed in the continuers.

2. Prosodic features

The employment of continuers as therapeutic devices can be explained both in terms of their location in the sequence and in terms of their prosody (Gardner, 2001). While some references were made to the prosodic value of an utterance in relation to continuers in the study on the preference for "recognitional" (Sacks and Schlegloff, 1979), it seems that as far as the CA tradition is concerned questions of intonation relate to interactional units of talk and not individual utterances (Schegloff, 1998). However, Schegloff (1998, 1996) who assigns the intonational and prosodic aspects of talk to linguists, does express his dissatisfaction with the linguistic contributions made in the field saying that "the point of articulation between language organisation and interaction has been insufficiently explicated on the interactional side" (1996:53). We argue here that where continuers in therapy are concerned one needs to refer to prosody in order fully grasp the sequential environment. We agree with Couper-Kuhlen and Selting (1996) who argue that prosody and verbal interaction need to take cognizance of one another.

The question then is how the interactional nature of the continuers relates to prosody. Gardner (2001) suggests that the continuers are used to manage the trajectory of the talk without displaying any emotion, attitude or feeling yet he notes that a rise-falling intonational contour on the continuers displays heightened involvement in the talk. Goodwin (1986) argues that some continuers express attitudes or emotions. Czyzewski found that in times of emotional unease or upset the therapist altered the way they used the continuers although he focused instead on the fact that therapists tolerated much longer pauses before and after the continuers. Neither Czyzewski (1995) nor Muntigl and Zabala (2008) consider the notion of low volume in the continuer as a signal of feeling which resonates with the low volume in the client's talk, or orients to the client's feelings or reflections on feelings in the surrounding talk even though the low volume on the continuers is visible in their data³ when the client is expressing feelings.

In fact, Schegloff noted that prosody can be employed for different tasks other than turn-taking management such as "the display of stance, mood, uptake, or reaction, and the like" (1998:243). Schegloff (1998) also noted that voice is important for telephone conversations if the stance or mood of the speaker or listener is to be fully understood. We examine whether continuers, or at least some of them, orient to expressions in the surrounding talk, where feelings are being expressed or statements are being uttered, which the therapist believes need to be marked out as therapeutically important. We expect that the relevant prosodic features of continuers such as amplitude and intonation bestow these functions on continuers in addition to those originally described by Schegloff and Sacks.

3. Method

Our data comes from a corpus of 50 sessions occurring between a person-centred, solution-focused therapist and seven clients, each of whom attended for between 4 and 8 sessions spread over up to 10 weeks. The therapeutic practice is influenced by the ideas put forward by the Irish Association of Holistic Psychotherapy.⁴ The clients presented an array of difficulties ranging from mild depression, eating disorders, relationship problems and bereavement to interactional difficulties at work. Each of the sessions was transcribed using Gail Jefferson's transcription methods (see Atkinson and Heritage, 1984:ix–xvi) and having examined the continuers used by the therapist in all the sessions the analysis and conclusions were based on all of the continuers found in the corpus.

4. Analysis

Two main types of continuers akin to those found by Sacks and Schegloff have been found in the data. As we go through the analysis we will mention whether the continuer is what we call:

- (a) The *canonical case*. These continuers function to prompt, encourage or direct the client to keep talking if the client appears to be stopping.
- (b) The *bridging case*. These continuers are found when the client is in the flow of speech and occur at within-turn junctures. These types of continuers are usually followed by conjunctions, such as 'and', 'so', 'cos' which can establish links with the client's previous utterance. According to Sacks such continuers would express the respect for the client's intention to go on.

We found three classes of continuers based on their prosodic features and have chosen to call them:

- Classical continuers.
- Empathic continuers.
- Channelling continuers.

³ See Czyzewski (1995), extract, 9 p. 87, extract, 5 p. 83, extract 3, p. 78. Muntigl and Zabala (2008), extract 13, p. 207, extract 15, p. 10.

⁴ See www.educopower.com.

4.1. Classical continuers

As classical continuers are the main type found in ordinary conversation we will deal with them first. In our data they were used most frequently when the therapist was engaged in information-gathering but almost never when the client was engaging in emotional self-reflections or expressing troublesome inner experiences, feelings or vulnerabilities. They were also found when the clients talked about themselves in a positive way. Not all talk is therapeutic and one could argue that, when the therapist uses these continuers, the therapeutic aspect of the talk is suspended, at least from the therapist's point of view. They have no emotional content and their mid-volume tone indicates that they do not carry meaning other than to indicate non-finality of the speaker's turn. The turns to which they are oriented have not reached resolution regarding their topical content or their production and can therefore be deemed as incomplete as far as the therapist is concerned.

Extract (1), Client Ann, Session 7

32. A: erm: (.) and then after the second break (.) er:m I dunno I
 33. just spoke (.) erm a girl in the group actually said that eh (.)
 34. when she met (.) her facilitator for the first time she had
 35. some (.) transference feeling that she – he reminded (.) er her
 36. of her dad? (0.2)
 37. T:→ ↑mm ↓hm (0.2) (((0.2)) no feeling)
 38. A: so er once she that y'know she talked for a few
 39. minutes and then (.) like (.) I kind of grabbed the
 40. opportunity (.) and ()

(()) ... continuer duration

In the above the bridging continuer *mm hm* on line 37 fits in to prosody and functions as a listening device to acknowledge the clients intention to continue. The story, which has been projected, is hearably not complete. The rising intonation on *Dad* on line 36 indicates that the client intends continuing and the continuer functions to confirm this incompleteness. The mid-volume tone indicates neutrality except to convey to the client that the therapist is present and listening.

Extract (2) Client Emily, Session 3

450. T: butt ehh:: (.) like .hh (.) are you sssay:::ing that °ehh° (.) >if you don't get
 451. on with them< (.) that the-there's nothing you can do about it. (1.1)
 452. E: °I'm sayin >It makes a very< unplea:sant (.) environment to work in°? (.)
 453. →T: m:m::↓, (0.8) ((0.3, no feeling))
 454. E: cos I >like to be< (.) fr- friends with everybody I suppose, (.)

The response on line 452, although syntactically complete is only a partial answer to the therapist's question. The response constitutes incipient disagreement and the client does not appear to be stopping. The mid-volume tone of the continuer indicates neutrality and ensures that the therapist remains out of the talk except to accept what the client said. The *cos* on line 454 connects the turn and indicates continuation – the client was not finished with her turn and had more to say in her response. The utterances on line 454 provide more clarity to the client's response.

Extract 3 contains another example of a classical continuer which is used when the client is providing information about a colleague who has an understanding of therapy.

Extract (3) Client Mary, Session 2

81. M: =>I just I just< (0.5) kno:w she's open to this
 82. →T: ↑[m::↓m:: ((0.3, no feeling))
 83. M: [kind av] area (0.5) .hhh soooo I said to her >that I
 84. was going to do some work< related to work (0.5)
 85. type av STUFF. (0.4)
 86. →T: ↑m::↓m (.)

Here the client provides an informative account about how others are, i.e. the girl at work being *open to this* (the therapy) (line 81). These continuers (lines 82 and 86) have medium volume and resonate with the lack of feeling in the surrounding talk. They are used as supportive listening devices.

4.2. Empathic continuers

The term “empathic” is used to describe particular types of continuers. Empathic continuers were found to occur when the client was revealing feelings. The volume was low, resonating with client’s feelings. They do not cover all areas associated with the term empathy but describe a particular type of sensitivity or engagement with the client’s feelings which one might expect from a therapist. Empathic continuers were used by the therapist when the client was revealing feelings, describing difficult emotional experiences, or personal vulnerabilities, talking about sufferings, or working through upsetting emotional insights. They are also found when the client is working through a problem and the therapist chooses to remain unobtrusive to allow the client to dialogue with self in a way a person-centred therapist would aim to do.

The client in extract 4 came to therapy to discuss problems at work where she felt she was being overly criticized. She was feeling fed up and embarrassed at work as a result.

Extract (4), Client Emily, Session 3

615. T: soehh so ↑what does it DO:: tto ↑YOU ↓this criticism
 616. E: .hhh hhh (3.4) aht (0.3) ye ↑ahh:: hh°>dunno what< it does° (4.4)
 617. makes you look incom::petent (0.4)°sometimes (0.4) >it’s to do with
 618. work it’s most to do with work< (0.5) I °get criticism↓°. (0.5)
 619. →T: °mm::↓°, = ((0.6, with feeling))
 620. E: =em::: (1.4) I ju- >I dunno what ever it< does it jus- makes you feel
 621. rea::l (.) really like (1.1) emm:: (0.6) ↓ I dunno how I can- I can’t ↓take
 622. it (0.3) I °really ↓can’t.° (0.2)

This continuer (line 619) is at a transition relevance point⁵ (TRP), at the end of a turn-constructural unit, when the client has come to a potential completion point and seems to be stopping. The client has answered the therapist’s question (lines 615–618) and so could have chosen to stop here. This canonical continuer encourages the client to say more on this topic. The client continues after some hesitation (em + pause) (line 620) and a false start and attempts to provide more detail about how she feels when she is made to look incompetent. The response (lines 620–622) does not provide any extra information regarding what the criticism does to her.

The extract 5 is an example of the therapist’s use of an empathic continuer to listen to a story containing much emotional content.

Extract (5) Client Will, Session 1

325. W: like even when Eva’s:: cousin died I still didn’t really get it like you
 326. know (1.0) you know like I obviously knew like this (0.6) c:ould
 327. happen like I would have been twenty five or six bu- (0.4) I↓wasn’t
 328. much of a comfort to her it was kinda (.) yu know (.) I never said it but
 329. your kinda thinkin well >I wonder when will she be over this< (0.5)
 330. ((laughs)) not ↑realizin°↓that you don’t really get over it.° (.)
 330. →T: °m:m m:m::°, (0.6) ((1.05, with feeling))
 331. W: °so then I understood a lot better when mum died° (1.1) and we had a
 good chat about that actually me and Eva (.)

The continuer on line 331 comes at the end of a turn-constructural unit and fills in the silences where the client may have been stopping and in doing so prompts the client to say more. The low volume resonates with the low volume on the final utterances of the turn (line 330) and also with the low feelings expressed in the talk.

Extract 6 is an example which contains a series of empathic continuers used to support the client as she provides an account over an extended turn imbued with heavy emotional content. The client had been telling the therapist that she had a miserable Christmas with her family and spent most of Christmas day crying in her room. The therapist is trying to examine how she actually does this crying and what brings it on.

Extract (6), Client Liz, Session 5

253. T: when your cr:::ying >what du yu< goes through your mi:::nd (0.3) >↑is
 254. it like ↑my ↑life is↑terrible ↑can’t see a way out::< (.0.6)↓you know
 255. (.) hh or is it:: (0.4) I hate my father or >my mothers this or you know i i

⁵ A TPR is a place in speech where a transition to next speaker could take place. They are points where one speaker has potentially completed their turn and the next speaker’s turn could start.

256. is it< peo:::ple in your HEA::D or::: (0.4)
257. L: †it's (0.5) bo::th it's I hat:::e (0.4) th them at that time (.) for not:: (.)
258. even remo::tely trying (0.5) to †understand. (0.6) because it †is (.) I'd say
259. a †lot (.) of the way I †am is their fau:lt °I mean †>and their not gonna
260. understand >cos< they're in their sixties°< (0.8) and:: this other half is
261. (0.6) I::'ve ever:::ything like on paper but I'm I'm so:::↓miserable. (0.5)
262. T:→ °°†m↓m:°° ((0.2)) (0.2)
263. L: an I .hh (.) I w::ould love::: (1.9) to just †gi:::ve this life in my ()
264. to actually (0.8) be ha:::ppy in it.=
265. T:→ =°m↓m°:.. ((0.4)) (0.2)
266. L: like I-feel like eh >†if I had one wish it would just be NOT to be alive?
267. (0.3)
268. T: → °m:m::°, = ((0.2))
269. L: but I wouldn't do anything.=
270. T: → =°m:m::°, ((0.2)) (0.2)
271. L: it's that dar::k like. (.)
272. T:→ yea::h (2.7)
273. L: it is not one thing that I can (1.0)
274. T: did you feel anything at all that you can do
275. (to help yourself)
276. L: NOthing (0.5)
277. T: like ANYTIME when you can get †up and walk °down the stai::rs°.

The therapist listens to a problem with a very high emotional content. She sets up the structure of the sequence by pre-formulating the problem with the question on lines 253–256. The client's response to this question, which contains 4 sub-questions, is accomplished through collaboration with the therapist who uses *mms* as cues to work through the talk. In the design of the question the therapist sets up a disjunction where the client is constrained to the possibilities of answers formulated in the question. In pre-formulating the problem the therapist uses the continuers to encourage the client to talk about the problem in a way preferred in this type of therapy. However only two of the questions are picked up on and these are answered over an extended turn at talk. All of the above exhibit “passive reciprocity” (Jefferson, 1984) by the therapist – i.e. expecting that the client has more to say on the matter. However, with the exception of line 268 these continuers (lines 262, 265, 270) are examples of canonical cases. They are placed at points, not just of syntactic completion but seemingly pragmatic completion as the falling terminal contour of the final syllable of the prior turns (lines 261, 264, 268) would signal that they are orienting to completed turns at talk (Gardner, 2001). The low volume of these continuers convey minimal encouragement to the client as well as indicating the therapist's desire to maintain low involvement as the client works through the problem. They do not therefore occur at within-turn junctures but the client does connect the turns with *an* on line 263 and *like* on line 266, which signal that the client is staying on topic. The continuer on line 268 is a bridging continuer. This continuer functions to mark the fact that more will come; the client intends to continue (Sacks, 1992, LC2; Schegloff, 1982), and the client will provide more information about her wish. The story then sounds like the expression of a list of feelings which do not indicate that a story is underway but that the questions are being answered. In therapy it would be expected that a therapist would refrain from making an intervention, interpretation or formulation until the question had been answered sufficiently. Therefore the therapist expresses a skill inherent in the way the continuers are used and designed to elicit as much detail from the client as possible.

The extremely low volume, lower than the surrounding talk, and the narrow range of the tokens resonating the short utterances expressed by the client – they all indicate that the continuers echo the client's poignant feelings. The continuers on lines 262, 265 and 268 orient to the strong feelings inherent in the final utterances in the prior turns when she expresses how *miserable* she is on line 261 and how she would give anything to be *happy* on line 264 and how she wishes she were not *alive* on line 266. These continuers are responding to dense emotional descriptions. It is the feeling in the continuers expressed through the soft response, which resonates the content and feeling in the preceding talk by the client. As the talk expresses sadness and struggle, which requires an understanding ear the therapist lowers the volume of the response to a pitch lower than the surrounding speech, which indicates the therapist's affinity with the talk as well as respect for the client.

So even though the client seems to be stopping at TRPs in the above the therapist nudges her on to stay with the topic and the feelings. In aspects of the person-centred approach, such as focused-oriented therapy, the therapist would encourage the client to stay with their feelings until they come through the difficulty and come to a better understanding of those feelings (Mearns and Thorne, 2007). A solution-focused therapist, who would be listening out for exceptions to difficult times, may

remain completely out of the problem with such high emotional content except to indicate that they are present and listening (Sharry et al., 2001). The therapist's role is to allow the client to stay alone with those feelings. However as the sequence progresses, the therapist's "passive reciprocity" approach becomes more active. The therapist upgrades the continuer and the volume to a *yeah* on line 272 followed by a long pause. The client may have expected that the therapist was about to speak as the token and level of involvement had changed. The therapist may have upgraded her continuer as she had heard enough to make an intervention but the pause at the end of line 272 indicates that the therapist uses *yeah* to nudge the client to say more even though the client may have finished. The above indicates that empathic listening is a specific skill and that a therapist can use continuers to listen in specific type of ways. However it is a specific type of style developed in this therapy where the therapist stays out of the problem until she feels the client is not going to move in the direction of a solution or something positive. The therapist takes charge of the talk by then changing its course and asking an exception question on line 274 and extended on line 277 to steer the talk towards solutions and away from the problem.

4.3. Channelling continuers

Channelling continuers resonate with the speaker's positive expressions and indicate heightened involvement in the talk. These are loud volume continuers (relative to surrounding speech) and most of them in the data collected had high pitch levels and a rise-falling contour constituting heightened involvement.

In the extract 7 the client had been talking about her difficulties at work and with the placements she had been offered.

Extract (7), Client Emily, Session 3

456. C: and I would find it em: (1.0) I would find it ↓like ((traffic noise))
 457. >the last place I was in actually< ((background noise)) (was in
 458. Belfast) the second one I ended up I actually loved it an- was funny
 459. cos (.) it got me out for the day in work, (.)
 460. →T: ↑m:↓m::((0.5)) (heightened emotion) (.)
 461. C: so i-was (.) it was GREAT that that they gave me the push you know
 462. T: mm

The continuer on line 460 orients to the positive expression the client makes about her work on lines 458 and 459. The continuer encourages the speaker to continue talking in this way and the heightened emotion inherent displays an evaluative stance. This evaluation refers to the "exceptions" (De Shazer, 1988, 1994) inherent in the prior turn which reveals a time when the problem at work did not occur and she could reveal something positive about her managers. In the above the client is expressing something positive about work. The placement of the bridging continuer, at a within-turn juncture, seems to provide reassurance to the client that she can be happy at work and it is good to work – work has positive aspects as it keeps one occupied. By using a channelling continuer here the therapist acknowledges this exception as well as supporting her intention to go on and reveal more information concerning the positive experience.

The placement of this continuer provides evidence of the focused listening skills adopted by the therapist. A solution-focused therapist would not only focus on the story but also on the signposts towards the solution – here, the insertion of a continuer on line 460 creates a therapeutic bridge within the extended turn, which acknowledges the possibility of a positive experience which the client may have overlooked in attempting to find her own solution. The client was viewing the criticism as destructive and may have overlooked her need to be pushed – *got me out for the day in work* (line 459). The continuer is inserted at a point where the client did not seem to be stopping as indicated by the continuing intonation expressed on the tail of her turn. Therefore it may not seem necessary for the therapist to provide a continuer here except to acknowledge the client's intention to continue and support her talk. By using a channelling continuer with heightened emotion here the therapist marks out the positive aspect of the client's utterance as significant. The channelling continuer focuses on the positive aspects of work and how it can be good for her. Through the use of the channelling continuer on line 460 the therapist is revealing her opinion.

Here is another example of how the therapist manages to push through her beliefs using continuers. In the following extract, the therapist is directing the session by using the response tokens as interactive devices to support the client when she talks about how her life is working for her, and how she can make it better, instead of allowing her to focus on the problem. The client has said throughout the sessions that she is interested in spirituality and has engaged in reiki in order to learn about spiritual aspects of relationships. The therapist sees this admission as something positive.

Extract (8), Client Liz, Session 8

53. T: ↑but you see that's where you enter into the belief
 54. system (.) where you belie::ve=
 55. L: ↑.hh >like I DO with the whole reiki thing is really
 56. that's another thing since the reiki course la::st week
 57. (0.5) I've everyday I've had to open up one of my

58. sha::kras (.) and do (.) pra:::yers in the morning to my
 59. shakras↑=
 60. T: =↑right ((0.4)) (.)
 61. L: and I know it's all so::: (strange) but I really feel great
 62. and I haven't had coffee:: (.) .hh (.) WHite brea:::d (.)
 63. >I've had a bit of chocolate (.) I'm not supposed to<
 64. no alcohol (.) and I feel better for that alone and it's
 65. been really a fresh start >since the reiki course and
 66. every morning I've had to do it for my root shakras
 67. and<my (0.7) ↓my sou:::l and there all to look after
 68. different ↑THIngs differ[ent parts
 69. T: → [↑mm↓h:m ((0.3))
 70. L: and there all about handing over, (0.2)
 71. T:→ [↑m::↑m:↓h:m ((0.3)) (heightened emotion)
 72. L: [your FAIth (.) to the gua::rdian angels so so in that
 73. way (0.3) it's a [bit
 74. T: [↑but sure ↑that's the SAME thing↑ (.)

This extract reveals the sequential nature of this therapy as it unfolds in a direction which is somewhat influenced by the therapist. The continuer *right* on line 60 seems to act as a form of assessment by the therapist which contains some emotion and an attitude of approval with the reiki, i.e. the therapist may believe this would help her. However the therapist's stance is somewhat ambiguous and the client may have heard disapproval in the therapist's voice, indicated by the justification on line 61, *I know it's all so (strange)* followed by the *but*. Either way the client expresses how she feels great on line 61. Although it is not quite clear, the use of *right* as opposed to an *mm* continuer may relate to the therapist's strong approval but also to the fact that the prior turn has been grammatically and pragmatically completed and the therapist is coming in strongly and saying 'ok off you go now'. The client also treats this *right* as an evaluative continuer as she latches her talk to the previous turn, making her talk into one turn but upgrades it to offer more detail concerning improvements in her lifestyle and positive feelings of self. The continuers on lines 69 and 71, both of which occur in an overlap, offer a form of affirmation or acceptance of what the client has been saying and this is done discretely and without interrupting the client. The continuer on line 69 seems to project completion evidenced by the overlap on the repeating of *different* as well as claiming understanding. Pragmatic incompleteness is indicated by the conjunction *and* on line 70, which connects the turns which do not reach completion until line 73. The continuer on line 71 on the other hand, occurs at a point of grammatical, intonational and pragmatic incompleteness and interrupts the talk. This continuer however, does not constitute a separate turn but instead acknowledges the client's intention to continue, as well as offering a positive evaluation of what the client is saying. This continuer is spoken with a rise-falling intonational contour which is loud, punched up and stretched on the first sound of the *mm*.

This is the final session for this client. The client indicates consistency. She engages in spiritual practice *everyday* (line 57), *every morning* (line 66). She mentions feeling great and feeling a fresh start as well as being looked after and letting go. This is confirmed by the therapist's use of channelling continuers indicating enthusiastic responses to the client's revelation that she can take control of her eating habits and therefore move more in the direction of a positive self-image. The expressions are vague, e.g. looking after different *things* (line 68) and it is all about *handing over* (line 70) but the therapist responds with these evaluative continuers without being told that it was about faith. This indicates that the therapist is aware of some spiritual dimension and relates to the therapist's training and philosophy of psychotherapy. The use of the continuer here reveals something about the therapist's beliefs or philosophy and about what she believes would be good for the client. The therapist may have been a bit pushy here – being more solution-forced than solution-focused in her approach.⁶

The therapist's intervenes at points she believes is the best move in the sequence and in doing so directs the therapeutic process. This example shows two channelling continuers appearing in a client's extended sequence. This example shows how continuers may at times be used to lead or channel the client in a particular direction towards a resolution.

Extract 9, Client Liz, session 1

415. L: ↓couldn't believe that () I'd get to ↑u::s::e: this (.)
 416. ta::lent↑ you know outside of just my liv↑ing↑ room
 417. an[d
 418. →T: [↑m::↓m:: (0.4) ((0.3)) (heightened emotion)

⁶ Based on informal conversations with colleagues, some therapists believe that solution-focused therapist can often try and force a solution onto the client.

419. L: so I took (0.9) so I started working with these
 420. producers who were really happy with my voice and
 421. (1.2) they said we've a- we've a song here (.) I don't
 422. know if you can write and I sa- >didn't know if I
 423. could< write either and (.) cos I hadn't actually
 424. written, (0.2)
 425. →T: [↑m:↓m::] ((0.3)) (heightened emotion)
 426. L: [before] but- .hh (.) I just (0.6).hh °dunno>can't
 427. remember the first:° (.) so:ng I wrote but< (.) I just
 428. started writing to a song and (0.8) tst then they said
 429. will we just make an album (1.0)
 430. and [an-
 431. T: [↑they said that (.)
 432. L: ↑yea::h

In the above the therapist attempts to keep the client talking and talking on topic. That topic contains aspects of the solution the therapist sees as significant. The therapist manages the flow of talk in the sequence by placing the continuers at apt points. The placement of the continuer (line 418) is significant here as it occurs on the overlap with the *and*. This indicates that the therapist may want to ensure that the client stays on the positive track as some doubt may have been picked up by the therapist by the *couldn't believe that* on line 415. A similar situation occurs on line 425 where the continuer responds to the expression of doubt inherent in the talk on lines 422–424 *didn't know if I could write and cos I hadn't actually written*. However, what is different here from the one on line 418 is that the turn beginning on line 419 does not seem to contain any significant doubts or negativities which need to be marked. The *so* at the beginning of the prior turn may indicate that there is a series of positive stories to come and the therapist may have felt that she had achieved something – i.e. keep the talk positive by using a channelling continuer on line 425. This intervention on line 425 indicates the therapist's orientation to something new occurring – i.e. the client is about to write songs – and also disregards any self-criticism which may occur as the client reflects.

The heightened emotional content of the continuers with a strong rise-fall pitch direction is an example of the therapist using an evaluative device to take control of the client's talk to direct it towards the way the therapist wants it to go. Sacks (1992, LC2) noted that in a psychiatric interview the therapist may not always consider the client's intention. In solution-focused therapy a therapist's affirming and persistent listening style would be an important indication of their belief in the client's potential and the necessity of a collaborative therapeutic alliance to move things forward (Sharry et al., 2001). As the client is expressing some past hopes, aspirations and successes the therapist needs to ensure that the client perseveres and ignores problems which may cause her to revert back to talking about her self-doubts and the problem. The therapist's interventions here uphold the positive nature of the client's turns, which end with the client revealing a time in her life when she felt really good about herself.

These channelling continuers orient to the client's speech which contains something positive and their use indicates that the therapist is engaging in solution-focused therapy. They resonate with the speaker's positive expressions in the prior turn, which express something positive about themselves – their strengths, skills or resources and/or contain positive steps or developments towards the solution. The therapist uses a loud volume continuer which can be louder or the same volume as the surrounding speech. At times they can be quite directive in the way they channel and nudge the talk in a particular direction. These continuers have an assessment or evaluative quality and the pauses surrounding them, tend to be short or non-existent – indicating that they may be claiming understanding of the client's prior utterance as well as functioning to keep the client talking in a particular way.

5. Discussion

The findings here concur with the CA findings to date that continuers firstly, display an understanding that the client shall go on talking and “exhibit this understanding, and take this stance, precisely by passing an opportunity to produce a full turn at talk” (Schegloff, 1982:81). Secondly, continuers are used to direct, prompt or nudge the client to continue even though they may be stopping (Jefferson, 1984; Sacks, 1992, LC2; Muntigl and Zabala, 2008). Czyzewski (1995) suggested that there may be a relation between the therapist's theoretical orientation and the use of continuers and that this could be a topic for further research. In this work we followed this suggestion and indeed found that the therapist's adherence or lack of adherence to their orientation is being constructed step by step through the way the therapist listens to the client's story. This is consistent with some of our other research – Leudar et al. (2008a,b) demonstrated how psychoanalytical child psychotherapists gradually reconfigured session settings so that they would be consistent with their therapeutic orientation.

We found that the therapist managed to turn semantically empty continuers into therapeutically important responses by reducing or increasing the amplitude and altering the intonation. By reducing the amplitude and using a falling intonation the therapist reduced her involvement in the talk. Thus, by using empathic continuers the therapist adopts an unobtrusive

stance. By increasing the amplitude and using the rise-falling intonation typically found in channelling continuers the therapist increased her involvement in the talk. By remaining unobtrusive a person-centred therapist fulfils their therapeutic obligations of treating the client through non-interference to lead to his or her own experiences. By becoming overly involved in the talk using channelling continuers the therapist provided her opinion and evaluation of the problem and how it could be solved. The use of channelling continuers thus negates the principles of person-centred therapy. What we found was that the prosodic features of amplitude and intonation cannot be ignored if the full extent of the function of continuers in psychotherapy is to be explicated. We found that the continuers found were used to listen and support the client as they tell their story, to claim understanding of what the client has said, to fill pauses thus ensuring the smooth flow of conversation, to mark the client's intention to go on and at times to steer, nudge and maybe direct the client in a particular direction, e.g. to speak more about a particular topic in a particular way.

In this paper we focussed on the sequential and interactional consequences of continuers, but unlike Jefferson (1984, 2002) and Mazeland (1990) we did not distinguish between the different types of continuers from a lexical or semantic viewpoint. Instead we suggest that *mhm*, *mm mhm*, *right* and *yeah* function in essentially the same way and we account for their differences in terms of their prosody. Person-centred therapists do not have many devices at their disposal to indicate to their client that they are present and listening. These therapists should also avoid alignment or agreement with a specific viewpoint at all costs. We would therefore, like Schegloff (1982), suggest that varying the token is necessary in order to avoid displays of disinterest. While Mazeland found differences between the way doctors used *mhm*, *yes* and *no*, Jefferson (2002) accounts for the difference between *no* and *yes* tokens by referring to cultural usages, e.g. American doctors do not use *no* as an acknowledgement token. Czyzewski (1995) suggests that further research could be carried out on the idea that therapist's individual style has an effect on how they use continuers. This refers to their orientation as well as their level of experience. We suggest that further comparative research into the interactional usage of various types of continuers such as *right*, *sure*, and *yeah* be conducted. Such work may reveal more about the individual approach a specific therapist takes and this is especially important for therapists who claim to use an integrative or 'eclectic' approach to therapy. While American doctors do not use *no*, individual psychotherapists may use continuers in different ways and for different functions.

Minimal responses are rarely studied in recent contributions (cf. Peräkylä et al., 2008) to the literature on CA and Psychotherapy. The question is whether this form of listening is specific to the type of therapy in which the therapist was schooled. The fact is that we did not compare the use of continuers by different practitioners of the therapy and neither did we compare the use of continuers by differently trained psychotherapists; nevertheless some comments are possible. Person-centred therapy emphasizes non-judgemental listening (Rogers, 1957, 1959, 1995). Solution-focused therapy emphasizes the importance of listening out for the client's strengths, skills and resources but also emphasizes non-judgemental listening. Person-centred, solution-focused therapy is first and foremost Rogerian in its approach. Empathic continuers are a normative feature of this therapy as it would be expected that the therapist would first and foremost display empathic understanding when the client is revealing feelings. Empathy according to Rogers, "involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing" (1980:142). Accurate empathy according to Miller and Rollnick, "involves skilful reflective listening that clarifies and amplifies the person's own experiencing and meaning, without imposing the counsellor's own material" (2002:7).

As far as the literature on intonation is concerned it is generally accepted that the expression of emotion and attitude is one of its main functions (Bolinger, 1989; Cruttenden, 1997). Gardner (2001) noted that some intonational characteristics may be caused by a person's bodily processes, e.g. excitement, anger, compassion and belief. In the data collected here it was found that emotion and feelings, in particular attitude, compassion and belief, had an effect on how the continuers were expressed. The channelling continuers which have high pitch and amplitude are presented as assessment tokens which

- (1) can align with a position or point of view adopted by the therapist,
- (2) can evaluate as positive those things that the client has not yet expressed a preference for, and
- (3) can direct the client to keep talking in a way which the therapist sees as positive or good for the client.

They therefore evaluate or express some attitude or statement about the therapist's affective stance. Although solution-focused therapists focus on solutions, the use of channelling continuers in this therapy may be too intrusive as far as their training is concerned. As far as Sacks' (1992, LC2) and Schegloff's (1982) assessments are concerned the continuers are an exhibit by the therapist that the client's turn is still underway or that they should continue talking. The channelling continuers add something extra- the client should continue talking in a particular way.

Contrary to that suggested by Frankel (1984) and Ten Have (1991) continuers can carry the practitioner's stance or opinion on what the patient/client said. This paper demonstrated that in psychotherapy the placement and amplitude of continuers say a lot about the therapist's theoretical orientation. In addition, the continuers act as hidden carriers for the therapist's own feelings and emotions. Therefore a therapist's individual approach to therapy can be made visible by examining how the therapist uses continuers. It is suggested here that therapists need to be aware of how and where they use continuers as they could evaluate what the client has said by the way they use these continuers. According to Rogers the "tendency to react to any emotionally meaningful statement by forming an evaluation of it from our own point of view, is, I repeat the major barrier to interpersonal communication" (1995:331). From Sacks point of view listeners need to be mindful of the way they use directive continuers as with these types of continuers, if this process gets repeated, the client, would become aware that they are expected to do most of the talking and may have to learn to read what the therapist means by

these continuers, e.g. “is it a matter of your thinking I intend to go on, or of your telling me to just go on until your stop me?” (LC2, p. 412). This paper has suggested that although continuers may be small almost trivial devices used by listeners to display listening they do have some interactional power in psychotherapy.

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